

# Journal of Parent and Family Mental Health

---

Volume 6

Issue 1 *Child Talks+*: A New Intervention to Support Families Affected by Parental Mental Illness

Article 1

---

2021-08-31

## Child Talks+: A New Intervention to Support Families Affected by Parental Mental Illness

Karin T.M. van Doesum

Artic University of Norway-Regional Centre for Child and Youth Mental Health and Child Welfare Tromsø, Norway and Radboud University of Nijmegen, the Netherlands

*Et al.*

Let us know how access to this document benefits you.

Follow this and additional works at: <https://escholarship.umassmed.edu/parentandfamily>



Part of the Child Psychology Commons, Clinical Psychology Commons, Developmental Psychology Commons, Family, Life Course, and Society Commons, Psychiatry Commons, Psychiatry and Psychology Commons, and the Social Work Commons

---

### Repository Citation

van Doesum KT, Reedtz C, Lauritzen C. Child Talks+: A New Intervention to Support Families Affected by Parental Mental Illness. *Journal of Parent and Family Mental Health* 2021;6(1):1016. <https://doi.org/10.7191/parentandfamily.1016>. Retrieved from <https://escholarship.umassmed.edu/parentandfamily/vol6/iss1/1>

Creative Commons License



This work is licensed under a [Creative Commons Attribution-Noncommercial 4.0 License](https://creativecommons.org/licenses/by-nc/4.0/)

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in *Journal of Parent and Family Mental Health* by an authorized administrator of eScholarship@UMMS. For more information, please contact [Lisa.Palmer@umassmed.edu](mailto:Lisa.Palmer@umassmed.edu).

## ISSUE BRIEF

Vol 6 Issue 1  
August 2021A Publication of the Implementation Science & Practice Advances Research Center  
A Massachusetts Department of Mental Health Research Center of Excellence

## Child Talks +

### A New Intervention to Support Families Affected by Parental Mental Illness



#### Child Talks +

[Child Talks +](#) is a brief light touch intervention in which a mental health worker talks with the family about the children's situation and needs when a parent has a mental health condition. The target group is families with children ages 1-18 years old. Healthcare professionals in adult mental health care as well as health services in communities, e.g., child and adolescent mental health care services, GP services and social care may use the intervention. The intervention has been implemented in the Netherlands, Norway, parts of Portugal and Italy.

The aim of Child Talks + is to strengthen the coping skills of the child by providing them with information about their parent's mental illness, as well as emotional

#### Why adult mental health services need a family focused approach

Children of parents with mental illness are at high risk of developing mental health problems in their later lives. About 15 to 23 percent of children worldwide live with a parent affected by mental illness.<sup>1,2</sup> About one third of these children struggle with their own mental health challenges as they grow up. Among this group, one third develop serious mental health conditions like chronic depression, anxiety, and substance use disorders.<sup>2,3</sup> Research findings suggest that there is a strong correlation between parental psychiatric disorders and an increased risk of psychiatric disorders in their children.<sup>4,5</sup> However, mental health stigma, along with social isolation of the families concerned, has contributed to the ignorance of the needs of this group of children, specifically in adult mental health services. To identify and support young children of parents with mental illness, the clinical practice in adult mental services needs to adopt a family-focused approach. Services should include assessing needs within the family, providing relevant information and useful psycho-educational resources to family members, resources to foster communication in the family, as well as functioning as a liaison between the patients and other services in offering the families the support they need.<sup>6</sup>

and social support. This can be achieved by:

- » making parents aware of children's experiences and the impact of their mental health condition on the children;
- » strengthening parenting competence by giving the parents advice on how to talk to their children

- about their mental illness;
- » identifying social emotional problems in the children at an early stage before they develop a mental health disorder themselves; and
- » providing the family with advice for further help and support.

## The intervention

Child Talks + consists of four separate meetings: Two initial meetings with the patient and possibly his/her partner, followed by two meetings with the patient/partner and the children (See Figure 1).

The manual for the intervention includes suggestions for identifying target groups, for organizing the meetings (including location, frequency) and for the required competence of the staff responsible for delivering the intervention. The mental health worker needs to make adequate preparations before introducing Child Talks + to the family. The content of all four meetings in the Child Talks + intervention is described with regards to:

