Sweden: Implementing Family Talk Intervention and Let's Talk about the Children in adult psychiatry and taking steps towards substance abuse and primary health care

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Sweden is the western neighboring country to Finland, with about 9 million inhabitants. In Sweden there is also a national health care system and legislation from 2010 obligating the professionals in health care to provide information and support to children of parents with mental illness, substance abuse and serious somatic illness.

The Family Talk Intervention (FTI) by Dr Beardslee and Let's Talk about the Children were imported from Finland 2004 and used in a local context originally. Growing awareness of the needs of the children of psychiatric patients together with a lack of structured method contributed to a quick spreading of the methods although there is no national board or program responsible for the task. However, two national projects of implementation of and training in FTI have been financed by governmental funding and supported by the Swedish National Board of Health and Welfare. A website, <u>www.barnsomanhoriga.se</u>, (= "children as relatives") has been started with the aim of providing information to professionals about what is going on in the country concerning children of parents with mental illness. Descriptions and materials of the FTI (called "Beardslees familjeintervention" in Sweden) and Let's Talk (called "Föra barnen på tal" in Sweden) can be found in the website, as well a list of trainers in the methods all over the country.

So far, at least 250 professionals in health care, most of them in adult psychiatry, some in primary health and substance abuse care, have been trained in FTI. About 50 of them have been become trainers. These professionals are spread all over the country. In some districts professionals in primary health care are trained in Let's Talk about the Children. The training program follows the Finnish guidelines. Regular meetings are arranged for the trainers twice a year, in order to support the trainers and maintain the method fidelity. Support from and collaboration with Finland, Dr Solantaus and her team, has played a crucial role in our work to build up the Swedish training system. Still, lack of national program or guidelines for implementing the legislation is a problem.

A research project about safety, feasibility and experienced impact of the FTI in the Swedish context has been carried out. The process of the FTI was also studied by open-ended interviews of both parents and children. In this project the parents' psychiatric diagnosis varied; parents with psychosis, eating disorder and personality disorder were included. The FTI was found to be safe and feasible: the families were satisfied with their participation, they reported a positive impact and the number of negative effects was low. The children described a sense of relief from concerns about the parent's illness. Many parents described decreased feelings of shame and guilt and they experienced themselves as stronger in their role as parents. Professionals using the FTI in their everyday practice were also interviewed. In their opinion working with families and interventions was deeply gratifying and one of the most

satisfactory tasks during their career in psychiatry. A couple of research projects are in a planning stage at the moment.

Publications in English:

Pihkala H, Cederström A & Sandlund M (2010). Beardslee's preventive family intervention for children of mentally ill parents – a Swedish national survey. International Journal of Mental Health Promotion, 12(1), 29-38.

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Pihkala H, Sandlund M & Cederström A. Initiating communication about parental mental illness in families: an issue of confidence and security. Published online in International Journal of Social Psychiatry, 18 March 2011.

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