

Gaining knowledge about parental mental illness: how does it empower children?

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Keywords: evidence-based practice, family support, mental health (parental), outcomes in child welfare intervention

Accepted for publication: July 2013

ABSTRACT

This study examined the utility of a digital video disc (DVD) intervention, designed to educate children, whose parents have depression and/or anxiety. Twenty-nine children completed pre- and post-DVD exposure questionnaires, on mental health knowledge and help seeking, and 18 were interviewed about their experiences and use of the DVD. Post-DVD, children's knowledge of mental illness improved. The DVD also challenged mental illness misconceptions. Most children preferred watching the DVD with a parent. The study explains how children utilize information about mental illness.

INTRODUCTION

It is commonly acknowledged within the literature that 'knowledge is power' (Reupert & Maybery 2009). This means that when people become educated and knowledgeable about something of which they were previously ignorant that they are then able to change and improve their circumstances. Most critically this has been suggested as one significant factor that impedes the transmission of mental illness in families (Beardslee & Poderefsky 1988). 'Knowledge' about a parent's mental illness is thought to provide 'power' to their children and a subsequent reduction in the likelihood of experiencing mental health problems' (Reupert & Maybery 2009). However, few studies have explored the mechanisms of how knowledge might be utilized or empower children. This study explores the impact on children of a digital video disc (DVD) designed to provide knowledge of parental mental illness to 8–12-year-old children.

Children whose parents have an affective disorder are at heightened risk of acquiring an anxiety and/or a depressive disorder themselves, when compared with other children in the community (Hosman *et al.* 2009). For example, children whose parent has an

anxiety disorder (e.g. generalized anxiety, panic disorder, social anxiety) have a twofold risk of developing an anxiety disorder themselves (Biederman *et al.* 2006). Similarly, in a 20-year longitudinal study, Weissman *et al.* (2006) found a threefold increase of depression, anxiety and substance dependence in children with a depressed parent, compared with those whose parent had no psychiatric diagnosis. Other adverse outcomes that have been reported for children include the onerous caring responsibilities children might assume of their parent and/or siblings, and lower attainment of communication, academic competencies and social functioning, as compared with other children in the community (Reupert *et al.* 2012a). In terms of prevalence, one epidemiological study found that 21–23% of children have been found to have, or have had, a parent with a mental illness (Maybery *et al.* 2009). However, the presence of a mental illness in the parent does not necessarily lead to adverse outcomes in children – there are specific mechanisms of risk that mediate these outcomes, as well as factors that potentially provide a buffer to families and serve to minimize children's adverse outcomes; collectively, this means that the risk exposure for children is not uniform. Impaired parenting

competence, a lack of social support offered to the family, stigma and discrimination, inadequate housing, poverty, and co-occurring substance abuse or domestic violence are all factors that might cause difficulties for the child, rather than the parent's mental illness per se (Gladstone *et al.* 2006). It has been suggested that it is an amalgamation of these direct and indirect effects (Cowling *et al.* 1995) that adversely impact on the child.

Importantly, Siegenthaler *et al.* (2012) reported that the transmission of mental illness in families can be prevented. In a systematic review of randomized controlled trial studies, conducted with approximately 1500 children, regarding the impact of family interventions where the parent had a diagnosis of depression, anxiety and/or substance misuse, found that family interventions decreased internalizing behaviours in children with a subsequent 40% reduced chance that children would develop a similar mental illness as their parent (Siegenthaler *et al.* 2012). Thus, given the prevalence of, and associated risks for children whose parents have anxiety and/or depression, it is important that effective interventions are developed to impede the transmission of mental illness in families. Also, it is imperative to identify the mechanism/s that enables positive changes for children in such families to better appreciate how this change might be promoted.