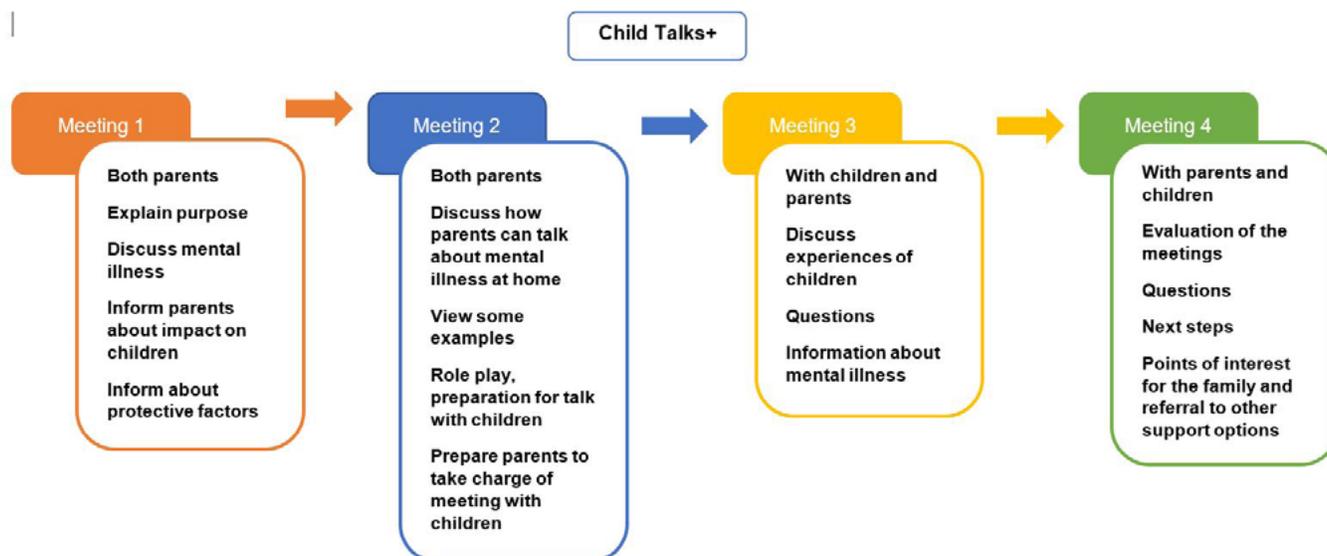
- » Clarification of the purpose of the meeting
- » The content of the meeting
- » Activities and discussion points during the meeting
- » Issues to keep in mind for each meeting
- » Participants in each meeting, and the need for adaptation in different families
- » Selection of possible collaborative partners in the follow up of the intervention
- » Documentation of the meetings using a logbook

## Implementation of the intervention

Child Talks + is a healthcare service to be added to treatment in existing clinical practice. Three different options for how to implement and organize the delivery of the intervention are outlined. They include:

1. **Child Talks + teams within the adult mental health treatment agency.** Child Talks + can be included in the existing adult mental health treatment and be offered by key personnel in a team specialized for ChildTalks +. This team would be responsible for implementing the intervention and offering the service in the organization.
2. **Child Talks + offered by the principal treatment provider in adult mental health care.** Adult mental health care professionals may also be trained to deliver the intervention themselves. In such cases, the Child Talks + meetings will be organized by the mental health care professional, who is responsible for the patient's treatment.
3. **Child Talks + provided by collaborative partners in the local community.** Child Talks + may also be introduced to healthcare services that are responsible for children's care and mental health in their local communities, e.g., by the Child and Adolescent Mental Health Services and/or the Child Welfare and Protection Services. In such cases, the mental health workers who are treating the parent should carry out the Pre-intervention Family Assessment and refer the family to the partner organization that provides Child Talks + intervention.

Figure 1. Overview of the Child Talks + meetings



Successful factors for implementation of Child Talks + are awareness of the risk for the children, routines to identify children at risk, and a plan to adapt the intervention for the local context. Creating readiness for organizational change within the workforce is a prerequisite for successful implementation, including management support and staff involvement. Appointing implementation teams to the implementation site may be helpful to secure successful implementation, as they can serve as the link between the management and the mental health workers involved in the delivery of the intervention.<sup>7</sup>

### Training providers

Skills training is a vital factor in the implementation process. The staff must have the skills, competence and capability required to deliver Child Talks +. A two-day training program for professionals who work with these families is recommended. This is a skills training exercise in how to use the intervention. Key elements are:

- » introducing Child Talks + to parents,
- » using role-play exercises to practice delivering the intervention,
- » talking to the children about their parent's mental illness, and
- » discussing challenges in implementing the intervention.

The professional who delivers the training to the actual staff needs experience in working with families where a parent has a mental illness and should be recruited by and preferably trained by one of the authors of the manual (train-the-trainer). Currently, the authors offer a train the trainer training internationally in how to use the intervention. A digital training resource will be developed for future training in the Child Talks + intervention.

