

Children of Parents with Mental Illness, and Child Protection: *Recent Evidence*

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THE UNIVERSITY
OF QUEENSLAND

Children of Parents with Mental Illness, Cowling, 2003

- Do not claim to be an expert
- I do teach 400 medical students a year and many other groups about the place of selective programs, and stress COPMI as a prime example
- I do support our own CYMHS Koping program, whenever I can
- In 2003 I had the privilege to contribute a chapter on Adolescence to Vicki Cowling's 2004 excellent and clinically useful book.
- There is of course also a personal story....

The Family Story

- 3 children now in their 40s and 50s, all with children of their own
- Questions about how their early experiences shaped their lives
 - The mother
 - The losses
 - Admission to a children's home
 - Sequelae of the struggle of single parenting
 - Parentification
- Recent Events

Serious Questions

- Does mental illness breed true, and therefore provide a risk for the COPMI?
- Does mental illness lead to to a cycle of poverty and social exclusion which puts COPMI at increased risk?
- Do parents with mental illness deteriorate as parents, and therefore provide a risk for the COPMI?
- Are there special family problems for COPMI?
- Does our stigma about mental illness lead to us creating conditions for COPMI which cause disadvantage?

Mental Illness 1

- Offspring risk for psychiatric disorder was significantly greater if both parents had a lifetime history of psychiatric disorder than if only one parent had a lifetime history of disorder.
- Parental concordance for generalized anxiety disorder (GAD) was associated with a significant increase in offspring risk for anxiety disorders

Johnson et al., 2008. *Psychopathology*, 41(2):124-8

Mental Illness 2

- When co-occurring psychiatric disorders are accounted for, the children of parents with depressive, disruptive, and substance use disorders may be as likely to develop other disorders as they are to develop the same type of disorder that their parents have had.

Johnson et al., 2006 *Comprehensive Psychiatry*,
47(3):169-77.

Mental Illness 3

- Children of fathers with substance use disorders are at increased risk for psychopathology
- For conduct disorder, ADHD, major depression, and anxiety disorders, results indicated that the predominant predictor of specific mental disorders in offspring was a history of the corresponding disorders in both parents.

Clark et al., 2004. American Journal of Psychiatry,
161(4):685-91.

Mental Illness 4

10 Types of parenting behaviours examined

- Low parental affection or nurturing was associated with elevated risk for offspring antisocial ($P = .003$), avoidant ($P = .01$), borderline ($P = .002$), depressive ($P = .02$), paranoid ($P = .002$), schizoid ($P = .046$), and schizotypal ($P < .001$) PDs.
- Aversive parental behavior (eg, harsh punishment) was associated with elevated risk for offspring borderline ($P = .001$), paranoid ($P = .004$), passive-aggressive ($P = .046$), and schizotypal ($P = .02$) PDs.

Johnson et al., 2006 Archives of General Psychiatry,
63(5):579-87.

Family Risk

- Children of suicide attempters have 6 times the risk of others whose parents have not.

John Mann & David Brent, Archives of Psychiatry, Sept 2002

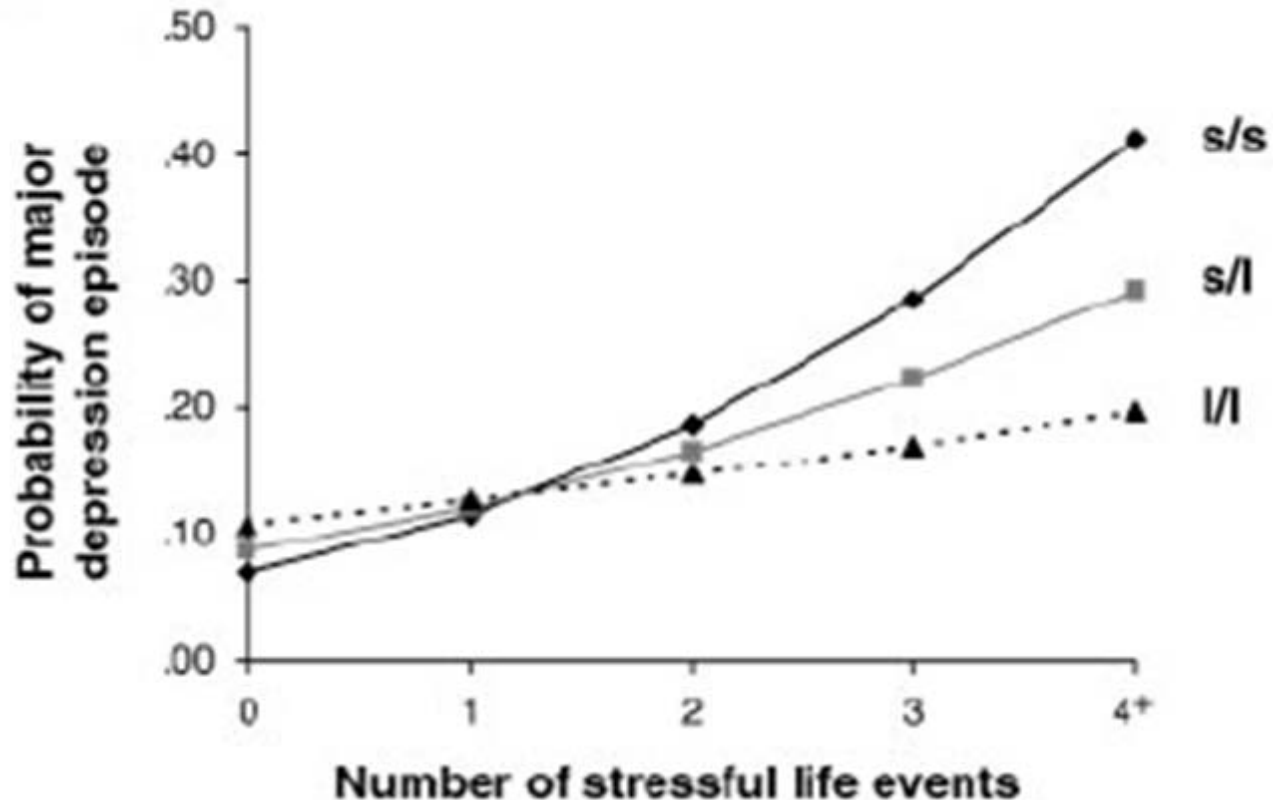
- 13% of identical twins suicide where the other twin has suicided, compared to only 0.7% of fraternal twins.

Alec Roy, 1992

Gene Experience Interaction

Science, Avshalom Caspi et al 2003

B



Genetic Informed study

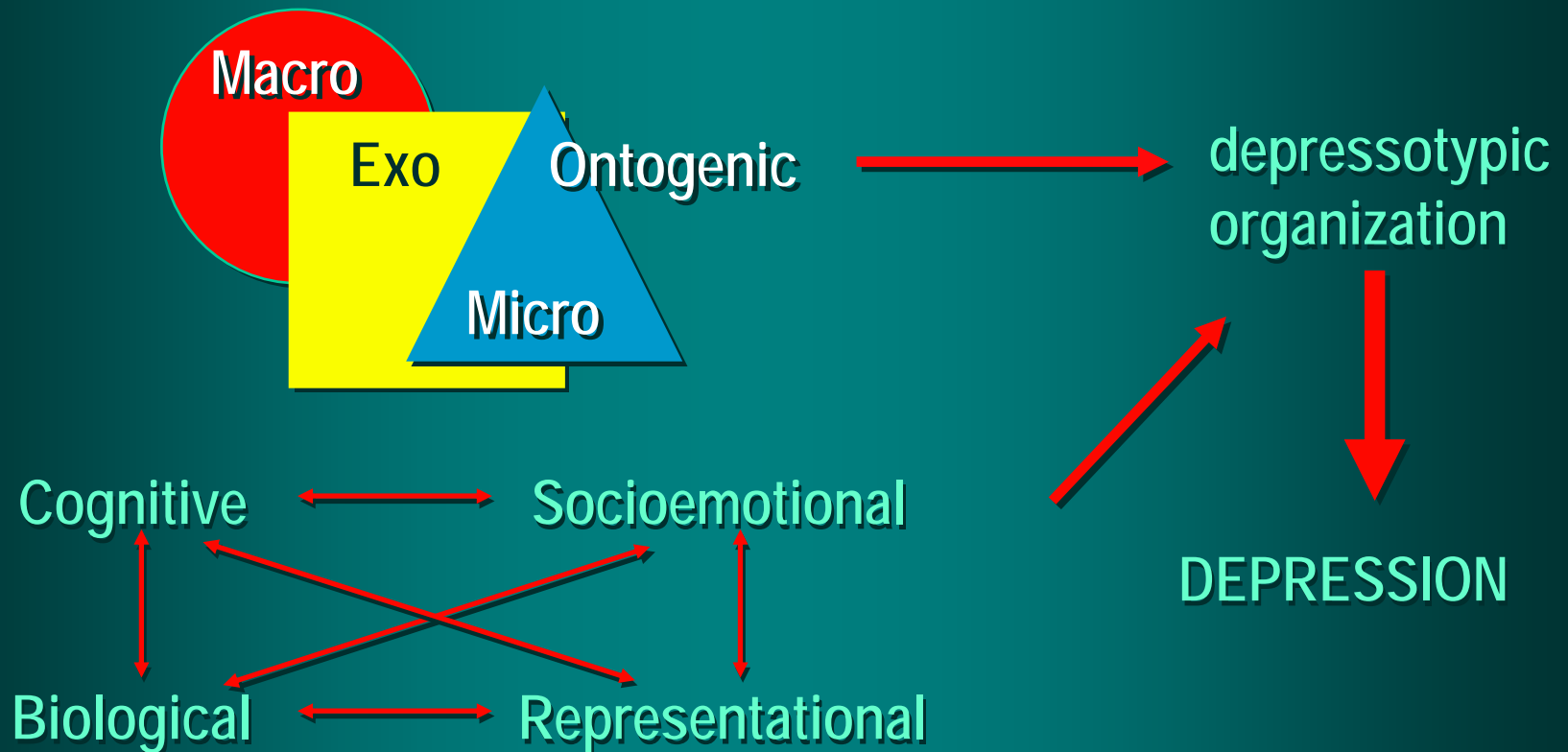
- 720 families with at least 2 children, 9 -18 yrs old, stratified by genetic relatedness
- interaction of genotype and both parental negativity and low warmth predicting overall antisocial behavior, as well as aggressive and non-aggressive forms of antisocial behavior, but not depression
- a continuous measure of parenting in the normative range moderates the influence of genotype on antisocial behavior.

