



NATIONAL INSTITUTE FOR HEALTH AND WELFARE

Barn till föräldrar med psykisk sjukdom Experiences from Finland

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The Effective Child&Family Programme (EC&F) 2001 –

- A nationwide development, research and implementation programme
- Two intertwining trajectories
 - 2001- change in services for adults to embrace children
 - 2007- building community based multiprofessional services to break the generational cycle
- Parents with mental & physical health and substance use problems, poverty, unemployment, criminality



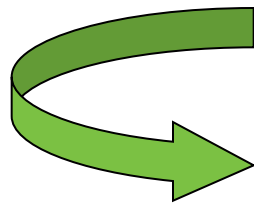
The journey

- From epidemiological risk approach
- To resilience and opportunity
- From hopelessness to joy and hope
- From individual families to systems

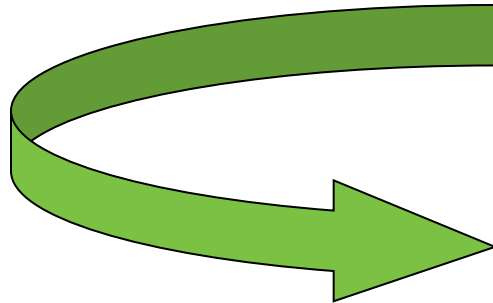


A paradigm change

Problem based intervention:
Child protection
services



Problem based
intervention: Psychiatric
services



Promotion of child
development and
prevention of problems



My own history

- n Clinical child psychiatry
 - children's parents have problems
 - mother / parent blaming
- n A significant case of an adolescent girl with a mother with alcohol problems
- n The Family Talk Intervention (Beardslee et al)
- n The Effective Child&Family programme 2001-



The Effective Child&Family Programme Services for adults: Trajectory I

- To help families and children to live as good a life as possible when a parent has problems
- Prevention and promotion in offspring mental health

For ALL parents who use health and social services



The Effective Child&Family Programme Services for adults: Trajectory I

By means of

- Information & discussion & tools on how parents can support their children
- Identification of need for other services and access to such services (child psychiatry, family counseling, **but also income benefit, unemployment services** etc)



Intergenerational transfer of parental mental illness

- An individual and
- a family suffering
- A societal problem
 - Transmission of social exclusion

- Needs to be tackled on individual and family but also on the societal level



Method family

- Let's Talk about Children –discussion with parents
- Family Talk Intervention (6-8 sessions, whole family)
- Let's Talk about Children -Groups in psychiatric hospitals
- Vertti -support groups for children and parents
- Guide books for parents and adolescents
- Let's Talk about Children -network meeting
- Guide books



Guiding principles

- Respect of the person who has the problems
- Respect for the family who has problems
 - Understanding the role of stigma in our own attitudes and responses







Guiding principles

- Respect of the person who has the problems
- Respect for the family who has problems
 - "Nothing about me without me"
- Respect for the parents' expertise on family issues
- Validation of everyone's experiences in the family
- Understanding the meaning of family members to each other
- Joint agency and problem solving



Let's Talk about Children

- To support child development and parenting
- 1-2 psychoeducational discussions with parents, more when needed, manualized
- **Promotive assessment of children**
 - To identify strengths and challenges for action
 - within the family and
 - With other services when needed



Child and family strengths in LT

- things that are going normally
- no special capacities or achievements are needed
- Re: Resilience



Resilience

- "Normal" development even though there are problems / risks for development
- **Resilience develops in interaction with the environment (Luthar 2007, Rutter 2010)**
-



Child / family vulnerabilities

- Things that are already problems
- Things that might become problems
 - A vulnerable match between parental problems and child characteristics
 - a shy child and low-energy depressed parent
 - a lively child and parent with diminished impulse control



Psychiatric vs promotive assessment (Let's Talk)

Psychiatric assessment

- assessment made by the clinician
- for the clinician
- to know what measures to recommend
- produces a symptom profile
- recommendations for treatment

Promotive assessment

- assessments made by and with the parents
- for the parents
- to know how to support the child
- a profile of child/family strengths and challenges/vulnerabilities
- tools for parents to act



Let's Talk – action plan

- How to promote strengths?
- What to do in vulnerabilities?