Recent research has begun to identify the 'active' ingredient/s that make interventions effective, or in other words, encourages change. Based on a 5-year follow-up randomized clinical trial of 120 people with bipolar disorder, Colom *et al.* (2009) identified psycho-education as one key component of the approach (note that this was not with children). Findings showed that a group who received psycho-education, compared with a group of controls had long-lasting reductions in the effects and symptoms of bipolar disorder. More specific to children whose parents had an affective disorder, Beardslee *et al.* (2003) conducted a longitudinal evaluation study of a psycho-educational family based approach with 93 families, including 121 children. One and 2.5 years post-intervention; resilience-related qualities were enhanced in children, with a corresponding significant reduction in associated risk outcomes. The same (or slightly modified) approach has been used elsewhere, noticeably northern Europe, with similar results (Pihkala *et al.* 2010; Solantaus *et al.* 2010).

In a review of online and family interventions, and peer support groups, Reupert *et al.* (2012b) indicated that one of the constant ingredients across interven-

tions was psycho-education, in which children were provided with age-appropriate information about mental illness. Another study by Reupert & Maybery (2010) interviewed 18 programme facilitators of peer-support programmes across Australia, which targeted children whose parents have a mental illness. Programme facilitators reported that providing education for children about mental illness is essential, arguing that 'knowledge is power'. The rationale for this argument, according to those interviewed, was that knowledge provided young people with a language to communicate their perceptions and experiences. The connection between improved knowledge and ability to cope, and a decrease in worry, misperception, and seclusion was also highlighted by these peer support coordinators. While such a study emphasizes the importance of knowledge, how children use this knowledge and the impact of this knowledge has yet to be investigated.

Accordingly, this study investigated the impact on children of a psycho-educational tool, in the form of a DVD. It also examined the process in which the DVD was used within the family setting and how 'knowledge might result in power' for children.

Intervention

A 'Family Focus' DVD was developed by the Australian Children of Parents with a Mental Illness (COPMI) national initiative, with Australian government funding. The DVD is based on an intervention developed by Professor William Beardslee and colleagues that has been shown to promote resilience in children of parents with depression (Beardslee *et al.* 2009). Beardslee's family talk intervention promotes family communication and an understanding about the impact of parental depression on each family member. Specifically, the 'Family Focus' DVD provides children with age-appropriate and developmentally suitable information about parental depression and anxiety as well as exposing children to accurate knowledge that aims to correct misconceptions about mental illness. The DVD includes information about how the child can respond to their parent, and also provides coping and help-seeking strategies for the child. The DVD is broken into two sections: the first section is designed for the parents, while the second section targets children. The adult section focuses on the experiences of parents living with anxiety or depression, and what this is like for their children with various scenarios from different families shown. In the children's section, several children share stories and

personal accounts of living with parental mental illness. Child and parent narrators are employed at different times throughout the DVD to provide accurate information about anxiety and depression and to encourage help-seeking behaviour. A rap (song) is used to further describe the psycho-educational information. The DVD is developed in consultation with consumers, carers and leading practitioners from around Australia. The DVD can be downloaded for free at <http://www.familyfocusdvd.com.au>

This study examined the impact of the DVD on families and particularly in regard to how the intervention empowers children. Specifically, this study examines:

1. Children's mental health knowledge and help-seeking behaviour pre- and post-exposure of the DVD;
2. Children's perspectives regarding the DVD;
3. The ways in which the DVD had been employed by families and particularly children.

METHOD

Ethics approval was provided to conduct this study by the relevant university committee. The study involved a mixed method research design, involving standardized and self-constructed questionnaires, administered pre- and post-viewing of the 'Family Focus' DVD; and individual semi-structured telephone interviews, conducted approximately 2–4 weeks following exposure to the DVD.

Participants

The 29 children involved in the questionnaire component of the study were aged between 8 and 12 years

and had a parent(s) with a diagnosis of depression and/or anxiety. Given that the most common intervention provided to children whose parents have a mental illness in Australia is peer-support programmes (Reupert *et al.* 2012b) all participants were asked whether they had participated in such a programme. Notably, only one child had participated in an intervention previously. Table 1 summarizes the demographic characteristics of the children who completed the questionnaires. Eighteen of the children also took part in a telephone interview (also see Table 1).