Feinberg et al., 2007

Stress-Vulnerability Model

Ecological Transactional

adapted from (Cicchetti & Tucker, 1994; (Cicchetti & Toth, 1998)



Stress

- Post-traumatic stress disorder (PTSD) is associated with functional abnormalities of the hypothalamic-pituitary-adrenocortical (HPA) axis.
- Emerging evidence suggests that failures in social regulation of the HPA axis in young children manifested as neglectful or abusive care may play a role in shaping cortico-limbic circuits involved in processing experiences threatening experiences encountered later in life.

Gunnar and Quevedo, 2008. Progress in Brain Research, 167:137-49

Stress

- The literature on HPA axis function in both children and adults following child maltreatment further highlights the potential relevance of early stress to later onset of major psychiatric disorders.

Shea et al., 2005. *Psychoneuroendocrinology*,
30(2):162-78.

Parental Bonding Instrument ¹

- 25 questions for both maternal carer and paternal carer
- 12 questions resolve to Care Subscale
- 13 questions resolve to Protection Subscale
- both subscales have internal consistency (Cronbach a) in excess of 0.85

¹ Parker, G., Tupling, H., Brown, L.B., 1979. A Parental Bonding Instrument. *British Journal of Medical Psychology*, 52:1-10.

Parenting and Depression

Youth Self Report Depressed Subscale

> **mean+2SD** < **mean+2SD**

'CASE'

'NOT CASE'

**Mother
Care**

20.55**

27.14

**Father
Care**

19.57*

24.52

**Mother
Protection**

17.77**

11.32

**Father
Protection**

15.19*

10.23

MALES

Unpaired t test

**p < 0.0001

*p < 0.001

Parenting and Depression

Youth Self Report Depressed Subscale

> **mean+2SD** < **mean+2SD**

'CASE'

'NOT CASE'