Vertti support groups for both parents and children (Inkinen and Söderblom)

- Builds up both **peer support** and **family process**
- Children's age from preschoolers on to adolescents
- Parallell groups for parents and children with joint sessions
 - Child group prepare questions for parent group
 - Parent group answers them in a joint session
- Child group: understanding what is happening, emotional and behavioral coping
- Parent group: understanding child experiences in relation to one's symptoms, parenting issues



Let's Talk Network meeting

- Is there a need for out-of-family support and a Network Meeting?
 - Need to activate the social system around the child and family (Relatives, friends etc, teacher)
 - And/ or to involve other services?

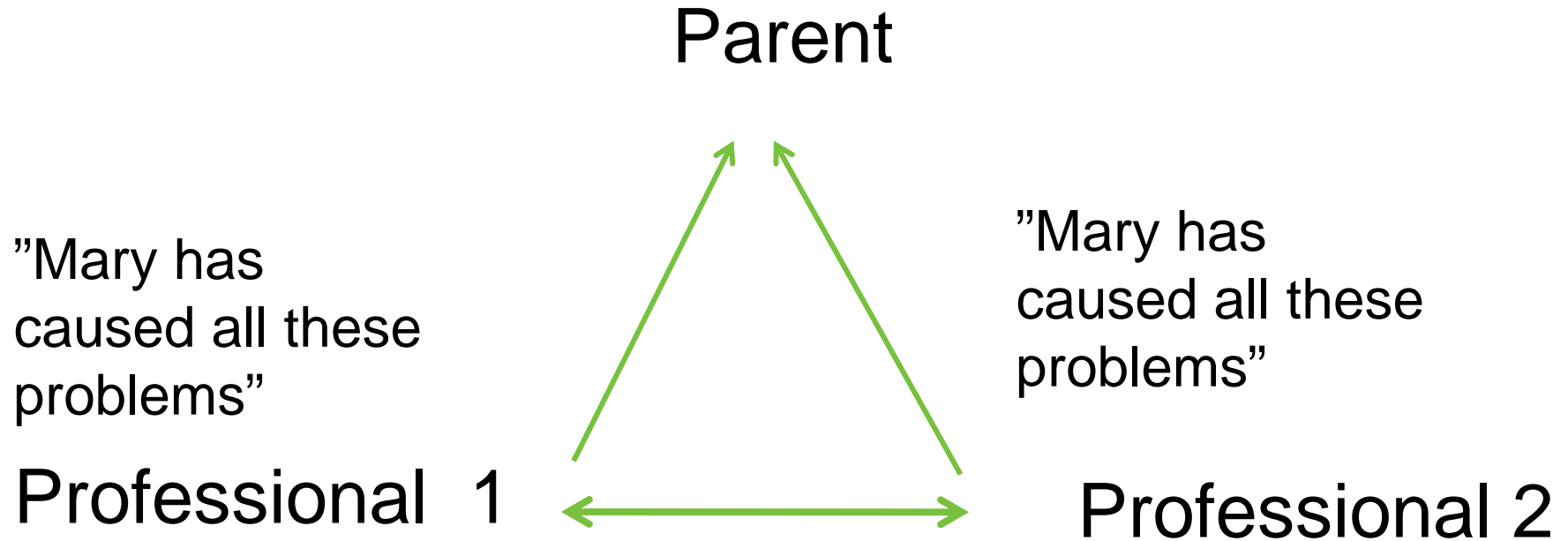


Problems in traditional network meetings -1

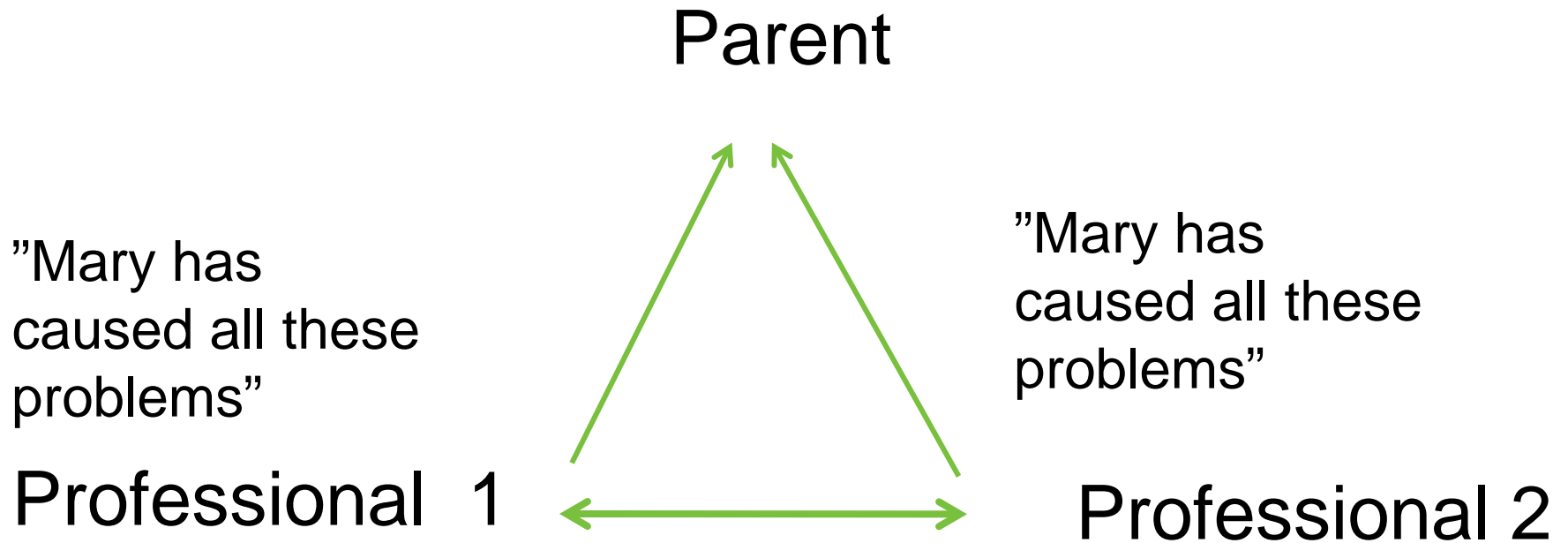
- Time consuming and difficult to convene
- Loose discussions with no clear, concrete aims
- Often focus on negative issues
- Feelings of helplessness but also frustration and anger among the professionals and the family
- Family members:
 - Risk for humiliation and loss of agency
 - Leading to refusal to come again