Procedure

Children engaged in the study through their parents who were recruited via various consumer online platforms in Australia. To be eligible for inclusion, one or both parents needed to have recently or be currently experiencing depression and/or anxiety, and to be receiving or have recently completed mental health treatment. The DVD was designed specifically for children aged 8–12 years.

Interested parents were invited to contact the research team, who then provided parents with a verbal explanation of the study, and their eligibility for inclusion was established. A pack containing the explanatory statements and consent forms, the pre and post questionnaires for children, and the 'Family Focus' DVD was then mailed out to the family. Parents were informed that consent from themselves and from their child/children was necessary. All participants were informed that they could select to complete the pre and post questionnaires only, or complete these in conjunction with an individual telephone interview.

Table 1 Demographics of participants involved with the questionnaires and interviews

Demographic characteristics	Number of questionnaire participants (<i>n</i> = 29)*	Number of interview participants (<i>n</i> = 18)*
Age (years)		
Mean	10.4	10.1
Range	8–12	8–12
Gender		
Male	18 (62.0%)	10 (56.0%)
Female	11 (38.0%)	8 (44.0%)
Parental diagnosis		
Depression	13 (45%)	11 (61%)
Depression/anxiety	10 (35%)	4 (21%)
Depression/anxiety/schizoid	2 (7%)	1 (6%)
Depression/post-traumatic stress disorder	1 (3%)	1 (6%)
Anxiety (schizoaffective)	3 (10%)	1 (6%)

*Some participants are siblings.

Participants completed the questionnaires before watching the DVD and were instructed to complete the post questionnaires approximately 1 week after. The post questionnaires included a separate document inviting participants to the interview. Telephone interviews were conducted approximately 2–4 weeks after exposure to the DVD. Children received a \$10 gift voucher for completion of the pre and post questionnaires and a further \$10 gift voucher for the interview.

Parents were also instructed to watch the DVD. Their own experiences and reflections are part of a broader project; the purpose of this paper was to report on the data collected from children who participated.

Questionnaires

Three questionnaires were employed:

Children's knowledge scale of mental illness

The children's knowledge scale of mental illness was developed to determine children's understanding of mental health and illness (Goodyear, Maybery & Reupert, unpublished). The scale contains seven items, e.g. 'A mental illness can be caught like a cold?' with instructions inviting participants to circle whether each statement is true, false or do not know. Correct scores indicate greater knowledge and positive attitude about mental illness, while incorrect answers are indicative of stereotypes or incorrect beliefs about mental illness (Goodyear *et al.* 2005). While the measure is reported to have good face and content validity (personal communication, M. Goodyear, 6 November 2012) other psychometric data have not been reported. The authors have not been able to locate a children's knowledge of mental illness scale (with reported psychometric characteristics) in the literature.

Help-seeking behaviour

The General Help-Seeking Questionnaire measures prior help-seeking experience and future help-seeking intentions (Wilson *et al.* 2005). Wilson and colleagues found the measure to be a reliable and valid assessment of help-seeking behaviours, reporting a Cronbach's alpha of 0.85. The measure includes items such as 'If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?' in regard to a range of various

family, friendship, religious and professional supports, with responses ranging from extremely unlikely through to extremely likely (7-point scale). The post questionnaire was slightly reworded to ask, 'If you were having a personal or emotional problem, how likely is it that you would seek help from the following people in the next month?'

DVD evaluation questionnaire

A post DVD questionnaire was constructed to gauge children's impressions of the DVD. Items asked children about their use and experience of the DVD (see Table 2). The questionnaire contained six items on a 5-point scale, such as 'The DVD was interesting' with the scale ranging from 1 (yes, very interesting) to 5 (really boring). The remaining items were rated from 1 (yes, totally agree) to 5 (really disagree).