**Mother
Care**

21.78**

29.18

**Father
Care**

18.47**

26.10

**Mother
Protection**

17.17**

9.77

**Father
Protection**

16.88*

10.53

FEMALES

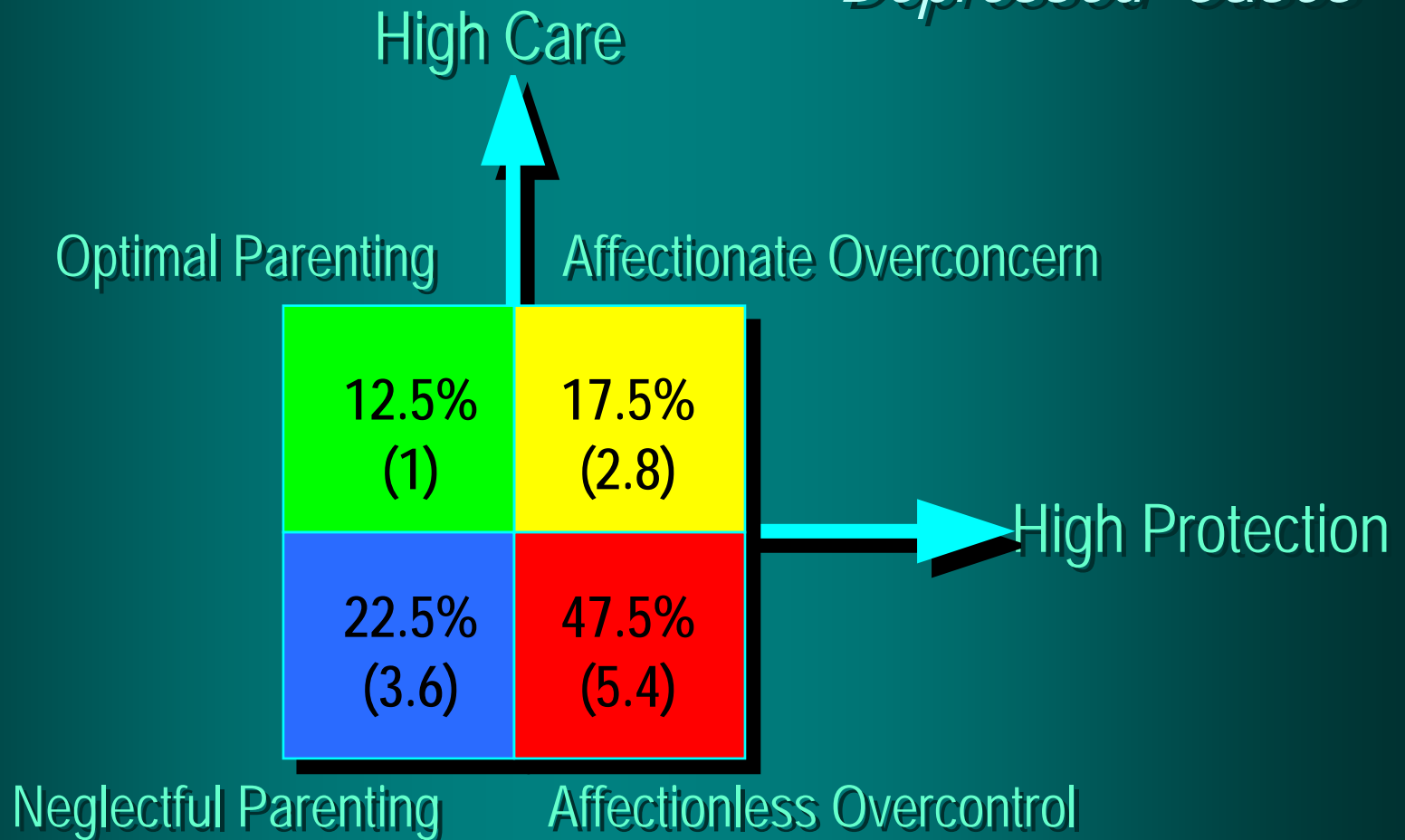
Unpaired t test

**p < 0.0001

*p < 0.001

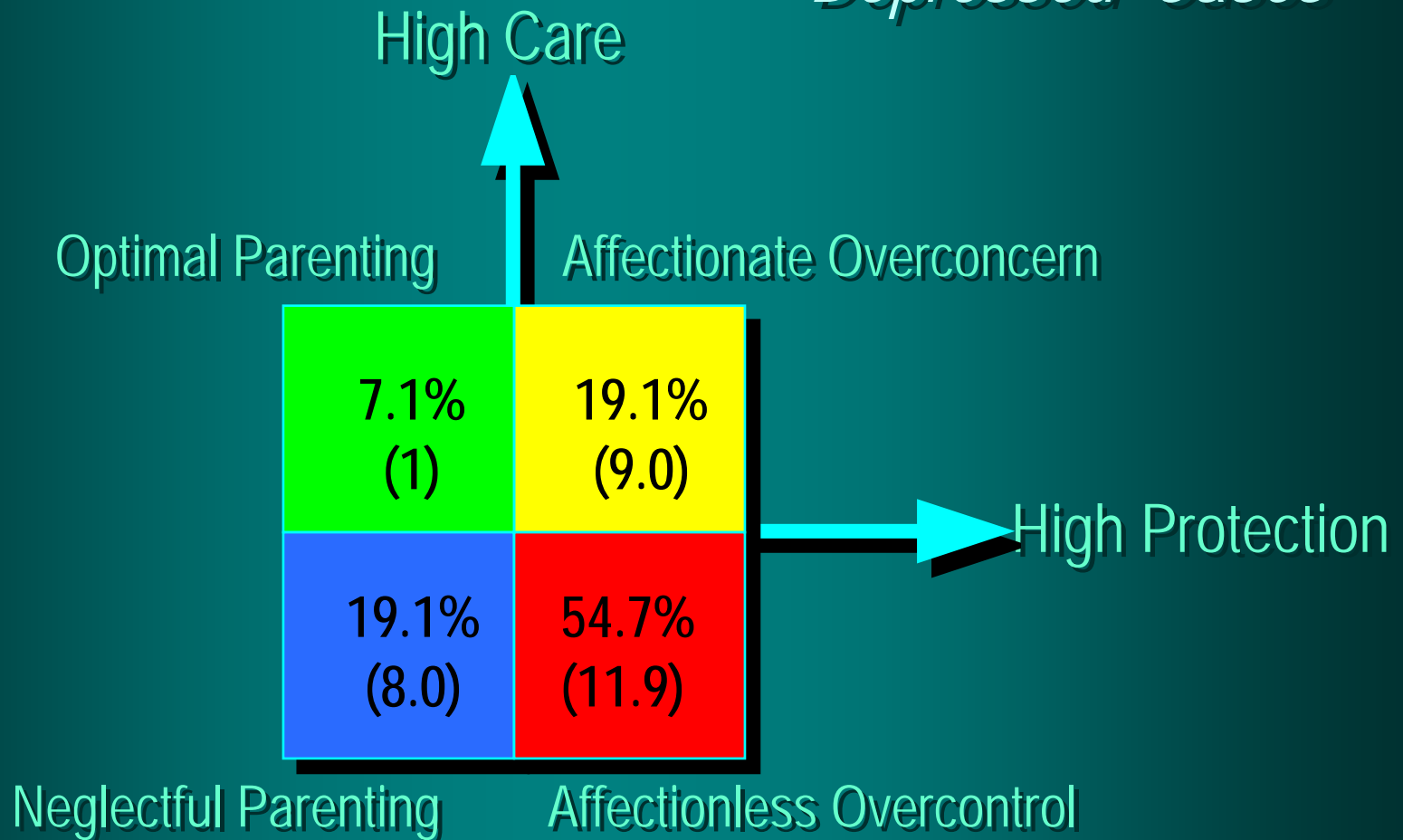
Quadrant Assignment - Father

Depressed 'Cases'



Quadrant Assignment - Mother

Depressed 'Cases'



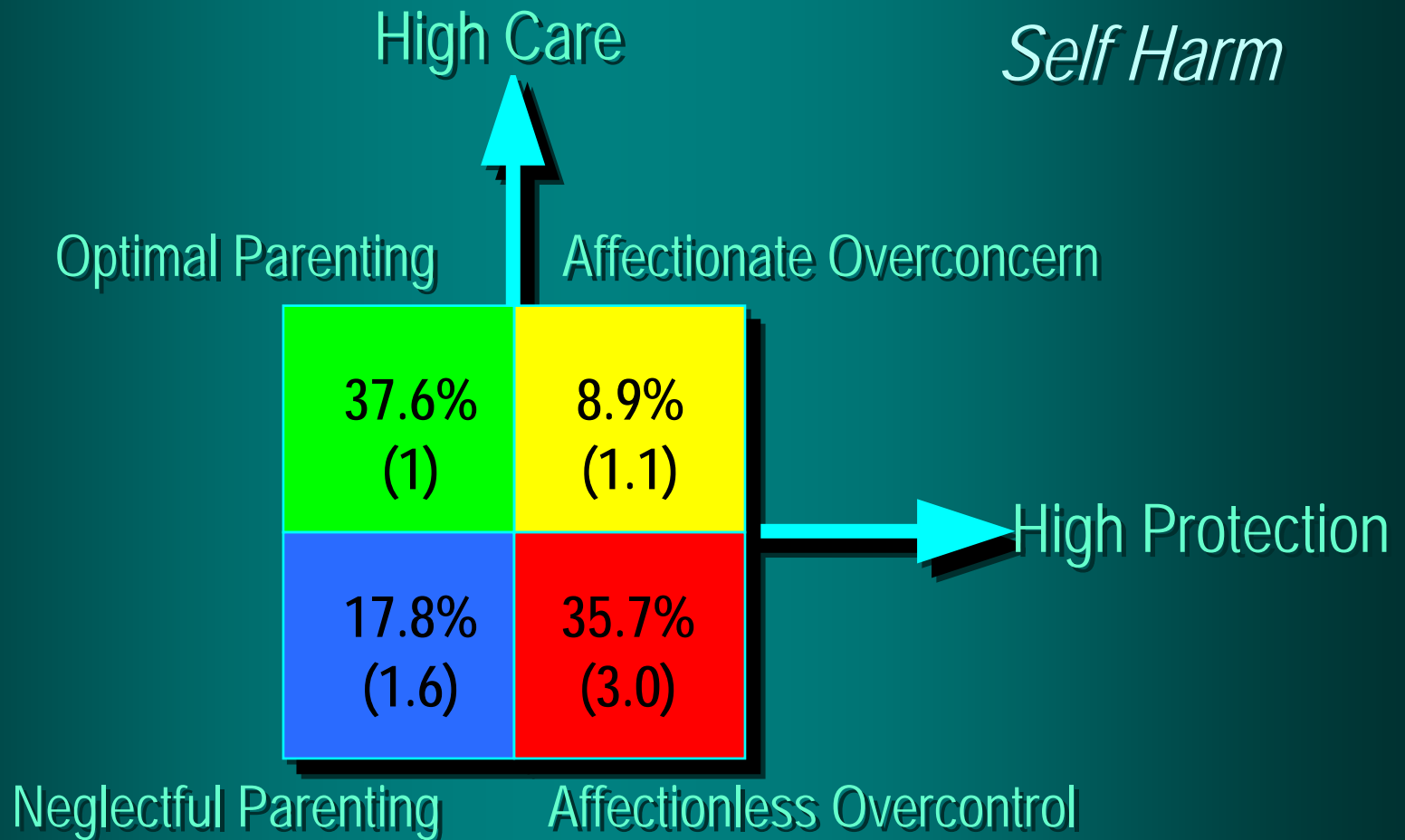
Deliberate Self Harm (DSH)

	Deliberate Self-Harm	Self-Harm Denied
Mother Care	23.40**	27.89
Father Care	20.98**	24.92
Mother Protection	13.66**	10.36
Father Protection	12.54*	10.09

Unpaired t test
** p < 0.0001
* p < 0.01

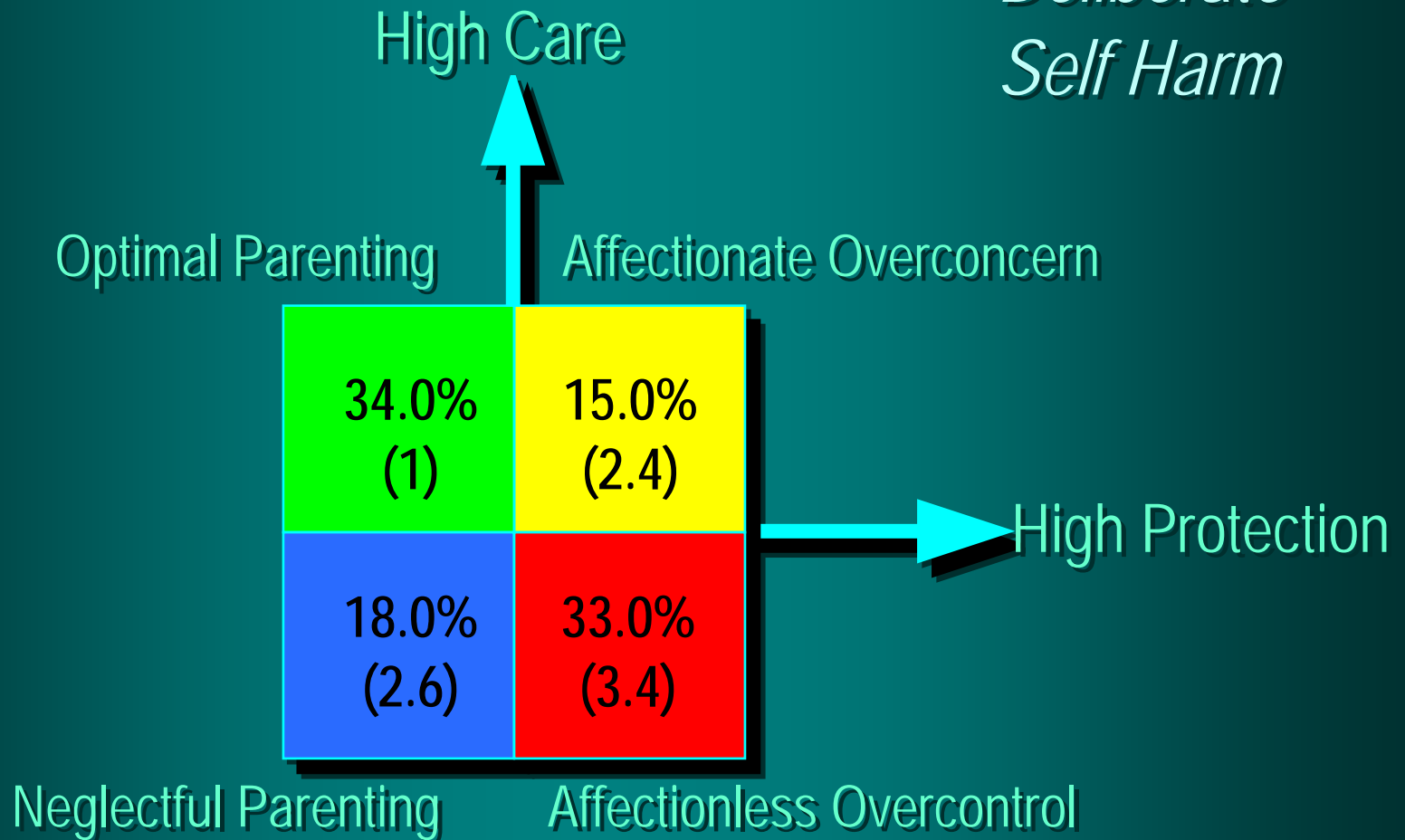
Quadrant Assignment - Father

*Deliberate
Self Harm*



Quadrant Assignment - Mother

*Deliberate
Self Harm*



Homeless Youth

	Schools (N=221)	Homeless (N=86)
Mother Care	26.07	23.55*
Father Care	23.61	20.85*
Mother Protection	10.62	15.35**
Father Protection	9.86	13.96**