Communication traps



Communication traps

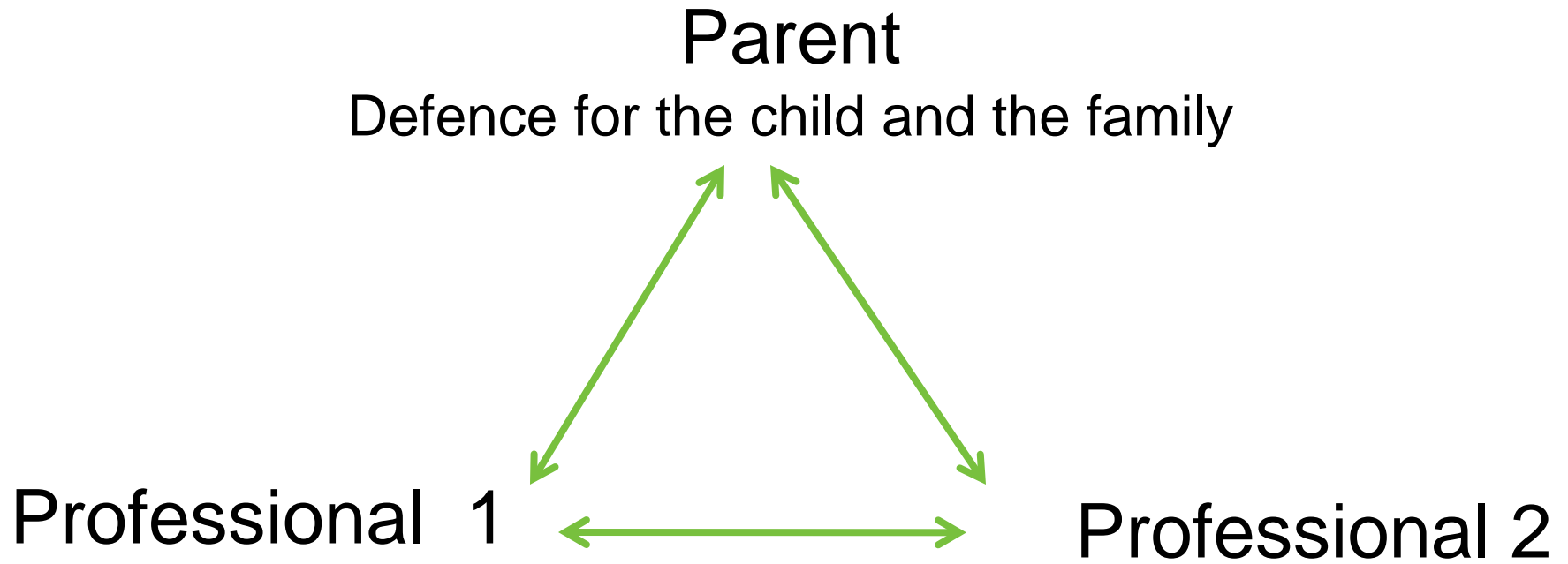


Prof. No1 to No2: "Can't you see how much I have done?"

Prof.No2 to No1: " But I have done even more..."



Communication traps



The process in the EC&Family program

- Tries to avoid and solve the problems in traditional network meetings
- The Let's Talk identifies issues for action in a respectful and hopeful way with parents
- The Network meeting brings the different services together and elicits actions on issues identified in the Let's Talk -discussion



Tasks agreed to be done

Date of this meeting and the next

Identified issues to be acted on...

Participant	Activity	Done/not (date)
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School assistant		
------------------	--	--

Psychiatric nurse		
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Teacher		
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Grand parent		
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Uncle		
-------	--	--

Mother		
--------	--	--

Child (if present)		
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Timo: difficulties going to school, withdrawal from friends, likes to bake, a rising interest in sports

Participant	Activity until next meeting (3weeks)
School assistant	Takes Timo to school every day
Teacher	Welcomes Timo every morning; Discusses with mother on Thursdays
Psychologist	Weekly appointments with mother
Grand parent	Receives Timo after school on Wednesdays
Uncle	Takes Timo to sports on Mondays and Thursdays
Mother	Discussions with teacher on Thursdays Bakes cinnamon roles with Timo on Sundays; Own contact with psychologist
Timo	Invites a friend for cinnamon roles



Methods of different intensity needed in health and social services

Let's Talk about the Children Guide books

Let's Talk Network meeting

- Family's own social network
- Kindergarten/school
- Psychiatric services for adults and children
- Social services
- Child protection
- Unemployment, income benefit etc

Family Talk Intervention Support groups

Specific program for severe parenting problems

(Needed)



Research: The Effective Child & Family Trial

To study and compare the Let's Talk about the Children and the Family Talk interventions in real-world conditions

I Safety, feasibility and perceived benefits

Family members' experiences

II Effectiveness of the methods

- Solantaus et al., IJMHP 2006, 2009, Solantaus et al., ECAP 2010, Toikka & Solantaus IJMHP 2006, Punamäki et al 2012, submitted



Research: Effective Child & Family Trial

119 families with a parent in treatment for depression
randomised to Let's Talk and Family Talk interventions