Semi-structured, individual interviews

Eighteen of the 29 participants consented to an interview. The interview schedule was based on the literature and research questions. The purpose of the interview was to extend the questionnaire data and to specifically examine how the children used the DVD. The interview aimed to explore participants' overall impressions of the DVD, the context in which the DVD was viewed, and what happened for children after watching the DVD (e.g. did the child talk about the DVD after watching it, and if so, with whom?). Semi-structured interview questions were employed as these allow participants to provide responses focused on a specific topic, but still provide an opportunity for unique presentations (Lindlof & Taylor 2002).

All interviews, with both child and parent permission, were conducted via telephone and interviews

Table 2 Children's ratings of aspects of the DVD

Questions about the DVD	Mean	Associated rating
The DVD was interesting	2.18	A little interesting
The DVD helped me understand about depression and anxiety	1.77	Yes, totally agree
The DVD gave me some ideas about how to cope better	2.36	Agree a bit
I can talk to my parents about mental health issues	1.81	Yes, totally agree
I can talk to someone in my family (besides my parents) about mental health issues	2.55	Agree a bit

were audio-taped and subsequently transcribed. After the interview, participants were emailed a copy of the interview transcription so they could add delete or change any responses they believed to be potentially identifiable or incorrect (respondent validation; Doyle 2007).

Data analysis

Quantitative analysis

The questionnaire data was analysed using the Statistical Package for Social Sciences (SPSS, standard version 17.0.1, SPSS Inc., Chicago, IL, USA). Paired-sample *t*-tests were employed to identify changes in children's knowledge of mental illness and help seeking after watching the DVD. A mean comparison analysis was conducted of children's responses on the help-seeking behaviour questionnaire; while frequency statistics were used to explore the responses given by children on the post intervention 'Family Focus DVD Evaluation' scales.

Qualitative analysis

Thematic content analysis was conducted on the interview transcripts, which is a systematic means of describing and organizing phenomena, a useful process for the exploratory phase of broader research tasks (Merriam 1998; Braun & Clarke 2006). In this process, data were analysed using a coding system, attaching labels to lines or paragraphs of data and then describing the data at a concrete and more conceptual level, for the final themes reported here (Anfara *et al.* 2002).

The content analysis procedure used in this study can be defined as a guided content analysis method (Hickey & Kipping 1996), meaning research questions were outlined and then examined according to specific themes. All transcripts were examined through this procedure.

FINDINGS

Questionnaire data

A paired-samples *t*-test showed a significant increase in mental illness knowledge ($t [24] = -3.54, P = 0.002$) after watching the DVD (pre DVD mean [M] = 11.2, standard deviation [SD] = 2.84 compared with post DVD M = 13.24, SD = 1.58). There

was no significant change in help-seeking behaviour (pre M = 40.21, SD = 9.62 compared with post M = 40.87, SD = 13.08).

A frequency analysis of the DVD evaluation questionnaire indicated that the DVD provided children with some coping strategies, and ways of talking to someone in their family, besides their parents, about mental health issues. The two strongest (i.e. lower scores) responses were to 'The DVD helped me understand about depression and anxiety' and to 'I can talk to my parents about mental health issues'; as reported later in Table 2.

Semi-structured interviews

Children's description of the DVD highlights one of the primary aims of the DVD, with specific comments reflecting the information presented about mental illness and challenging their previously held misconceptions. However, rather than turn to others for help, children indicated that they would rather 'keep it in the family'. These themes are discussed in detail later.

Several themes were identified as summarized here and outlined in Fig. 1.

What are children's experiences of watching the DVD?

Three themes were identified in relation to children's experiences of watching the DVD in terms of how they understood mental illness, how it challenged their conceptions about mental illness, and how watching the DVD changed their behaviour and relationships with others, as detailed later.