### Future Directions

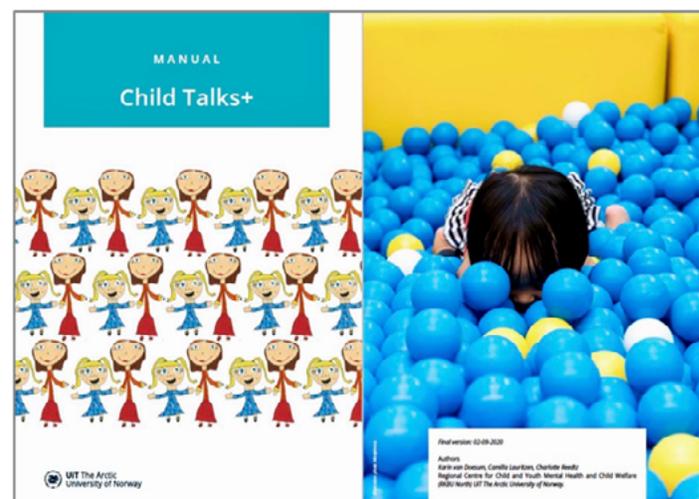
Child Talks + should be a standard offer for patients who are parents and their children. It can be offered after admission and during the treatment of the parent. It is preferable to offer the intervention as early as possible. With a light touch intervention like Child Talks

+, children and parents can be supported in an early stage. Future research should focus on evaluating the effects of Child Talks +. An international group of researchers has proposed a research model for such evaluations.<sup>8</sup> There is need for more evidence for brief interventions aiming at improving the wellbeing of these children and their families.

### Key points

- » Parents and their children need support when they face mental illness in the family.
- » Teaching families where one of the parents has a mental health condition effective communication about their condition promotes good mental health.
- » Child Talks + is a brief light touch intervention to support children of parents who are in treatment of the adult mental health care.
- » Involvement of staff in the adult mental health service who can identify patients who are parents and provide the intervention and skill training in working with these families and children is important for successful implementation.

### Available material



The [manual for Child Talks +](https://uit.no/prosjekter/prosjekt?p_document_id=349400) is available for free on the website of RKBU-Nord [*website in Norwegian language*]. ([https://uit.no/prosjekter/prosjekt?p\\_document\\_id=349400](https://uit.no/prosjekter/prosjekt?p_document_id=349400)).

## References

1. Leijdesdorff, S., Van Doesum, K., Popma, A., Klaassen, R., & Van Amelsvoort, T. (2017). Prevalence of psychopathology in children of parents with mental illness and/or addiction: An up to date narrative review. *Current Opinion in Psychiatry*, 30(4), 312–317.
2. Reupert, A., & Maybery, D. (2016). What do we know about families where parents have a mental illness? A systematic review. *Child & Youth Services*, 37(2), 98–111.
3. Brockington, I., Chandra, P., Dubowitz, H., Jones, D., Moussa, S., Nakku, J., & Quadros Ferre, I. (2011). WPA guidance on the protection and promotion of mental health in children of persons with severe mental disorders. *World Psychiatry*, 10(2), 93–102.
4. Hosman, C. M., van Doesum, K. T., & van Santvoort, F. (2009). Prevention of emotional problems and psychiatric risks in children of parents with a mental illness in the Netherlands: I. The scientific basis to a comprehensive approach. *Australian e-Journal for the Advancement of Mental Health*, 8(3), 250–263.
5. Reupert, A., Maybery, D., Nicholson, J., Gopfert, M., & Seeman, M. V. (2015). *Parental psychiatric disorder: Distressed parents and their families* (3rd Edition). Cambridge, UK: Cambridge University Press, UK.
6. Foster, K., Maybery, D., Reupert, A., Gladstone, B., Grant, A., Ruud, T., Falkov, A., & Kowalenko, N. (2016). Family-focused practice in mental health care: An integrative review. *Child and Youth Services*, 37(2), 129-155.
7. Lauritzen, C., & Reedtz, C. (2015). Knowledge transfer in the field of parental mental illness: Objectives, effective strategies, indicators of success, and sustainability. *International Journal of Mental Health Systems*, 9, 6. <https://doi.org/10.1186/1752-4458-9-6>
8. Reedtz, C., van Doesum, K., Signorini, G., Lauritzen, C., van Amelsvoort, T., van Santvoort, F., Young, A. H., Conus, P., Musil, R., Schulze, T., Berk, M., Stringaris, A., Piché, G., & de Girolamo, G. (2019). Promotion of wellbeing for children of parents with mental illness: A model protocol for research and intervention. *Frontiers in Psychiatry*, 10, 606.

Visit the Implementation Science and Practice Advances Research Center at <https://www.umassmed.edu/sparc>

This is a product of the Journal of Parent and Family Mental Health. An electronic copy of this issue with full references can be found at <https://escholarship.umassmed.edu/parentandfamily/vol6/iss1/1>