Questionnaire based study, parents and children informants

- Feed back of the intervention experience
- Baseline and follow-ups at 4 -10 – 18 months



Safety

- Do we increase parents' burden or sense of stigma? No, the opposite.
- Burden
 - felt better after the intervention: 58%
 - Motivation for treatment increased: 49%
- Stigma
 - Increase of self acceptance 60%
 - Decrease of sense of guilt 70%
 - Decrease of sense of prejudice in the family 46%
 - Decrease of shame 43%



Safety -3

- Do we increase children's burden (FTI)?
 - My worries decreased 50%, one child: increased
 - I felt better after the intervention 50%
 - no-one felt worse
- Was there harm done to you or anyone?
Great majority: No
 - Two parents and one child in FTI said yes



II Findings on effectiveness

- Baseline and follow-ups until 18 months

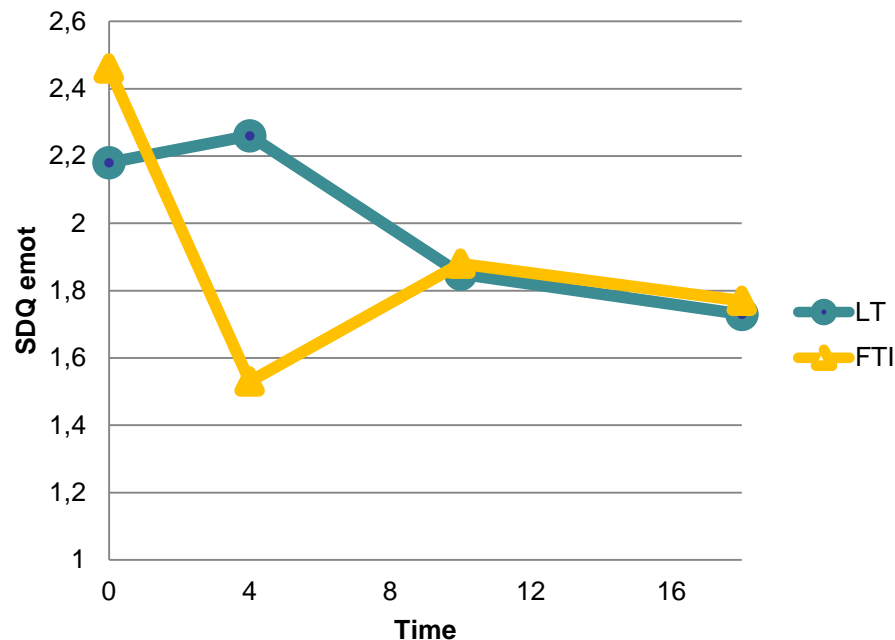
Psychosocial outcomes with parental mental health controlled:

- Parental reports on children (SDQ):
 - Emotional symptoms decreased, more in the FTI
 - Anxiety decreased and prosocial behavior increased in both groups
- Child reports (SDQ, CDI):
 - emotional symptoms decreased in the highly symptomatic children in both intervention groups