Understanding mental illness. A number of participants found that the DVD helped them understand more generally about mental illness. For example, one 10-year-old boy indicated that after viewing the DVD he considered that

... people can't do anything about it, they're still the same, they [are] still people ...

In particular, they found the DVD useful in understanding what was happening to their parent and to empathize with what it might be like to have a mental illness:

I found it really hard for me to comprehend it myself like how depression works and what causes it. But the DVD really showed me how someone can go from being really happy one day and then the next day you don't know what's going on because they might not even want to get out of bed. Depends on how down they feel, I get that now (Girl 10 years old)

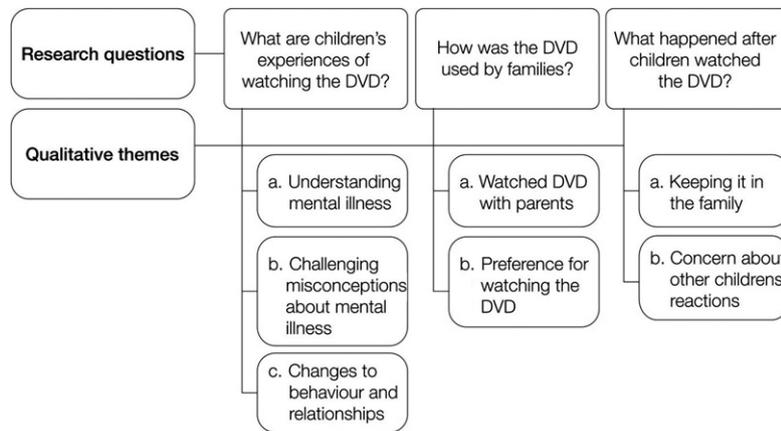


Figure 1 Summary of qualitative themes according to research questions.

Mum's mental illness is really easy to understand now. . . it [the DVD] gave me a true view of how I'm able to cope with it and how I'm not the only one. It showed me that I'm not the only one that has trouble with their parents and how their parents act because of things. That they sometimes can't even comprehend themselves (Girl 11 years old)

I kind of understand it more that's what depressed meant. It means that I understand a bit more how my mum feels (Girl, 9 years old).

It [the DVD] was very interesting and helped me know why mummy acts funny sometimes and need's to lie down and rest and why she was in hospital when I was in prep[preparatory level] (Girl, 8 years old).

Challenging misconceptions about mental illness. Several participants indicated that before they watched the DVD, they believed that their parents' mental illness was their fault or that mental illness could be caught like a cold and that they would eventually catch it. However, after watching the DVD these misconceptions had changed.

I was a bit anxious about catching it [mental illness] but now I know that it can't kill you and that it's never my fault. It's not getting a cold really but I learned that it wasn't a cold and it can't get caught like that . . . (Girl, 11 years old).

And I know that mental health, mental illness it's not caught like a cold, and I think, isn't it one in five people have it? (Girl, 12 years old).

Several participants reported that the DVD helped them realize that they were not to blame for their parent's mental illness and there was no reason to be 'scared'.

I learnt from the DVD that some things could be done and that it wasn't my fault, your life doesn't end if someone close to you has mental illness (Boy, 12 years old).

Sometimes I thought it was my fault maybe I was a bit annoying or I said something wrong. After I watched the movie I realised that it's not my fault and there is something that can be done (Boy, 10 years old).

I used to think it was the person's fault that they've got it, but now I've watched it [the DVD], I guess I've noticed that like they can't always help it. That it's not always their fault and it's not our fault (Girl, 10 years old).

At the start I was scared of mental illness and the way that it worked. But it [the DVD] showed me that there's no need to be scared because it's just like something a part of life (Girl, 11 years old).

