Trimbos instituut
Netherlands Institute of Mental Health and Addiction

Factsheet *Prevention*

Children of Parents with Psychological Problems

The problem varies per age group

The nature of a child's psychological problems depends on his age and differs from child to child.

- *Children in the 0-5 age group are most at risk. In general, affective and behavioural problems such as separation anxiety, reduced spontaneity, anxious behaviour and a difficult temperament are associated with this age group.*
- *In children aged 6 to 12, the problems involved are mood disorders (gloominess, anger), anxieties, behavioural changes (demanding excessive attention or just the opposite, i.e. withdrawal) and psychosomatic conditions.*
- *In adolescents, problems with the parents or at school prevail. This may be associated with feelings of guilt or embarrassment towards the parents and loyalty conflicts, which can lead to withdrawal and social isolation.*
- *This group may develop psychological problems in adulthood (mood and anxiety disorders and possibly eating disorders and schizophrenia) or begin to abuse alcohol, tobacco and drugs, with a risk of substance dependence. Early onset can influence further development in various areas of life, such as interpersonal relationships and careers at school and at work.*

1. Importance of prevention in children of parents with psychological problems (CPPP)

This group is at serious risk

The children of parents with psychological problems (CPPP) are at serious risk of developing mental disorders such as:

- Depression
- Anxiety disorders
- Possibly schizophrenia.

Research also demonstrates an elevated risk of substance dependence on:

- Alcohol
- Tobacco (nicotine)
- Possibly drugs.

In general, these children have poorer communication skills and more frequent problems with relationships and intimacy than other children. The children of parents with alcohol dependence or abuse are more likely to marry someone with an addiction problem.

The risks are substantial

The children of parents with psychological problems are 1.5 times as likely to develop a mental disorder at some point in their life (50%) as other people (30%). As many as 66% of the children of parents who both had a psychological disorder develop a mental disorder at some point in their life.

The risks are diverse

The clustering of psychological problems in families and the transmission across generations are known as *familial aggregation*. Parents may have a different diagnosis than their children. A father with depression may have a son with anxiety. The transmission of one disorder to another type of disorder is known as *cross-aggregation*. We can conclude that the risks are not only serious, as a result of cross-aggregation they are also diverse. The impact of the parental problem varies according to the age of the child (see information in left-hand column).

The risk group is large

In the Netherlands, 864,000 parents annually meet the diagnostic criteria for a DSM-III-R axis I mental disorder (see *Diagnoses* in left-hand column overleaf). These parents have a total of 1,600,000 children under the age of twenty-two, some 900,000 of whom are younger than 12 and over 400,000 younger than six. This is a large group in absolute as well as relative terms and breaks down as follows: 38.5% under the age of 22, 35.6% under the age of 12, and 35.3% under the age of 6.

The group uses any number of health care resources

The data on the medical and health care resources used by this group include the registration figures on psychiatric patients in the youth mental health care system and the admission figures at paediatric hospitals. The registration figures show that the chance of the children of parents with psychological problems using health care resources is five times as high as of others doing so. The admission figures show that the children of parents with psychological problems are over-represented. A

Parental diagnosis
The parental problem can include any of the diagnoses of the DSM-III-R axis I, such as mood disorders (depression, bipolar disorder, dysthymia), anxiety disorders, eating disorders, schizophrenia, and problems associated with alcohol and drug abuse and dependence. Not included here are axis II personality disorders such as including antisocial personality and borderline personality disorder, although they are known to play a role in the development of child psychopathology. One should realize that the size of the risk group is based on a broad scope of parental problems ranging from relatively mild (e.g. simple phobia) to severe (e.g. schizophrenia).

Universal prevention
Universal prevention consists of interventions, often of a psycho-educational nature, directed at the whole population, regardless of risk status. The aim of universal prevention is to inform the general public about the disorder, how to recognise it, what people can do to prevent it and what treatments are available.

total of 77% of the children with developmental disorders have one or two parents with mental disorders. Of the children with other problems, e.g. behavioural problems, 55% of the parents have a mental disorder.

2. Target points

Risk factors

A considerable number of these children do not develop a disorder, which indicates that parental psychopathology alone does not adequately explain the problem. A complex combination of risk and protective factors is involved. Knowing the risk factors is important for prevention programmes, since some of the factors can be influenced or eliminated. The medical literature draws attention to the following risk factors:

- *The child's age*
  The child's age at the onset of the parental disorder is an important factor. Generally speaking, the younger the child the more vulnerable and the greater the influence of the parents. Even parental disorders during pregnancy can influence a child's functioning.
- *Severity and duration of the parental disorder*
  The severity and duration of the disorder is of greater importance than the diagnosis itself.
- *Dysfunctional child-parent interaction*
  Parents with a mental disorder, e.g. unipolar depression, interact differently with their children. Their parenting style can be characterized by a flatter affect and less physical touching, less expressed approval or spontaneity and more anger. In other words, some aspects of familial aggregation can manifest themselves as differences in parenting style.
- *Genetic factors*
  It is clear from studies on families, twins and adoption that genetic factors play a role in the transgenerational transmission of a number of mental disorders. The role of genetic factors has been demonstrated in several conditions including unipolar depression and alcoholism. However the genetic risk factor does not necessarily lead to a disorder of any kind.
- *Conflict between parents*
  Aside from the parental problems, there may be problem-related conflicts between parents, e.g. about an alcoholic parent's drinking. These conflicts can impact the children.
- *The partner and the single parent*
  A mental disorder in one parent can mean a growing challenge to the unaffected partner. If they can meet the challenge, the consequences for the family and children can remain limited. A single-parent family is a considerable risk factor for the use of psychiatric health care resources (five times as high as a two-parent family); the combination with psychological problems may add weight to the separate risk factors.