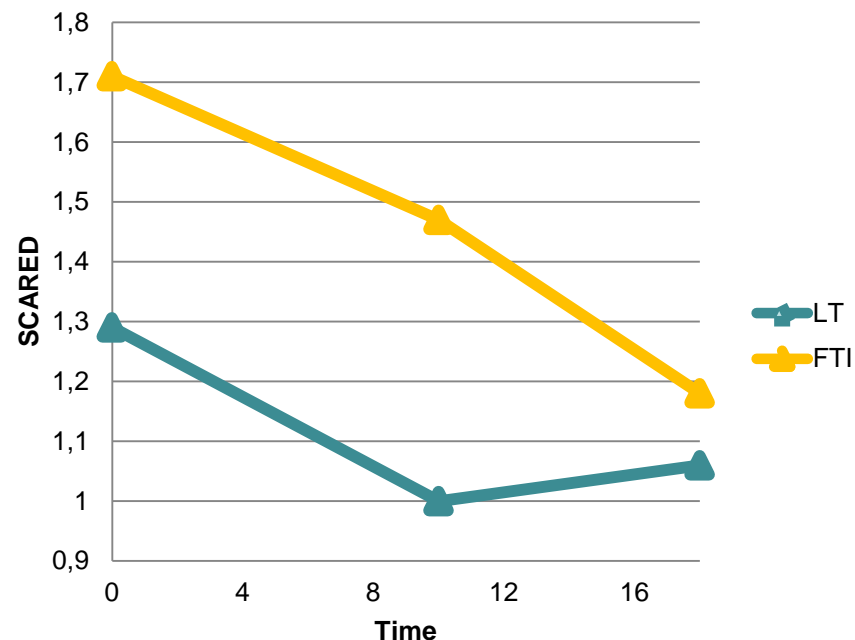
Children's symptoms reported by parents

Emotionaaliset oireet



P for time 0.036
P for time x group 0.040

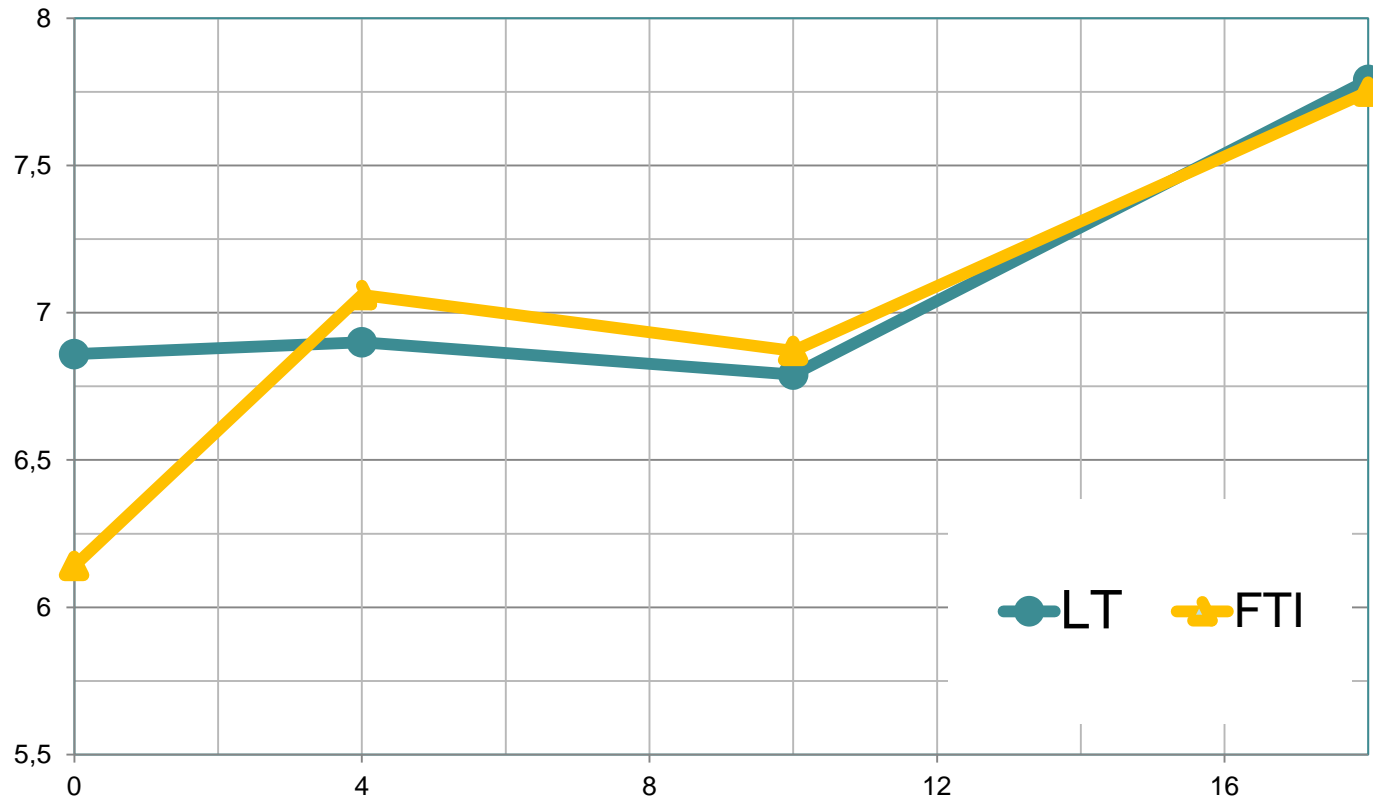
Ahdistus



P for time 0.003
P for time x group 0.230



Prososiaalinen käyttäytyminen