Unpublished Data

Unpaired t test
** p < 0.0001
* p < 0.01

Social Exclusion

“Social exclusion happens when people or places suffer from a series of problems such as unemployment, discrimination, poor skills, low incomes, poor housing, high crime, ill health and family breakdown”

(British Social Exclusion Unit 1997)

Ann Harding et al., 2006. NATSEM, University of Canberra

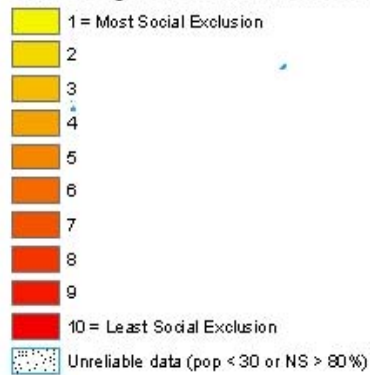
**Table 2 Table of variables and loadings for the Child Social Exclusion Index
(all children aged 0 -15)**

Variable	Loading
Proportion of children in sole parent family with low income	0.59
Proportion of children aged 5 – 15 in government school with low income	0.87
Proportion of children with no-one in the family completed Year 12 and low income	0.92
Proportion of children with highest occupation in family blue collar worker and low income	0.83
Proportion of children in public housing and low income	0.37
Proportion of children in family where at least 1 parent speaks a language other than English at home and low income	Low
Proportion of children in family where no parents employed	0.59
Proportion of children in family where no-one used computer at home in last week, low income	0.94
Proportion of children in family with no motor vehicle and low income	0.44
Eigenvalue	4.22 (52.7%)

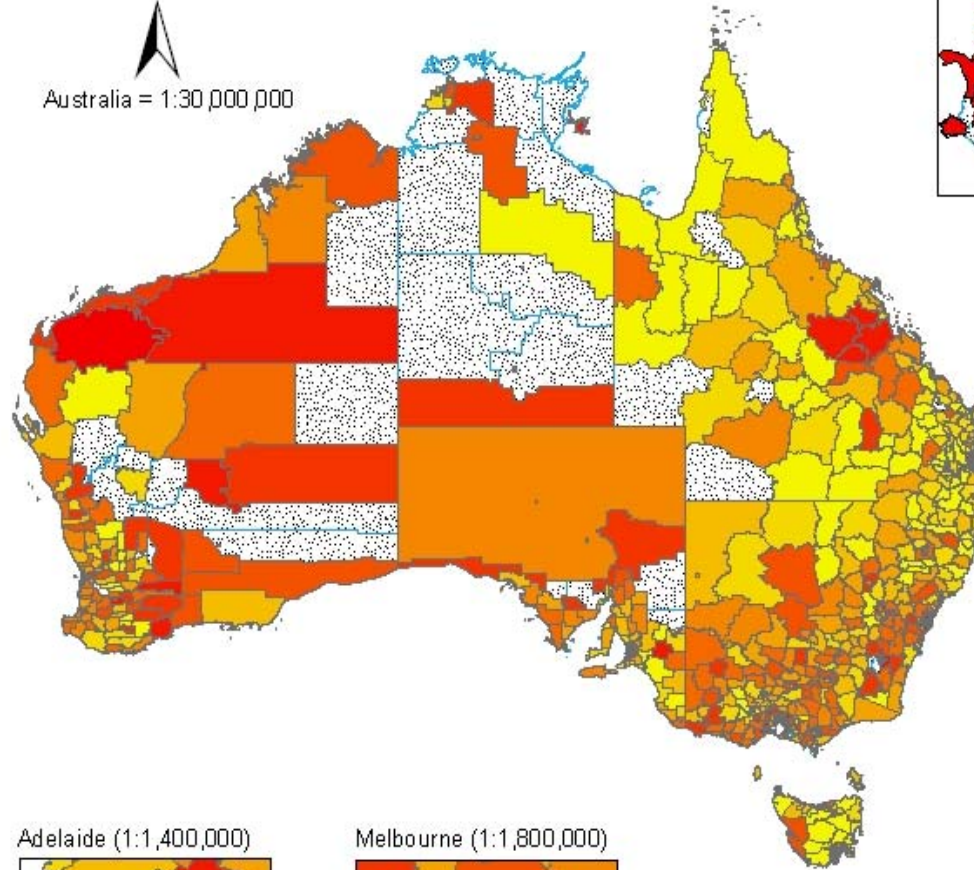
Children aged 0 - 15 at risk of social exclusion by SLA

Legend

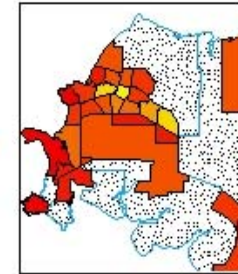
Child Weighted Social Exclusion Deciles



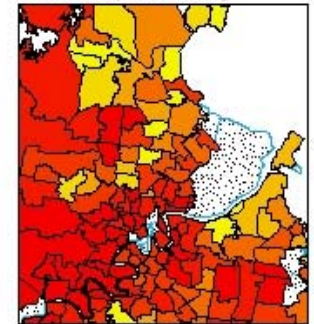
N
Australia = 1:30,000,000



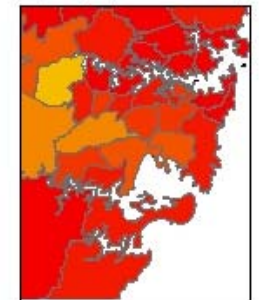
Darwin (1:500,000)



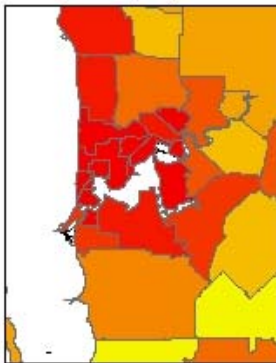
Brisbane (1:750,000)



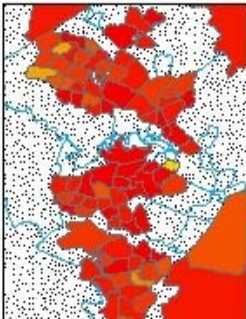
Sydney (1:1,000,000)



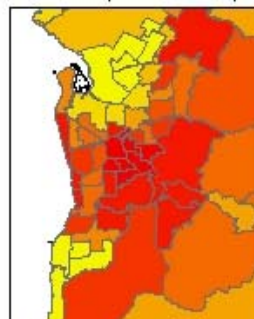
Perth (1:900,000)



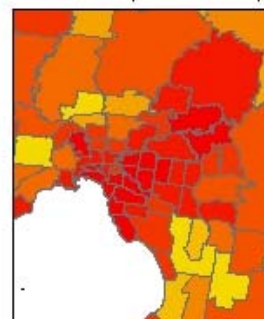
Canberra (1:750,000)



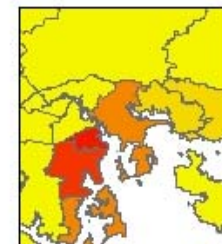
Adelaide (1:1,400,000)



Melbourne (1:1,800,000)



