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Primary prevention of mental health risks in children of depressed patients: Preliminary results from the Kanu-intervention

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ABSTRACT

Children of mentally ill parents are one of the major risk groups for developing mental health problems. The family-based *Kanu*-intervention was designed to foster coping strategies and resources of affected families through a combination of individual, family and group-based intervention strategies. In the present study, we aimed to evaluate the effects of the *Kanu*-intervention in families with depressed parents, using a quasi-experimental, pre-post-and six-month follow-up design with measures of child's psychological and social adjustment. Our study provided preliminary evidence that the *Kanu*-intervention is effective for reducing child psychopathological distress. Establishing preventive interventions as part of psychiatric aftercare may provide a substantial benefit in reducing mental health risks in this high-risk group.

1. Introduction

Epidemiological surveys estimated that the worldwide lifetime prevalence of mental disorders in the general population range from 12.0% to 47.4% (Kessler et al., 2007). One of the major risk groups for developing mental health problems is the offspring of psychiatric patients (Beardslee, Gladstone, & O'Connor, 2011). A prospective study of 151 offspring of depressed and non-depressed parents revealed that children of depressed parents were approximately three times as likely to develop a psychiatric diagnosis themselves compared to the offspring of non-affected parents (Weissman et al., 2006). In addition, further social, academic, and psychological adjustment problems are common in these high-risk individuals (Beardslee et al., 2011).

The mechanisms that underlie the mental health risks for children and adolescents are suggested to be a complex interaction of biological, environmental, and psychological factors (Goodman & Gotlib, 1999). The association between child and parental mental health problems is thought to be bidirectional, with problematic child behavior presumably exacerbating parental psychopathology and vice versa (Siegenthaler, Munder, & Egger, 2012). Notably, the association between parental psychopathology and psychopathology in the offspring is primarily considered as not disorder-specific (Tiet et al., 2001). It is well known that children of mentally ill parents are particularly at risk for a number of mental health risk factors like cognitive vulnerabilities and maladaptive coping strategies, including poor interpersonal

functioning and deficient problem-solving skills (Gladstone, Beardslee, & Diehl, 2015). In addition, parental psychiatric illness is related to a range of family risk factors, including poverty, stigmatization, family discord, and parental disruptions (Gladstone et al., 2015), as well as to the quality of parenting behavior (Lovejoy, Graczyk, O'Hare, & Neuman, 2000). The many psychosocial consequences of parental mental illness were considered to be crucial factors for child development (Griepenstroh, Heitmann, & Hermeling, 2012) and may serve as important target for preventive interventions.

Given these long-lasting detrimental effects on children's well-being and mental health, developing preventive approaches to reduce mental health risks in children of psychiatric patients is a major public health concern. However, up to now, there is little therapeutic support available for such high-risk families (Platt, Pietsch, Krick, Oort, & Schulte-Körne, 2014) and only a few of these interventions involving children with mentally ill parents have been evaluated for their effectiveness in preventing psychopathology (Siegenthaler et al., 2012). Beardslee, Gladstone, Wright, and Cooper (2003) developed a preventive intervention (i.e. *Family Talk Intervention, FTI*) targeting depressed parents and their children. This family-based prevention program aims at improving interpersonal relationships in the family and strengthening child resilience through better communication in the family and an increased understanding of the parental illness. In comparison to a lecture intervention, the *FTI* showed positive effects on family functioning, children's understanding of the parental illness and

