Breaking down the generational cycle of mental health problems

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Picture Antonia Ringbom, in Solantaus&Ringbom, 2002

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The journey

• From neglect: little or no attention to children

• To worry: epidemiological risk research

• To hope and action: resilience and preventive interventions

• To changing services for adults to attend to the childrens’ needs
The generational cycle in psychiatry

• Rutter 1966, 1989...
  – Increased risk for children

• Beardslee et al (1998) parent with depression
  – Children’s risk 2-3x

• Weissman et al, (2005, 2006) 3 -generation study
  – Risk also for somatic illness
  – 70% of third generation children with psychiatric disorder by age 12

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Children of parents with severe somatic illness
(Niemelä et al 2012, 2014)

• 6-7% of Finnish children experience their parent’s cancer by age 21

• Children’s risk for psychiatric problems especially, if the parent has had psychiatric disorder before the cancer or afterwards
Children with incarcerated parents

- 95% of prisoners in Finland have suffered from psychiatric disorder during lifetime (Joukamaa et al 2010)
- Boys: risk esp. for behavioural and antisocial problems
- Girls: risk esp. for internalizing disorders
- A follow-up study of boys until age 32 (Murray and Farrington 2005, 2008)
  - Low level of education, poverty, relationship problems
  - 70% antisosocial personality disorder
  - 50% reported criminal behavior
The generational cycle is a public health concern

About 20 - 40% of children live in families where parents have mental health problems/disorder (Australia: Maybery et al 2009; Norway Torvik & Rongmo 2011)
ORDINARY PROBLEMS IN ORDINARY FAMILIES
Adverse outcomes for offspring in childhood and in adulthood

• Mental health problems and disorders

• Relationship problems

• School problems, low level of education

• Unemployment, poverty
Genes and the environment

• No psychiatric disorder has only a genetic basis
• It is the many-level interplay of genes and environment

• Basis for prevention!
Families have also other problems

- Family relationship and parenting problems
- Economic problems, unemployment
- Stigma, stereotyping, discrimination

Generational cycle is a result of many risk factors
Parental stress and the family

Unemployment

Income, poverty

Poor living conditions

Discrimination

Parents’ Mental health

Family relationships

Parenting

Child Well being

Other adversities

Solantaus et al 2004

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Resilience

- Many families and children are doing fine in spite of the problems

- If 40% of children with parental depression suffer from psychiatric disorders in early adolescence, **60% do not** (Beardlee et al. 1998)

- **It is possible to be a good parent and provide a good home even with mental health disorders**
Effective preventive interventions

Meta-analysis (Siegenthaler et al, JAACAP, 2012)

- 13 studies, including one from Finland (Solantaus et al 2010, Punamäki et al, 2013)

- The risk for new disorders decreased by 40%

- Prevention of the generational cycle is possible
The big picture is clear

• There is a substantial risk and substantial resilience

• There is evidence base and methods for prevention and promotion
The Effective Child&Family Programme 2001 –

• A nationwide development, research and implementation programme funded by the Ministry of Health and Social Affairs

• Carried out in the National Institute for Health and Welfare

• Legislation since 1980s
The Effective Child & Family Programme

• Prevention of the generational cycle of psychiatric problems
  – child mental health problems

• To help families and children live as good a life as possible when a parent has problems
The Effective Child & Family Programme

• Evidence based, safe, feasible methods for adult services to embrace the clients’ children
  • Started from parents’ mental health problems
  • Extended quickly to physical health and substance use problems
  • Economical problems, poverty
  • Criminality, started in 2011
  • Refugee centers 2013
• Expansion to kindergartens and schools 2010-
EC&F Method family

• **Let’s Talk about Children**
  – 1-2 discussions with patient and partner
• Family Talk Intervention: 6-8 sessions
• **Let’s Talk Network meeting**
• Groups for hospitalized parents
• Support groups for children and parents
• Family courses
• Guide books for parents and children
2-step Let’s Talk about Children -method

• **Let’s talk about Children discussion** with parents for parents to make a plan how they can support children

• **Let’s Talk about Children Network** meeting if out of family support is needed
  – Building a scaffolding for the child and the family
  – Family’s own social network, professionals, NGOs
LT- Discussion
LT-Network around the child

Prevention
Family Talk Intervention
Vertti Peer support for children and parents
Parenting groups in psych hospital