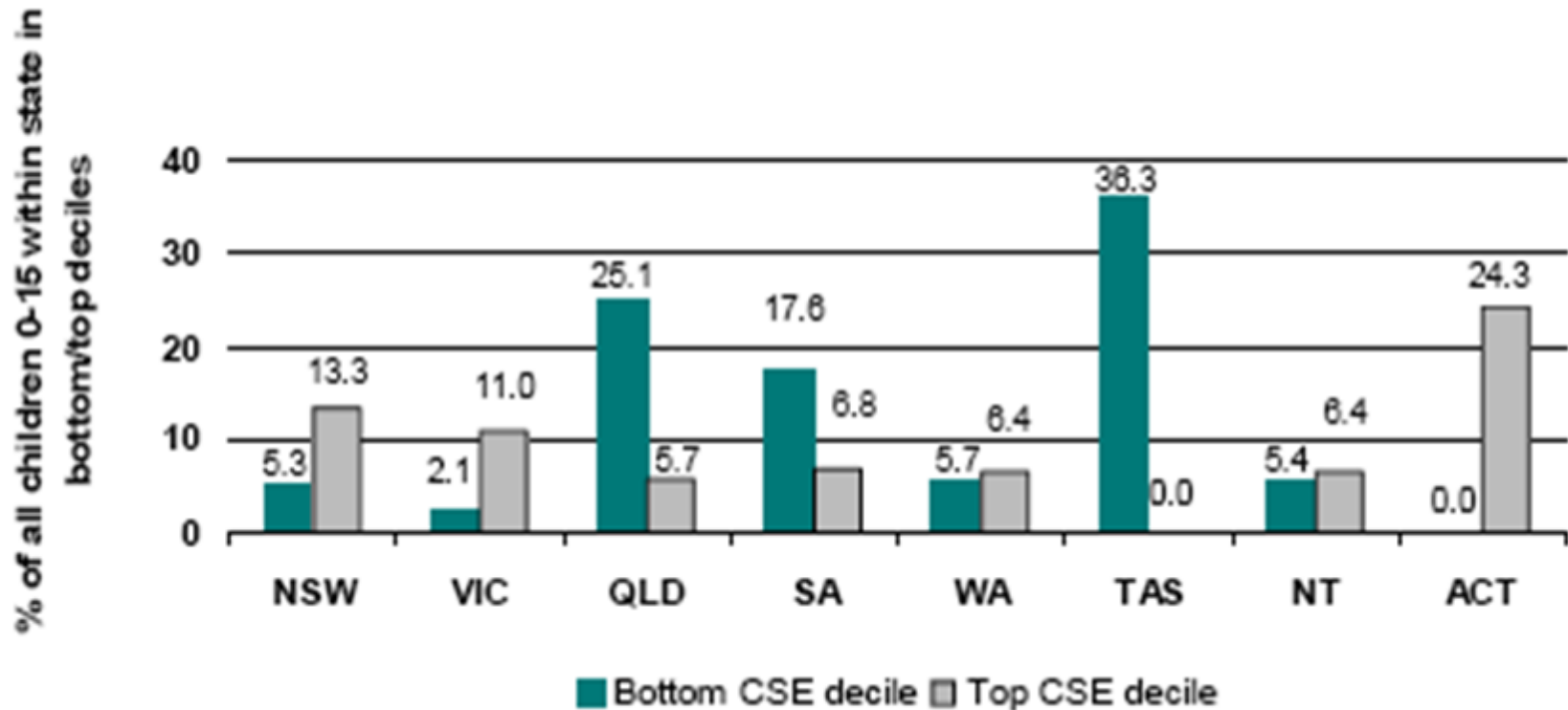
Hobart (1:2,800,000)



Note: Child weights are based on all children aged less than 16 years.

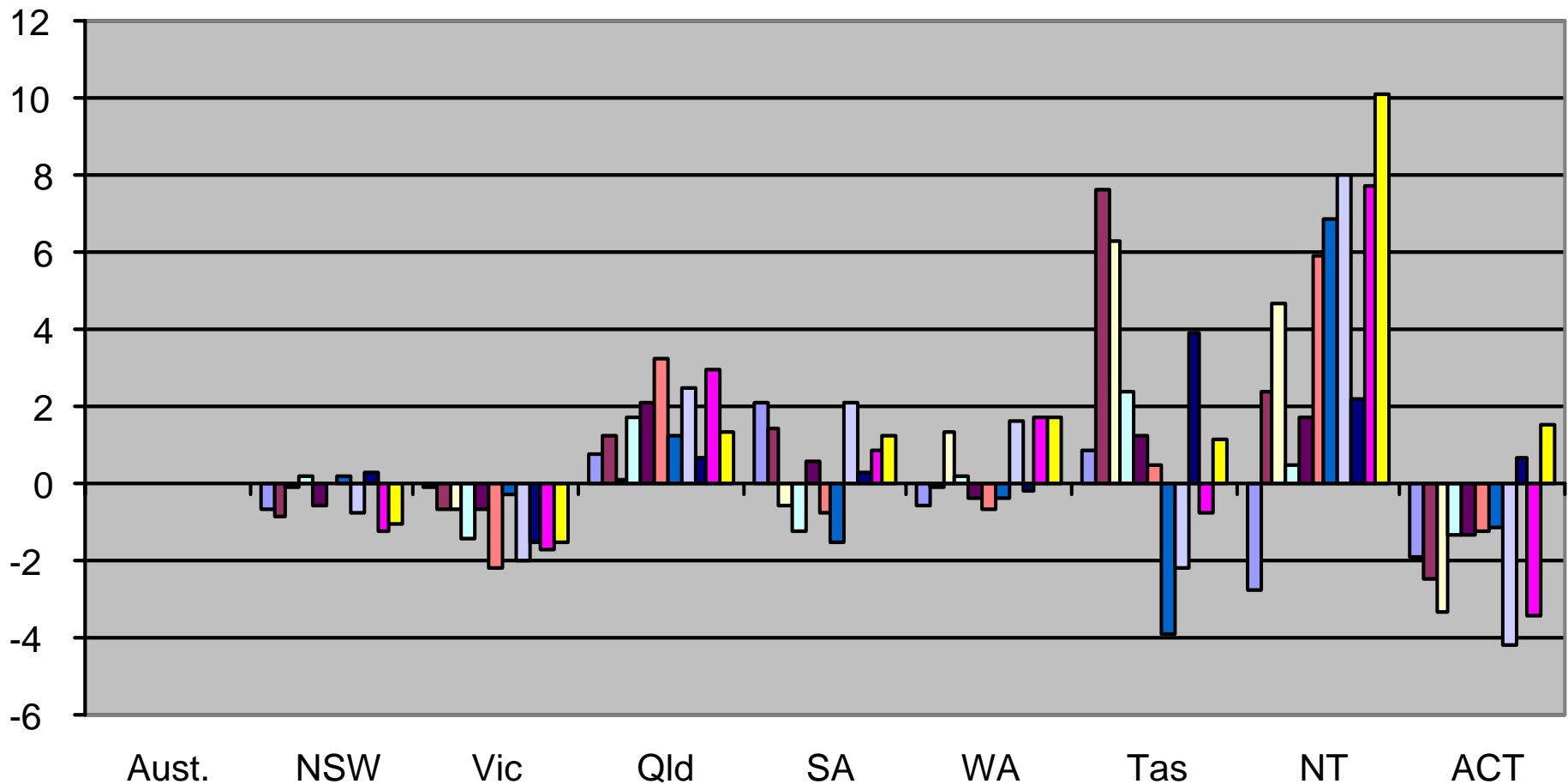
Data source: ABS Census of Population and Housing 2001, NATSEM calculations.

% Children in Bottom/Top Social Exclusion Deciles (ABS 2001 Census)



State/Territory Suicide Differences

Suicide Rates per 100,000 over 10 yrs



Can we do anything to help?
Is there evidence that it works?