P for change over time <0.001

P for group difference 0.157

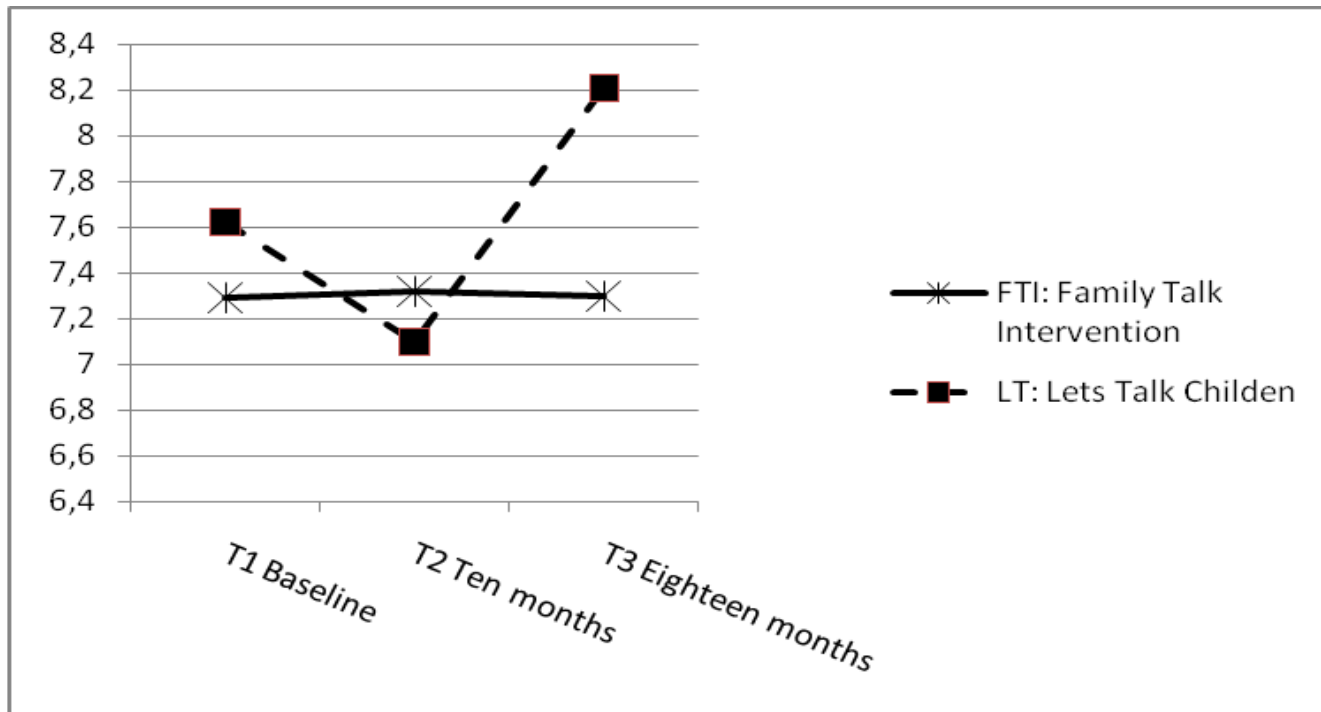


II Findings on effectiveness 2

Attributions

- Functional positive attributions increased in the LT group, not in the Family Talk Intervention group ($p=.04$)
- Punamäki et al, submitted 2012