Child protection
Psychiatry Child, adolesc
Family counseling

Treatment
• The Let’s Talk about Children

• Practiced also in Australia, Denmark, Greece, Sweden, starting in Japan, Italy
Theoretical background

- Ecological, transactional model of child development and resilience (Rutter, Luthar, Ungar etc)

- Child development happens in daily interactions and activities in developmental contexts
  - At home
  - Day care / school
  - Peers and social environments
  - By the screen

- The importance of the daily interactions and activities, the flow of everyday life
What is needed in the family

Parents:
• to understand the interactional consequences of the disorder in the family and
• children’s experiences and
• to support children to cope with the parent’s symptoms
What is needed in the family- 2

• Children
• To felt understood and supported by their parents
• To be able to make sense of what is happening at home and to the parent
• To be supported to cope with the parents’s symptoms by both parents

• Parents and children: joint problem solving
What is needed in the family- 3

- Parents …
- Children …

- **Parents and children:**
  
  JOINT PROBLEM SOLVING
The profile of parenting and everyday life when parents have problems
Yes, problems, but also

• ”Depression made me focus more on the family and children”

• ”It has made us a team, the family supports each other, including sisters and brothers”

• ”We spend more time together”

• ”We have realized how important the children are”

Tytti Solantaus, 2013
Resilience

• Favourable/ordinary development even though there are problems / risks for development

• “Things are ok, even if there are problems”

• Resilience develops in interaction with the environment (Luthar 2007, Rutter 2013)
Let’s Talk (LT) : Parents and professionals identify strengths and vulnerabilities in the child’s life at home, kindergarten, school and peer environment.
Let’s Talk (LT): Parents and professionals identify strengths and vulnerabilities in the child’s life at home, kindergarten, school and peer environment.

LT -action plan:

More of these!

Support for these!
Research on the Let’s Talk and Family Talk Intervention

• Safety, feasibility and effectiveness of Let’s Talk and Family Talk interventions in psychiatric services + guidebook

• RCT, 119 families into two groups
• Follow-up 18 months

• Solantaus & Toikka, 2006, Solantaus et al, 2010, Punamäki et al, 2013,
Results: Safety and feasibility

• Do we increase parents’ burden or sense of stigma? No, the opposite.

• Feasibility: parents and professionals satisfied
• Parents and children would recommend the intervention to others in the same situation
Results

• Reduction in children’s emotional symptoms in both interventions
  – the FTI more effective in depr. relative to Let’s Talk
  – Equal decrease in anxiety in both groups
• Increase in prosocial skills in both interventions
• No change in peer and conduct problems

The positive changes were not explained by the parent getting better
Attributions as mediators

Background: dysfunctional attributions of depressed parents are passed on to children, which increases children’s vulnerability to depression (Murray et al 2001)

Hypothesis: the Family Talk Intervention will increase children’s functional attributions, which mediates the intervention impact to children
Unexpected finding

FTI: Family Talk Intervention
LT: Lets Talk Children
Functional attributions as mediators

Let's Talk about Children

Change in positive attributions

Decrease in Child depression (CDI)
Emotional symptoms (SDQ)
At 18 months
Why not the longer intervention with the children present?

• Information processing?
• Issues of agency?

• Family Talk Intervention
  – Information to children is delivered in the family session under professional supervision
    • note: all children present, professional guidance
  – Parents might consider the job done
Why the shorter intervention even without children?

• Let’s Talk about the Children:
  – Parents were left on their own devices
  – they had to process the issue for themselves first

  – might link the information into the real situations
  where children’s guilt arises

Possible explanation: Parents became agents of change (rather than professionals)
What to make out of these findings?

- Psychoeducation and new coping skills have to be integrated into actual situations in children’s everyday life.
- The role of parents and the importance of parental agency.
- Parents are crucial partners in the prevention of child problems when they themselves have problems.
• Working with troubled families and children has to be based on equal partnership

• And

• Respect for parents with problems
Effective Child and Family Program in adult psychiatry in 2016

• Attention to children is getting to be mainstream in adult psychiatry

• Thousands of professionals trained
• Over 200 trainers across the country

• Intranet guidelines in clinics
• Patient records to include a family page

• However, no audit is done, but is needed.
Related publications


Thank you!

Tytti Solantaus

Antonia Ringbom