Hierarchy of Needs

Need for Self-Actualisation

Personal Growth and Fulfilment

Need for Self-Esteem

Achievement, Affection, Responsibility, Reputation

Social Needs - Belonging

Family Affection, Relationships, Work, Group relationships

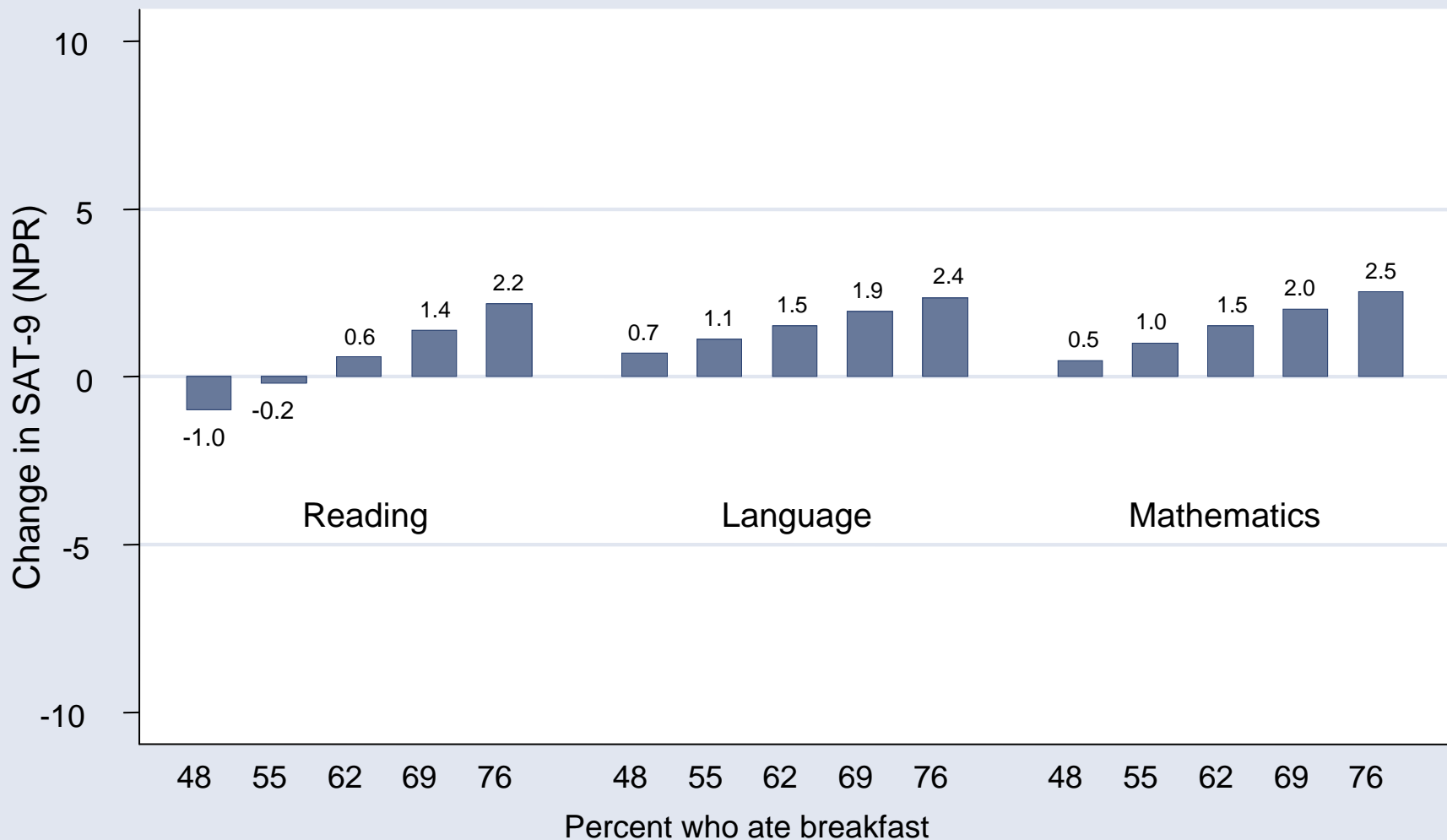
Need for Safety and Security

Protection, Security, Order, Law, Limits, Stability

Basic Biological and Physiological Needs

Air, Food, Water, Shelter, Warmth, Sex, Sleep

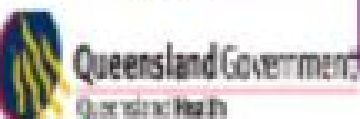
Breakfast and Annual Changes in Test Scores



Source: California Healthy Kids Survey & STAR data files.

Growth in Qld. Koping programs

- The following 4 slides demonstrate
 - the growth in numbers of young people attending groups through 2006/7
 - The growth in the number of groups across Queensland
- This is, of course, evidence of a clinical and preventative need, as well as evidence of the enthusiasm and commitment of the professionals involved



QLD STATE NETWORK NEWSLETTER

Edition 18

KOPING PROGRAM

July 2006

Supporting Children & Young People in Families
Where a Parent is Living with a Mental Health Problem

KAP GROUP FACILITATOR TRAINING

On the 25th of July, 14 Service providers had participated in the recent Koping Adolescent Program Facilitator Training in Brisbane. The training aimed at exposing participants to the program with experiential learning. Being such obliging people, the participants did not mind to "get down and dirty" with the activities set

sincere appreciation is extended to Sophie Morson from RCH CYMHS for her role in supporting me with the Training session.

Below is a picture from the training day of participants engrossed in one of the activities.



Koping Adolescent Program (KAP)

A total of 5 groups have been facilitated with 21 young people completing the Program far this year. This is a fantastic number considering that up until 2006 a total of 71 young people had completed the program. This could not have been possible without the ongoing support of Eliza Fraser (Psychologist at Nundah CYMHS) and the team at Community Connections.

The retention rate for 2006 has been around 80.7%. Over 42% of these young people have had past or current mental health concerns warranting contact with a CYMHS service. There were 2 young people who had a sibling with a mental illness and almost 30% openly disclosed that Drugs and alcohol were associated with their parents mental illness. A modest percentage is my guess. Looking at this snapshot of figures, we as service providers need to question whether enough priority has been given to COPMI in our area of work and whether there should be more programs to target much EARLIER intervention if needed ???

**Next Koping Adolescent Program for Term IV will commence on
Thursday, 28th September, 2006**

OTHER COPMI Related News

SCKoping

Sunshine Coast Koping Network is currently running a Gaining Grounds group on July 20th, 27th and August 3rd (Tewantin). The next Middle Earth group is August 23rd, 30th and Sept 6th (Maroochydore), and Gaining Grounds October 24th, 31st and Nov 7th (Caloundra).

Quiltmania Expo - Australia's Biggest Quilt display is on the 29th - 30th July 9am-4pm, Indoor Sports Stadium, North Street Caloundra. All proceeds going to the SCKoping Network to support ongoing programs and camps. Want to know more, contact:

Sharon Thomasson

SCKoping Project Officer, Ph: 54 099 111

Kidz Club - Primary - Mater CYMHS

A supportive and educative group for primary school-aged children who have parents/relatives living with a mental illness. We recently held our upper primary (grades 4-7) group of 5 members over the July school holidays on 3/7/06 and 4/7/06, and they were all keen to come back to attend our one day follow-up group hopefully over the next school holidays. We're still keen on receiving referrals for both lower (grades 1-3) and upper primary and depending on the number of referrals. This will determine the

Koping Adolescent Program—Koping Program

Taking referrals now for October KAP.

Kidz Club - Primary - Mater CYMHS Maggie Wilson for referrals. Ph: 3840 8650

SCKoping— Sunshine Coast Koping Contact Sharon Thomasson. Ph: 54 099 111.

Skoping offers COPMI groups for children, young people in the Caboolture, Sunshine Coast area, all the way up to Boreen Point and out to Gympie.

OUR Space— Southside Health Service District COPMI Program

Contact Adam Lo ph: 3290 0500.

The "OurSpace" COPMI program for the Southside Health Service District was officially launched at the "Against the Odds" Early Intervention Conference in Logan Entertainment Centre on the 11th July. A committee consisting of representatives from a variety of sectors in the community will implement the program, including the delivery of KAP.

Other COPMI— Bayside CYMHS

Bayside COPMI news - a group for teenagers aged 11 to 15 years was facilitated in the July school holidays . Six people complete the group; 3 females and 3 males. The group got to enjoy the outdoors as well as a trip to the cinema for a celebration. Participants were keen to keep in touch. Post group interviews are underway to review the impact of the group on participants' functioning. Contact Chris Borrallon

Breakaway— Gold Coast Contact Danielle Edison 5591 6490

COPMI initiatives— Princess Alexandra Hospital District, Adult Mental Health Service

Children of Parents with a Mental Illness (COPMI) Site

- March Sydney Forum 2007, both Joanne Nicholson (US), and Rob Lees (Canada) presented more qualitative data than quantitative, and more on parent function than change in young people
- Elisabeth Fudge (Oz) noted 50 programs currently listed
- The majority still self-report either no evidence or weak evidence
- Pre-and post knowledge assessments and consumer satisfaction documentation prevails but perhaps broader assessment of satisfaction than in the past (e.g. parent and child over two points in time).

However.....

- Evidence of growth, the enthusiasm of the young people, and the commitment of the professionals to this area of selective prevention does not constitute 'evidence' that would enable a bureaucrat to continue funding for ever, nor 'evidence' that contributes to the international evidence base

In fact, developing evidence is problematic....

- Professor David Hay (WA) advised that there are few options for organisations wishing to apply for funding for COPMI related research. For instance, Healthways have advised that they generally only fund projects which are whole of population based (ie COPMI group too small).

Minutes Research and Evaluation meeting January 2004

However, some evidence does exist,
even if most of it targets parent
training programs

Selective Programs targeting Parents....

Qualitative Studies

- “The rationale for the development of effective programs for parents with serious mental illness and their children is compelling.”
- Qualitative study of 7 programs across the US compared target population, theory and assumptions, funding, community and agency contexts, essential services and intervention strategies, moderators, and outcomes.
- Diversity [between programs] was a major issue
Nicholson, J & colleagues, Uni Massachusetts 2007.

Hinden et al, 2002 (Parents)

- Outcomes for parents included increased knowledge about child development, improved parenting skills, enhanced self-sufficiency/independence/problem-solving skills across life domains, fewer crises and hospitalizations, increased parent confidence/self-efficacy, increased social networks, increased access to and coordination of services, medication management, stabilization of symptoms.

Barriers to Uptake of Programs

- “The most important barriers highlighted by workers were patients not identifying their illness as a problem for their children and patients denying that they had a mental health problem.”

■ Maybery & Reupert , 2006. Workforce capacity to respond to children whose parents have a mental illness. *Aust N Z J Psychiatry*, 40(8):657-64.