Changes to behaviour and relationships. In response to watching the DVD, a 10-year-old boy indicated that '*I thought the [DVD] was pretty good. It gave me some better ideas on what I should do when I feel angry and that*'. Others indicated a greater receptiveness to 'helping out' and talking to their parents about how they were feeling:

My thoughts are if you have mental illness, you should help, you should first ask them, how are you feeling and if they say they're feeling not good and they feel like they have a mental illness, you should have a chat to them and help them out (Girl, 10 years old).

An 11-year-old boy reported that his relationship with his mother was at times challenging. He indicated that:

When mum is in a foul mood I just come to my room and read or play on my laptop. She is really quiet and she gets grumpy and I leave her alone when she is like that because sometimes she gets grumpy for no reason so I keep my distance and we don't talk. But on a good day we talk a lot and I might stay in the kitchen with her.

How was the DVD used by families?

The context in which the DVD was viewed was also identified with preferences for how and with whom they might watch the DVD noted.

Watched DVD with parents. Most participants watched the DVD with a parent ($n = 27$), while one participant

watched the DVD with a younger sibling and with no parents, and another participant watched the DVD on their own, without a family member or friend present.

Preferences for watching the DVD. Most participants preferred to watch the DVD with their parents ($n = 10$), although some preferred to watch it alone ($n = 4$), with other children whose parents have a mental illness ($n = 3$), or at school ($n = 1$).

Participants preferred to watch the DVD at home alongside their parents so they could talk to them and ask questions about the material presented, reporting:

Well it would be comforting for my mum to be there and for sharing some of the bits that I don't understand. If I don't understand anything, then I could ask her, because after we watch it [I] asked her questions (Girl, 11 years old).

Because then after they [her parents] watch it, they probably will know that I'm going to ask them questions about it. And once they know that, I'll ask them the questions and then they will answer it (Girl, 10 years old).

I think it will be better to watch it at home, because at school you don't have your mum with you, and then you can't have a conversation with your mum about it (Boy, 9 years old).

One child did not watch the DVD with her parent, but clearly required further debriefing:

. . . it's been a long time and I never – and all those years that have passed, I never knew what it meant and I never knew what was going on. So now when I watch the DVD I knew more but then I got more nervous. . . (Girl, 12 years old).

She continued by indicating that she would have preferred to watch 'the DVD first and then after the DVD finishes or every time, every 10 or 5 to 10 minutes, we'll [the family] stop the DVD and talk about it'. Another child concurred by reporting that 'the parents should join in as well a little bit' namely watch the DVD and participate in a discussion with their parent/s afterwards.

The minority of children were not so sure that they wanted their parent to be present while watching the DVD. For example, one boy indicated that there were parts of the DVD he would like his mother to be present, but other parts he would prefer to be by himself (DVD segments not specified):

Well I would say it would be comforting for my mum to be there and sharing some of the bits like that I don't understand . . . but there's also parts of it not to have with your mum – [it's] a bit more personal . . . personal, like you just want to see it yourself (Boy, 9 years old).

All participants emphasized that they did not want to watch the DVD with their peers at school. Their main concern was their friends finding out that their

parent has a mental illness and the potential for being bullied as a result. Others indicated that they would not want friends or other people to know or find out about their parent's mental illness:

I don't want people . . . to know that my mum's got depression, like it's not a bad thing but probably like to keep people quiet and its personal. . . it's her information (Girl, 10 years old).

No, it's just like still – it's a personal thing (Boy, 9 years old).

However, there were some who indicated that they might watch it with other children whose parent had a mental illness, an 11-year-old girl reported:

Well probably with a group of people that have – that know what other people are like them are going through and it'd be easier, to communicate with other people that might understand, like a support group.

Although there was not a consensus on this:

I would probably have two preferences; maybe with one at home, and one would probably be if a friend's mum has a mental illness, probably at their house because I'd probably feel a bit more comfortable there, because if they've got a question they can ask their parents or me, or if their parents have got a question, they could ask my parents when they come and pick me up (Boy, 12 years old).

What happened after children watched the DVD?

