COPMI GEMS
Keeping families in mind
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Gateway to Evidence that MatterS

Targeted family interventions for families where a parent has a mental illness: Early intervention benefits to children

Quick Facts

- The risk of developing mental disorders for children whose parents have a mental illness ranges from 41% to 77%
- Family interventions have the potential to reduce children's mental illness symptoms
- Family interventions have the potential to reduce the risk of children acquiring a mental illness by 40 %
- Two family interventions that aim to prevent the development of mental health issues in children are currently being trialled in Australia

An epidemiological study found that 21-23% of Australian children have a parent with a mental illness[1]. Longitudinal studies have shown that the risk of developing mental disorders among children whose parents have a mental illness ranges from 41% to 77% (as reviewed by Hosman and colleagues[2]). While this transmission is partially due to genetics, environmental factors and in particular, the parent-child relationship and family context play a significant role.
This GEMS outlines evidence showing that family-focused, targeted prevention interventions are effective. The interventions highlighted here are different from those that focus on adult family members of adult consumers; instead this GEMS reviews programs for families where the adult consumers are parents, alongside their partners and their children. The GEMS then briefly reviews two such programs that will soon be available to Australian families.

Evidence for prevention benefits to children

A review of gold standard evidence (i.e. of Randomised Controlled Trials) into the impact of interventions for families where a parent has a mental illness was recently undertaken by Siegenthaler, Munder and Egger[3]. Interventions were reviewed that targeted families where parents had disorders such as depression, anxiety and alcohol and drug dependence disorders. This includes the two interventions described below (*Family Talk* and *Let's Talk about Children*).
The review, involving 13 trials conducted with almost 1500 children, concluded "interventions to prevent mental disorders and psychological symptoms in the offspring of parents with mental disorders appear to be effective"[3] (p. 12).
Significantly, across the 13 trials it was found that interventions reduced internalising symptoms in children and "the risk of developing the same mental illness as the parent was decreased by 40%" (p. 14).
The message from this review is perhaps best summarised by the title of a recent paper titled "Major Depression Can Be Prevented"[4].

While currently no local trials have been conducted, work is progressing to make family interventions available in Australia. It is notable however that *beyondblue* in their Clinical Practice Guidelines support the implementation of selective family-focused prevention strategies[5] (p.20).

The following related approaches are specifically aimed at young people whose parents have a mental illness:

Family Talk: A 6-8 session psycho-educational approach, developed by Professor William Beardslee in the US[6-8]. It aims to promote family communication, problem solving and child and family resilience. Initial sessions are conducted with parents, followed by individual sessions with each child, and concludes with several family meetings.

Let's Talk about Children (Let's Talk)

A 2-3 session psycho-educational approach, developed in Finland. It is a collaborative approach between a mental health clinician and a parent, to identify child and family strengths and vulnerabilities. The clinician supports and empowers the parent to manage the impact of the mental illness on his or her children.

In 2007[7], Beardslee and colleagues showed sustained long term benefits in family functioning

References

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from the Family Talk intervention. Post intervention, significant gains were identified:

… families had significantly more gains in parental child-related behaviors and attitudes and in child-reported understanding of parental disorder. Child and parent family functioning increased… and internalizing symptoms decreased for both groups[8](p. 703).

Significantly, benefits to family members were sustained over a four year period.

A cluster RCT in Finland of *Let's Talk* reported increased parent understanding, reduced guilt, shame and prejudice[9] and a 16% increase in clinician referral of children to other services. Eight months post intervention children reported significant reductions in emotional symptoms and anxiety and improved pro-social behaviour[10].

Australian implementation of Family Talk and Let's Talk

The COPMI initiative has worked closely with Professor William Beardslee to develop web-based resources to train clinicians in an Australian version of *Family Talk* called *Family Focus*. This online training resource, released in mid 2012 is easily accesible to mental health clinicians: http://bit.ly/OGAOGL. In addition, modifications of *Let's Talk* are being undertaken by various organisations for pilot trials in Australian settings. Following this, a web based training program for *Let's Talk* will be released.

In order to stop the cycle of mental illness in Australian families, there is a clear need to assist young people in families where a parent has a mental illness. Evidence suggests that *Family Talk* (Focus) and *Let's Talk* have the potential to enhance parents' recovery and to strengthen early intervention and prevention of mental illness in families.

Limitations to the research

Family interventions that target families with parental mental illnesses have not yet been rigorously implemented and trialled in an Australian setting[11]. Future research might focus on implementation trials and rigorous evaluative procedures for Australian populations and settings.

Practice implications

Considerable evidence now supports benefits to children from participating in targeted family interventions. The central point of intervention is where the parent is receiving treatment for their mental health problem. The mental health, primary health and family services sectors need to be trained in and offer these interventions to parents, families and dependent children.

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The Children of Parents with a Mental Illness [COPMI] initiative is funded by the Australian Government.
Further resources and information about the initiative can be found at www.copmi.net.au |