Qualitative Studies

- ..."core processes defined by family-centered, strengths-based, emotionally supportive, and comprehensive approaches; essential services including family case management, 24-hour crisis services, access to flexible funds, liaison and advocacy, and mediators reflecting parent-provider trust and communication/cooperation, provider-provider trust, adoption of strengths-based approaches, development of appropriate treatment plans, parent engagement, and parent self-esteem/self-efficacy.

Hinden, Nicholson et al., 2005.

Qualitative Studies

- “Family-centered, strengths-based approaches were identified across program directors as critical to intervention success.”

Hinden, Nicholson et al, Uni Massachusetts, 2006

Hinden et al., 2002 (Child Outcomes)

- Child outcomes included achieving developmental milestones, enhanced school readiness, improved child behavior and emotional adjustment, and improved school attendance.
- For those programs engaged in political advocacy and social marketing, increased public awareness, decreased stigma, and increased funding opportunities reflected positive outcomes.

Parents w. Alcohol & Drug Problems

- Children fetal alcohol or drug syndrome (FAS/FDS) have a greater likelihood of developing acute or chronic physical, cognitive and behavioral problems.
- prevention programs, as well as selective and indicated prenatal and postnatal interventions, can improve the support given both to mother and to child, and evidence-based, in-home parenting and family-skills-training approaches are particularly useful.

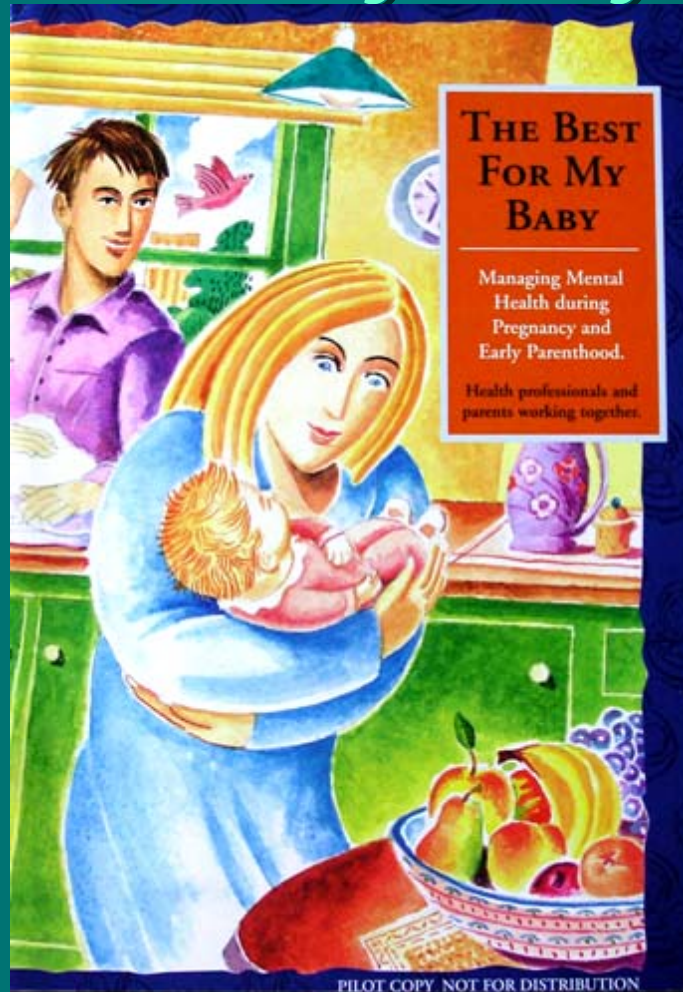
Kumpfer & Fowler, 2007

The single study of parents with a mental illness in the Cochrane Database

- One year after 144 Methadone treatment parents received family skills training, results indicated significant positive changes among parents, especially in the areas of parent skills, parent drug use, deviant peers and family management. Few changes were noted in children's behavior or attitudes.

Drug & Alcohol Abuse RCT, Catalano, 1999

The Best for My Baby Book



Attachment

- Harlow's animal studies
 - warmth versus food
- Developmental studies
 - Parental depression
 - Social support and anxiety-prone infants



Factors affecting Attachment

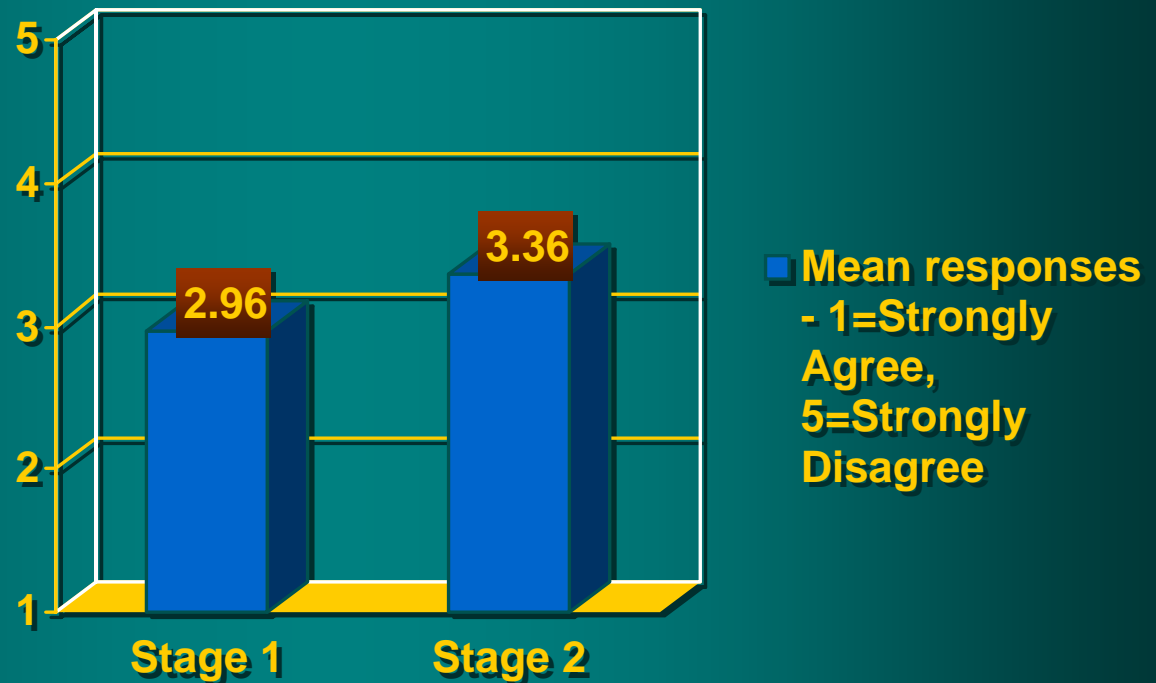
- Mother's own attachment history
 - Autonomous mother promotes a secure child
 - mother has no unresolved concerns and thus is sensitive to child's need
 - Dismissive mother promotes an insecure avoidant child
 - mother reluctant to acknowledge her own attachment needs and thus insensitive and unresponsive to those of children
 - Preoccupied mother promotes an insecure resistant
 - mother confused about her own attachment history and thus inconsistent in her interaction with her child

The Best for My Baby Book

- *Biggest concern about having a baby*
 - Themes Stage 1 & 2:
 - Coping
 - Health of the baby
 - Personal Health
 - New issues raised in Stage 3 by two respondents:
 - *Having people around to give support*
 - *Being able to keep the baby busy with activities*

The Best for My Baby Book – Repeated Measures Response Shift.

I'm worried that if I talk about my illness or medications with my doctor or midwife they may think that I cannot manage a baby (t=-3.04, p<0.01 [2-tailed]).

