

Parental mental illness is a family matter

A family-focused approach enables early identification and intervention to prevent mental illness in children and their families

Since we first wrote in the *MJA* about children of parents with mental illness in 1995, there have been substantial developments in our knowledge of, and responses to, these families.¹ At that time, prevalence rates for children living with a parent with mental illness were unknown, and there was minimal identification of the needs of these children and their parents, with little research evidence on which to base interventions. This suite of articles contributes to a growing evidence base. Prevalence rates are now known,² and the impact on children of parental mental illness is well recognised, as is the impact of parenting on mental illness symptoms.

The role of general practitioners³ is pivotal as a first point of contact for potentially affected children and their parents and families. Effective multidisciplinary relationships between GPs and community and mental health practitioners are essential. These relationships are an important component of interventions for pregnant women with severe mental illness,⁴ may involve clinical and community-based services, and may begin during pregnancy or earlier. A multidisciplinary approach at this point is an opportunity to assess the interrelationship between impending parenting responsibility and mental illness.

While assessment of risk and protective factors is advisable for children in all age groups, the developmental vulnerability of infants, toddlers and preschool children makes it a priority.⁵ As well as physical health and psychosocial functioning, assessment of the relationship between young children and their parents may lead to an intervention that enhances parents' capacity to feel more secure in their role and enjoy their young children. This may be an individual or group intervention. Groups for parents with mental illness offer a safe environment for them to become more confident as parents, and the Positive Parenting Program has been enhanced for delivery to parents with mental illness, and has been shown to reduce the number of dysfunctional parenting strategies.⁶

A parent's mental illness also impacts severely on adolescents. This too has only recently begun to receive serious attention. The advent of more accessible mental health services for young people may bring this issue more strongly into focus.

Intervention programs for children often include psychoeducation, which is a core component of family-intervention programs for families where a parent has depression.^{7,8} Knowledge of mental health is also

important in the context of goal setting for children and parents when making family care plans.⁹

Until recently, fathers with mental illness¹⁰ have been overlooked, but practitioners in health and mental health services can, with positive effect, ask fathers about their parenting role, and the degree to which it may be affected by their mental illness. Grandparents who are primary care providers for their grandchildren have also been overlooked. This role can affect their physical and mental health, and social and financial status.

A family-focused approach at any point in the developmental pathway of children, parents and families creates an opportunity for early identification and intervention to assess risk and protective factors. This can be enhanced with multidisciplinary and cross-sectoral approaches, using existing networks such as the Mental Health Professionals Network. Researchers and practitioners, informed by consumer and carer involvement,¹¹ share continuing responsibility for developing evidence that informs and shapes effective policy and program change at all levels and in all sectors, to prevent mental illness and promote mental health for all members of families when a parent has a mental illness.

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