The process after the DVD was watched is reported later with reference to keeping mental illness a secret in the family and the child's concern about others' reactions to finding out about their parents mental health difficulties.

Keeping it within the family. Children repeatedly indicated that they would prefer not to share information about their parent's mental illness with anyone besides their parents or close family members who already knew:

I wouldn't tell anyone even my friends about mum's mental illness. If it was me [with mental illness] it'd be different because I'm friends with them, but because it's not me it's my mum instead, it's her personal life and information to share (Girl, 11 years old).

It's just more of a family thing than a friend's thing. It's more of a personal thing and I don't want to make it an invasion of mum's privacy by telling people not in our family (Girl, 8 years old).

I haven't told anyone and won't and it's whoever dad tells knows (Boy, 12 years old).

During the interviews, some indicated that before they watched DVD their parent's mental illness

diagnosis was a secret kept between their parents. However, children reported that after they viewed the DVD it was still a 'secret', but one that was within the family. Consequently, they would not share this new information with others outside their home. The reason for this secrecy is detailed in the second subtheme.

Concern about other children's reactions. A main concern for children about their parent's mental illness was the negative reaction of others, and being bullied as a result.

I'm worried about being bullied or called names if everyone knows. Because then they tell others, and then others will tell others, and then, I'll get bullied (Boy, 8 years old).

I mean people might pick on you just because your parents have a mental illness and I don't want that to happen (Girl, 10 years old).

If everyone knows [about my mum's illness] then they will start laughing at me or saying my mum doesn't have a mental illness. They'll start to bully you and then they won't be your friends anymore. And then you won't have any friends (Girl, 12 years old).

Children were concerned how others outside of the family might respond, and reported feeling worried about their ill parent. Children were also concerned about the potential for being bullied, as reported, and consequently feeling isolated and excluded.

DISCUSSION

This study sought to establish the views of children in response to the 'Family Focus' DVD, to determine how it had been utilized, and to record what changes, if any, watching the DVD might have promoted in children's mental health knowledge and help-seeking behaviour. The study also sought to examine how this type of intervention impacted on and empowered children.

In this study, the DVD was used as an educative tool. Reported benefits from the use of this educational tool were an improvement in children's mental illness knowledge and understanding. It needs to be noted however that parents also viewed the DVD and their participation in this process might have had an impact on children's understanding of mental illness as well as family dynamics. At the same time, however, children reported that watching a DVD about mental health conferred benefits, and challenged their misconceptions about mental health, for example that mental illness is contagious or the 'fault' of the child. According to the children in this study, a further

benefit after viewing the DVD was that they had an improved understanding of mental illness, enhanced their understanding or empathy of their parent, in terms of what was 'going on' for the parent and indicated that they were able to talk to their parents about what was happening and how they might 'help out'.

Most children reported that they preferred to watch the DVD with their parents, in order to discuss any questions they might have about mental health. There was a minority who reported feeling uncomfortable about having their parents present while watching the DVD, preferring instead to watch segments of the DVD on their own, because of the sensitive or 'personal' nature of the DVD. A few indicated that they would like to watch the DVD with other children, who also have parents with a mental illness, a finding that suggests that the DVD might be a useful tool that peer-support programmes might incorporate. For most children interviewed, their clear preference was to watch the DVD with their parents and to have '*parents join in*' to help make sense of the parent's mental illness.

The quantitative findings suggest there were no significant changes in relation to help seeking after children watched the DVD. There are various possibilities for such a result. Given that help-seeking behaviour was measured 5 days after children viewed the DVD, there may have been insufficient time for children to reflect on who they might approach for support. While not specifically ascertaining help-seeking behaviour, during the interviews children describe talking more to their parents about mental illness and using the DVD as a platform for further conversation. This study is not able to demonstrate that knowledge acquisition in and of itself can alone assist in reducing risk to children, especially when it was found that help seeking did not improve. Future studies need to ascertain what mediating variables might be in play when children acquire additional knowledge and the secondary outcomes that might be obtained as a result of enhanced understanding of mental illness.