Protective factors

From the perspective of prevention, protective factors are at least as important as risk factors. There are specific factors that might be reinforced or put in place.

- If the parent and child have a good relationship in spite of the parental disorder, the child's prognosis is significantly improved.
- Good support of the child by the unaffected parent can compensate for a possible deficit in the support from the affected parent. In more general terms, a good relationship between the child and at least one parent is a strong protective factor: the child will be able to put up with a lot, without it necessarily leading to psychopathology.
- Social support within the family provided by the unaffected parent, a sibling or a support network outside the family, e.g. a trusted person, can help protect the child. Emotional and practical support are both important in this respect.
- Realistic self-appraisal on the part of the child is crucial.
- A good understanding of the parent's problems can be extremely useful.

As regards the last two factors, it is not easy to distinguish cause and effect. The child's understanding and skills in dealing with the parental problem might be the result of the child's own capacities, but can also be the result of a favourable family atmosphere and good parenting style.

Target points described in greater detail

Some of the factors noted above cannot be influenced by prevention or are beyond the scope of prevention efforts. The following criteria play a role in the selection of target points for prevention:

- The relative importance of the factor to be targeted is high.
- The factor can be influenced by prevention efforts.
- Early intervention is possible.

Based on these criteria, the following prevention target points emerge:

- Strengthen a good parent-child interaction.
- Support the unaffected parent.
- Provide a support network or trusted person.
- Reinforce the child's coping and social skills.

3. Current practice

The following interventions are in current use at mental health services.

Tailor-made prevention

Tailor-made prevention provides parents and children with targeted information and support. It deals with the seriousness of the problem potentially facing the child and improves the parental capability to raise and support the child. In conversations with parents and children, feelings can be addressed and advice given on how to deal with the psychological problems of a parent and organize social support. To back up tailor-made prevention, a written information series is available for children, parents and intermediaries. A decision protocol for mental health professionals is also available. Tailor-made prevention for adolescents is also available via the e-mail service of www.kopstoring.nl.

Courses for children and adolescents

Many mental health services give group prevention courses for children of various ages (8-12, 13-15 and 16-25). The main aims of the courses are to allow them to exchange experiences, to provide information about the problems and to give advice on dealing with the behaviour of the parent with the problem. An effectiveness study of the group course for 8-12-year-olds has started. The group course for adolescents is also given via the Internet at a chatbox (see www.kopstoring.nl). Many youngsters appreciate the anonymity of the chatbox course and the opportunity to share what they have in common.

Mother-baby intervention

There is a special intervention for mentally ill mothers with babies. The aim is to stimulate the positive interaction between the mother and baby. The intervention with depressed mothers has proven effective in improving the sensitivity of the mother and the responsiveness of the child as well as the attachment security and social emotional competence of the child.

Psycho-educational family intervention

This family method consists of seven sessions alternately with parents and children separately and with everyone together. The intervention provides information to reinforce the resilience of children in activities, friendships and understanding parental problems.

Intervention for mental health professionals

These activities support the tailor-made prevention method and improve the skills of mental health professionals and other professionals who work with families with a parent with a psychological problem. The courses reinforce skills at detecting problems in children, discussing them and giving advice.

Case management

Drug treatment services devote special attention to the health and well-being of very young children, particularly as regards the risks associated with pregnancy and birth. Case management helps coordinate the support given to the parents and the activities organized for the children.

Selective prevention

Selective prevention is aimed at individuals or segments of the population with a significantly higher risk of developing a particular disorder. The persons or groups are identified on the basis of biological, psychological and/or social risk factors.

Indicated prevention

Indicated prevention is aimed at high-risk groups that are identified on the basis of a limited number of symptoms that predate the disorder, but do not yet meet the criteria of the particular diagnosis.

Relapse prevention and promotion of participation

Relapse prevention and promotion of participation is aimed at individuals who have a disorder ailment according to the DSM-IV criteria. The preventive interventions for these groups are focused on relapse prevention, the prevention of co-morbidity and the promotion of participation in society.

Strengthening Families, a multifamily intervention

A multifamily course for youngsters (11+) and parents with alcohol and drug dependency or abuse reinforces the communication in the family and provides pedagogical support for the parents. A pilot has had positive effects on family functioning. Further research is planned.

Group course for children aged 4-8

A group course has been developed for children aged 4-8. Offering the intervention in a community setting near a low-income district can substantially increase participation.

Mother-baby intervention

To increase participation in the mother-baby intervention, pilots are being conducted at youth health care facilities in combination with screening for mental health problems. Research is planned.

Website for parents with psychological problems

The website is to provide information, a forum, a group course for parents at a chatbox and an e-mail service. Research is planned.

Additional reading material

References have not been inserted in the text. The most relevant literature is listed below:

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Colophon

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- Alcohol Prevention (AF0757)
- Children of Parents with Psychological Problems (AF0427)
- Preventing Depression (AF0426)
- Infectious Diseases (AF0755)
- Reminiscence and Life Review (AF0726)
- Prevention in Social Psychiatry (AF0429)

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