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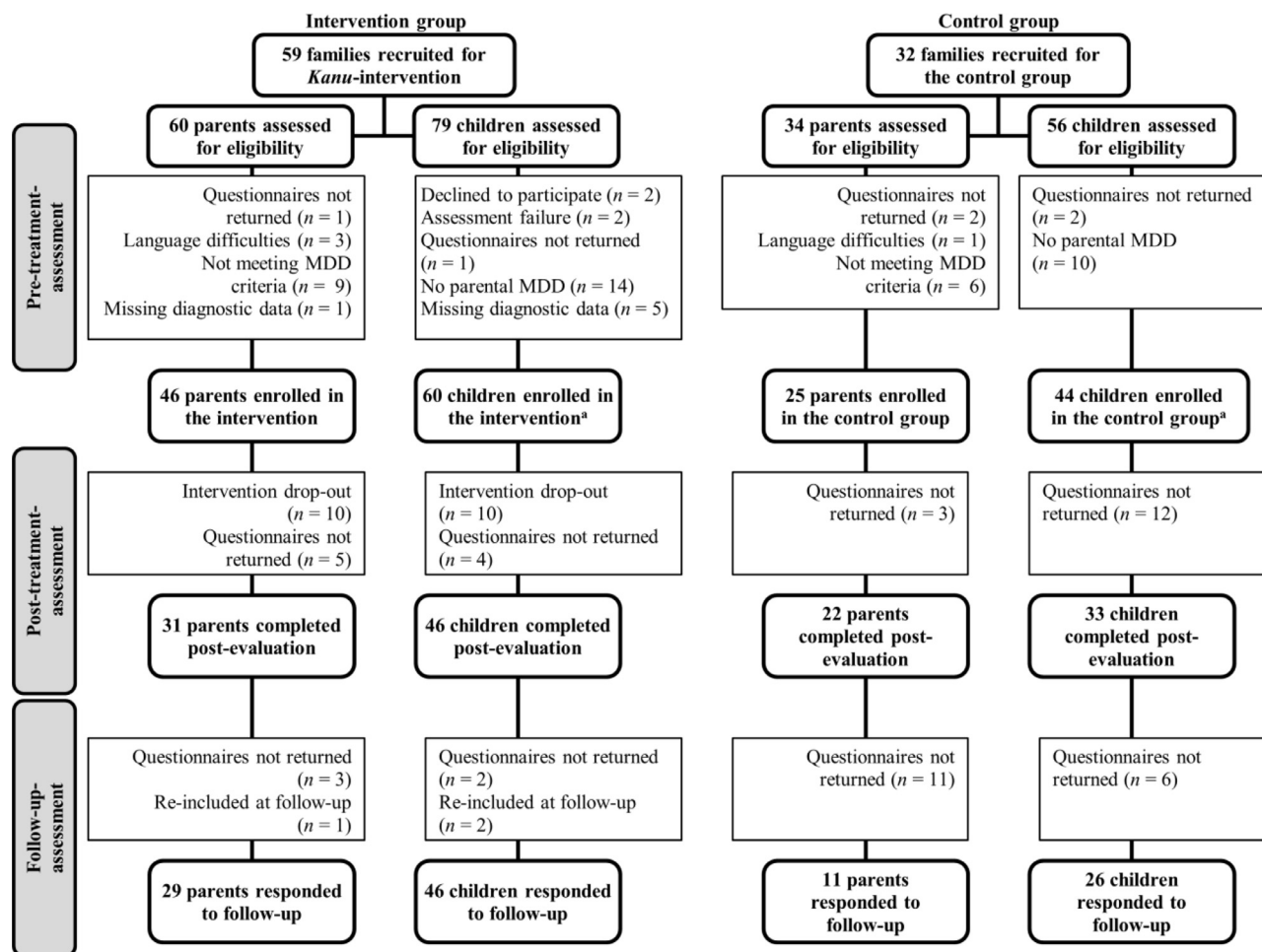


Fig. 1. Flow chart of family recruitment and the subsequent involvement of the families at pre-treatment, post-treatment, and follow-up assessment. Note. ^aIn one intervention and two control families, only the children completed the questionnaire assessments.

an overall decline in children's depressive symptoms in a long-term follow-up study (Beardslee, Wright, Gladstone, & Forbes, 2007). Recently, Wiegand-Grefe, Halverscheid, and Plass (2011) designed the *Children of Mentally Ill Parents (CHIMPs)* program for general psychiatric patients by modifying the treatment principles of the *FTI* and by incorporating aspects of psychoanalytic family therapy. This prevention approach emphasizes family functioning, coping mechanisms and social support as relevant mediating factors for enhancing mental health and children's quality of life. The effects of the *CHIMPs*-intervention on children's self reported mental health, health-related quality of life and social support were compared to a usual care condition (Wiegand-Grefe, Cronemeyer, Plass, Schulte-Markwort, & Petermann, 2013). Results indicated that the intervention had positive effects on internalizing symptoms but findings were limited by the selective and highly motivated nature of the sample, as the authors themselves pointed out.

The *Kanu*-intervention (Bauer, Driessen, Leggemann, & Heitmann, 2013; Heitmann, Schmuhl, Reinisch, & Bauer, 2012) was developed as a transdiagnostic, family-based prevention approach that partly based on the *FTI* (Beardslee et al., 2003) and on the *CHIMPs* Program (Wiegand-Grefe et al., 2011). However, as described above, the mechanisms that underlie the mental health risks for children and adolescents are complex and there is evidence for the relevance of many different pathological mechanisms. Therefore, in contrast to the *FTI* and the *CHIMPs*, with the *Kanu*-intervention we aimed at developing a multi-component intervention strategy that addresses different domains including psychological and social needs of the children and parents. The purpose of the current study was to evaluate the effects of the *Kanu*-intervention in

a psychiatric setting, providing preliminary evidence of an intervention benefit in families with depressed parents. The primary outcome was the change of psychological distress to prevent child psychopathology. Secondary outcomes included changes in children's quality of life and well-being such as the relationship to their parents. We hypothesized that the *Kanu*-intervention would result in significant improvements on all outcome measures from pre- to post-treatment-assessment and that these gains would maintain at the 6-month follow-up.

2. Methods

2.1. Design, participants, and procedure

The *Kanu*-program was evaluated using a quasi-experimental, pre-post-follow-up design. The intervention families were consecutively recruited between October 2008 until March 2012 at the Clinic of Psychiatry and Psychotherapy Bethel (Bielefeld, Germany). Control participants were recruited from a comparable setting of a psychiatric inpatient department (LWL-Clinic Guetersloh, Guetersloh, Germany). Inclusion criteria for the study were (1) children and adolescents aged between 6 and 14 years (2) without history of prior psychiatric treatment or to psychotherapy and (3) whose parents met DSM-IV diagnostic criteria of major depressive disorder according to the Structured Diagnostic Interview for DSM-IV Axis I disorders (Wittchen, Zaudig, & Fydrich, 1997). Children and/or parents who met any of the following criteria were excluded from participation: insufficient German language skills, patients unable to provide informed consent (e.g. due to a

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