Another reason for a lack of change in help-seeking behaviours may be indicated by the qualitative data from this study. The final theme was that children would not share knowledge of their parent's mental illness with others, for fear of bullying. Perhaps psycho-educational interventions, such as a DVD about parental mental illness, which is viewed within the context of the family home, convey the impression that mental illness needs not be a 'secret' within the family. This might explain why the children in this study report being less likely to discuss their concerns

about mental illness with others outside of the family environment. The theme of 'secrecy' foreshadows that stigma is connected with mental health problems and this secrecy needs to be understood in this context. The importance of strong connections, both within and outside the family, has repeatedly been found (Biederman *et al.* 2006; Hosman *et al.* 2009; Reupert *et al.* 2012b). However, to the best of our knowledge, there are no studies that contrast the benefits received from within the family compared with supports received from outside of the family. Based on the potential notion of 'the more sources of support the better' (Chu *et al.* 2010) this finding perhaps suggests that the DVD may need to be used in conjunction with other interventions that encourage other forms of support, such as peer support groups. This would enable children to access educational guidance regarding mental health issues, as well as encouragement and support from external sources.

An implication of this recourse is its usability. This resource could be used by health care professionals in conjunction with other supports, and might be especially valuable for rural, remote and/or isolated families who do not have access to immediate or affordable mental health support. The DVD also potentially provides families with a 'starting' point in the conversation about parental mental illness and its impacts on family life and children. How DVDs such as this, might be used in other forums, perhaps more generally in the community as an educative tool, might be further investigated. Finally, the utility of a DVD such as this for families, where a parent has other mental health issues, besides anxiety and/or depression, might also be examined.

There are several limitations to the quantitative component of this study, in particular the small sample size employed, with no matching control group. Another possible methodological constraint is the self-reporting nature of the questionnaires used, particularly considering that some children may feel uncomfortable disclosing personal details regarding their parent's mental illness and their family circumstances. Nonetheless, directly tapping into participants' self-reported experiences can provide a good overview of the lived experiences of children and their perceptions of the DVD. Additionally, it is commonly acknowledged that engaging and recruiting children where a parent has a mental illness is difficult and these children are hard to reach as these families are often vulnerable and high risk (FAHCSIA 2012). Future studies might provide a 6-week follow-up and/or match an intervention group with alternative

interventions or wait list to determine whether changes in mental health knowledge are sustainable in the longer-term. Such a follow-up study might also determine whether improved knowledge leads to behavioural changes, such as adaptive coping, help seeking or discussing mental illness with others. The broader, societal issues facing these families, including stigma and isolation, both issues that children identified, needs to be addressed.

In summary, the 'Family Focus' DVD aimed to provide age appropriate information to children about their parent's depression and/or anxiety. This study reported the views of children about the DVD, determined children's preferences for using the DVD, and identified that the DVD has utility for children where a parent has depression and/or anxiety. Furthermore, the DVD was shown to have important benefits for children; this includes a change in a child's misconceptions about mental health, an improved understanding and knowledge of mental illness and what is 'going on' for the parent with mental illness. However, no change in children's external help-seeking behaviours was found. This might be due to the parent's mental illness being a 'secret' within the family, which the children did not feel comfortable talking about to those outside of the family. Future studies need to examine interventions regarding how and through what mechanisms positive outcomes can be encouraged in children whose parents have a mental illness.

ACKNOWLEDGEMENTS

Thank you to the children who shared their lived experiences with the researchers. Thank you to our colleague Natasha Marston for your support and informative discussions. The children's voices would not have been shared without the support from Elizabeth Fudge and Brad Morgan, in connection with the Australian National Children of Parents with a Mental Illness (COPMI) initiative, who developed the DVD with support from beyondblue. The COPMI initiative is funded by the Australian Government (Department of Health and Ageing).

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