Conclusions

- Methods are safe and feasible
- Professionals in services for adults are able to learn them
- They have an impact in the expected direction



EC&F –programme 2001 - spring 2011

- It is becoming mainstream/ routine practice to discuss children in psychiatric services for adults
- Thousands of professionals have been trained in discussing children and parenting with the patient
- A network of 110 trainers across the country,
 - many health districts/clinics have their own trainers



- Effective Child & Family program
- **Trajectory 2: Community based services**



Mental health services
For adults and children

School/
kindergarten

Substance abuse services

Well child clinics
School health

Unemployment
services

Parental problems

Family
counseling

Income benefit
support

Child protection

Specialized
Health services

Community
Based services

Criminal
Justice system



Services and new understanding of child development

- Earlier:
 - Psychological problems – mental health services
 - Social problems – Social services
 - Educational/ cognitive problems – special education
- Now: emotional, social and cognitive development are intertwined and inseparable
- **Sectorized service system is outdated!**



Each sector has their own

- Theories and (scientific) background
- Separate training systems/schools

And also

- Aims
- Leadership, infrastructure, budget and reporting
- working models/methods/interventions



Issues to be dealt with when collaborating

- Different aims: "This is not in my lot"
- Theory and thinking: "That is not how I think about this"
- Budget is sector -specific
 - "Who pays for collaboration if the patient/client is not mine?"

But it boils down to

- **Issues of authority, ownership, prestige, hierarchy, power**



Making a system change

- Decision making
 - National, regional, municipal - policies, strategies, legislation
- Organizations and services
 - New aims and structures
- Practical work with clients
 - Methods, interventions,
- Clients/users and the public: partnership, awareness and attitudes



Effective Child & Family Programme Trajectory 2

- Work has started with a number of municipalities
- Commitment to rewrite the municipal strategies
- Commitment of the sectors to develop the services and the infrastructure
 - Health and social services (adult/ child; physical/mental) including income benefit services
 - Educational services (Kindergarten, preschool, school)
 - Employment services
 - Police (a newcomer)



The importance of methods and joint training

Simple methods are needed which

- take the process towards the goal,
- are safe and feasible
- agree with families and practitioners
- have an impact in the expected direction
- The Let's Talk about the Children and the Network meeting are used
- **To provide a common language and understanding between the sectors**



Joint training

- All levels have to be trained
- The decision makers
- The bosses on all levels
- The grass root workers

Information for the public and the patients

- About the new services
- About their rights to get the services
- To change attitudes



Example: a town with 30.000 inhabitants (Veijo Nevalainen)

- Municipal strategy concerning work across sectors for families with parental problems approved by the city council
- All sectors trained their staff in the Let's Talk and the Network meeting from schools to psych services for adults
 - Joint training with kindergarten teachers and adult psychiatrists etc together
- Infrastructure for the cross sectoral work



Municipal council
Strategy

(Veijo Nevalainen
2011)

Municipal steering group
Reporting to the city council

Coordinator
Coordination of the multisectoral work
Follow-up of activity/work

On person in each unit
with responsibility to
monitor and report the work

Health and social services
Psych and substance abuse services
Well child and school health services
Schools
Kindergartens
Child protection

- **Activity arising in all parts of the world**
- Rutter 1966, 1989...
 - Risk for children - genetic and environmental mechanisms and their complex interaction
 - **A call for psychiatric services for adults to respond to the needs of children and the whole family**
- **It is about time for us to act!**



Thank you!

Tytti Solantaus



Picture by A. Ringbom in
Solantaus How Can I Help my Child?



National level

- **70 § in new Health Law, May 1, 2011**
- **Taking care of children's needs in services for adults**
- Obligation for mental health and substance abuse services and other health and social services to ensure that children's needs for care and support are attended to.
- Mental health and substance use plan 2009-2015
 - prevention of the generational cycle of parents' problems as a main target for prevention



What should be done?

- To develop a system of community-based services across sectors with special focus on prevention and promotion
- With special attention to respectful approach to families