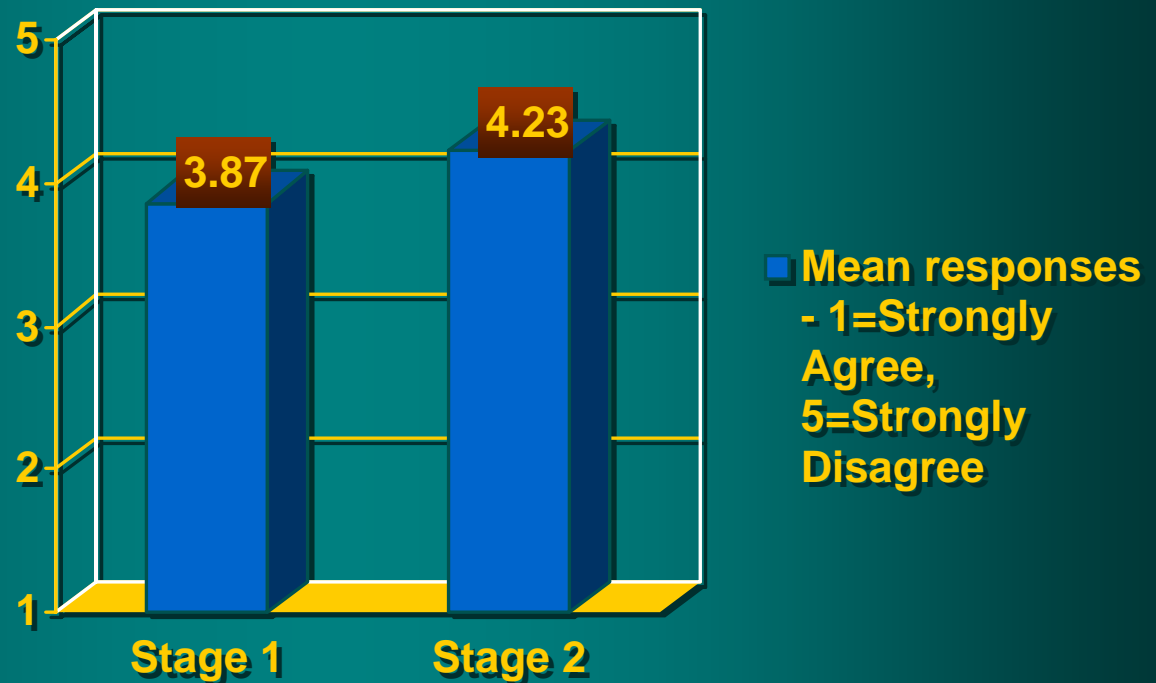


Family Talk Book



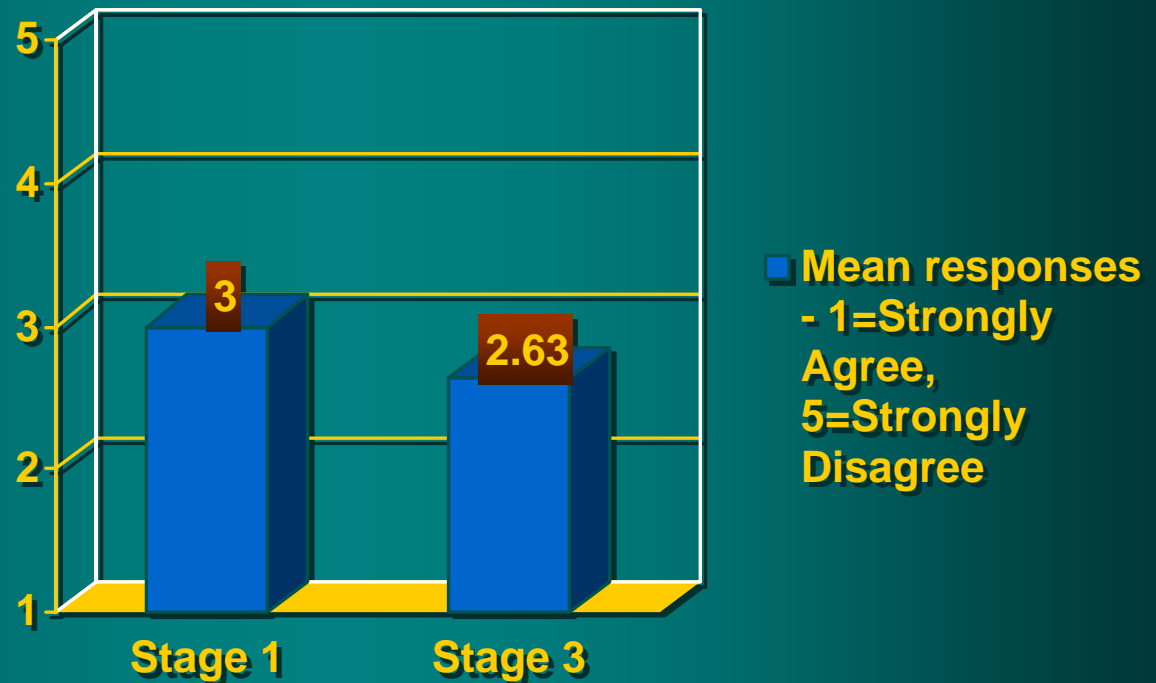
Family Talk Book – Repeated Measures Response Shift.

It is not a good idea to talk to the children or young people in the family about mental illness because they will worry too much (t=-3.482, p<0.01 [2-tailed]).



Family Talk Book – Repeated Measures Response Shift.

Each member of the family knows where to get answers to their questions about mental illness (t=2.111, p<0.05 [2-tailed]).



Selective Programs targeting Young People

Tasmanian Children's Project

- highlighted the need to provide a range of programs that encourage the development of personal competency among children, parents, and other family members and those that emphasize interagency collaboration.

Handley et al., 2001.

Paying Attention to Self (PATs) and VicChamps

- Children and young people participating in the programs reported improved self-esteem and resilience.
- More than 2000 workers increased their knowledge and skills in mental health by participating in workforce development activities.
- Partnerships and collaborations are stronger between services and community organisations.
- There's more awareness of stigma and discrimination associated with mental illness.

PATS Evaluation, 2005

- Structured questionnaire follow-up study over 3 years
- PATS participants reported significant reductions in depressive symptoms (60% pre-intervention, 38% 12 months later), risk of homelessness (44% pre-intervention, 17% 12 months later) and stigma (30% pre-intervention, 15% 12 months later) after their involvement in the program.

Conclusion

- The practice based evidence for preventive programs for young people with Mental Illness is irrefutable
- However, given the excellent people involved in COPMI programs, and the length of time that we have been active in this area, we now need a collaborative national approach and carefully designed research and evaluation programs to provide cogent reasons for funders to fund programs and provide sustainability

Resilience

“the ability to bounce back, recover from, or adjust to misfortune or change”

Burns, 1996

EVIDENCE

SCHOOL AGE CHILDREN

- Increased resilience and connectedness to the school led to reduction in suicidal thinking

Resnick, Blum et al, 1997

Profile of the Resilient Child

Benard 1991

❧ Social Competence

❧ responsiveness, flexibility, empathy, caring, communication skills, sense of humour;

❧ Problem Solving Skills

❧ critical thinking, generating alternatives, planning, produces change;

Profile of the Resilient Child

Benard 1991

☞ Autonomy

☞ self-esteem, self-efficacy, internal locus of control, independence, adaptive/healthy distancing;

☞ Sense of Purpose and Future

☞ goal directedness, achievement orientation, high motivation, educational aspiration, persistence, **hopefulness**, coherence;

Resilience facing Adversity

Fergusson and Lynskey, 1996

- ∞ intelligence
- ∞ problem solving ability
- ∞ female gender ??
- ∞ external interests/affiliations
- ∞ +ve parental attachment and bonding
- ∞ easy early temperament
- ∞ good peer relationships

The Protective Family

Benard 1991

∞ Caring and Support

∞ close relationship with one person, affection expressed physically and verbally;

∞ High Expectations

∞ structure , order, discipline, values, explicit expectation, faith, hope for the future

∞ Participation

∞ valued participant, domestic responsibility, independence encouraged, autonomy respected



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Children of Parents with a Mental Illness (COPMI) Resource Centre



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Youth and Community



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Child Protection and Justice



Workforce Development

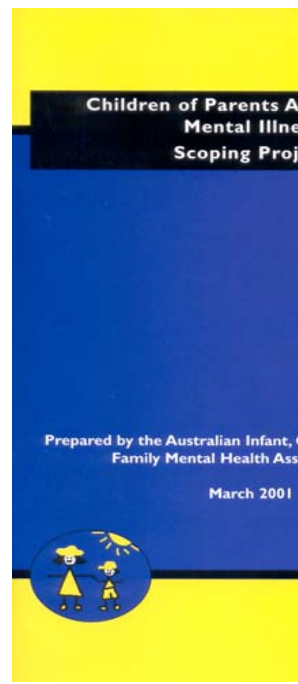
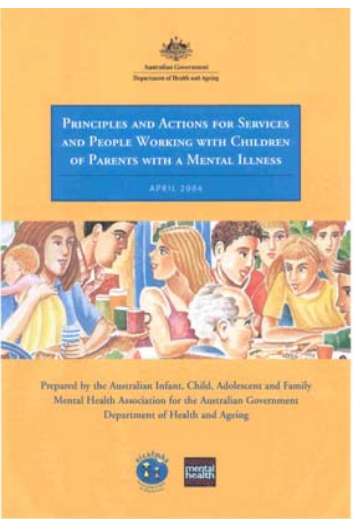


Capacity Building

Join the COPMI Discussion List:

Enter name:

Enter email:



Child Protection

(from the COPMI site)

- “Where concerns exist about the safety and welfare of a child of a parent with a mental illness, child protection workers play a clear role
- By working pro-actively to support families in the provision of care for their children
 - By leading the process by which parenting ability and family capacity is assessed and ensuring the process is collaborative, strengths based and comprehensive
 - By developing a safety and monitoring plan for the child.”

Support for families

(from the COPMI site)

- “Support for families is enhanced when community service providers, child and family health services, mental health services and child protection services (as appropriate) work together to ensure that
- practical and 'family friendly' domestic help is available to assist families to remain intact and supported during parental hospitalisation and in transition/rehabilitation periods, and also as a preventative intervention service.”

Support for families

(from the COPMI site)

- parental support groups and parenting skill programs
- support services and programs available to key care providers
- planned care and flexible respite care services
- early intervention programs
- relationship support
- information about the possible implications of their mental illness, treatment and/or co-morbid factors (eg. substance abuse) on their parenting