CHAPTER 4

A first impression of professionals’ experiences with care for offspring of depressed and anxious patients: Recommendations for clinical practice
INTRODUCTION

Anxiety and depression in parents are prevalent and impairing illnesses. Epidemiological studies have shown that children of depressed and anxious parents are at increased risk for developing these disorders as well (Hirshfeld-Becker et al., 2012; Lieb et al., 2002; Micco et al., 2009). Over the last decade, a series of national reports in Europe, Australia, New Zealand, and the United States have recommended the development of preventive efforts targeting children of depressed or anxious parents (Australian Infant Child Adolescent and Family Mental Health Association, 2004; Bool et al., 2007; Falkov & Lindsey, 2011; Mrazek & Haggerty, 1994). The American Academy of Child and Adolescent Psychiatry (2008) concludes that “Unfortunately, families, professionals, and society often pay most attention to the mentally ill parent, and ignore the children in the family. Providing more attention and support to the children of a psychiatrically ill parent is an important consideration when treating the parent”.

However, attempts to investigate the impact of parental mental illness on offspring (Stallard et al., 2004), and to study the prevention of psychopathology in randomized controlled trials (e.g., Clarke et al., 2001; Festen et al., 2014) face serious recruitment problems. In order to shed light on barriers to offspring prevention, both child perspectives (Stallard et al., 2004), and parent perspectives (Boyd et al., 2006; Festen et al., 2014; Stallard et al., 2004) have been studied. One conclusion that keeps popping up is the importance of informing parents about offspring risk and resilience. Recent research described in this thesis highlights that the prevention of offspring anxiety and depression may start with changes in parent perceptions of offspring risk and resilience (see Chapter 3), indicating that offspring prevention should start in adult mental health care.

In a Position Statement about children of parents with a mental illness, the Royal Australia and New Zealand College of Psychiatrists (2009) recommends “If children of parents with a mental illness are to benefit from proposed enhancements to practice relating to services provided to their families, it is essential that psychiatrists themselves are involved in the development, implementation, and review of good practice in this area.” This statement highlights the importance of involving mental health care professionals in research aimed at improving prevention for offspring of parents with mental illness. Therefore, it is important to investigate the perspectives of the professionals working with patients who are parents on the implementation of offspring-related preventive care in mental health centers.

Previous studies on mental health care professionals’ perspectives on offspring prevention have hardly been conducted. In an attempt to develop a prevention program for low-income, minority, and urban families (i.e., depressed mothers and their offspring), Boyd, Diamond, and Bourjolly (2006) conducted two focus groups with 10 mental health care professionals. Clinicians were asked about the mental health services that they provided for their depressed patients with children. It was consistently expressed that adult patient’s treatment focused on
the patient without a great deal of attention to their parent role. Also, professionals described themselves as lacking experience, knowledge, and qualifications to help with parenting and the parent-child relationship. Most surprising to the authors was that the professionals in the focus groups who worked in adult health care centers had limited knowledge about the types of services available to children with mental health problems.

In another qualitative study investigating the impact of parental mental illness on children (Stallard et al., 2004), conclusions derived from interviews with 24 parents and 26 children were discussed during meetings of a multidisciplinary project steering group consisting of clinicians with an interest in the children of parents with a mental illness. Only half of parents eligible for inclusion were included in the study, which was a reason for the researchers to investigate the reflections of the research and project team about the process of undertaking the study. A number of adult mental health team barriers that prevented an effective consideration of the children’s needs were identified: time pressure and limited resources, a client (vs. family/system) focused approach, a lack of skills or training in assessing the needs of children, and protecting the needs of adult patients. In addition, it was briefly mentioned that the researchers attempted to start a parent-child group intervention, which was abandoned due to lack of referrals. Reasons given by the teams for the lack of referrals included professionals’ fears that the parent’s mental illness would deteriorate when participating in the group intervention, that confidentiality would be lost, that the group would be judgmental, and that the children might be taken away from their parents.

However, these two studies lack important information that may be relevant in the context of prevention activities specifically focused on offspring of depressed and anxious patients. For one, existing studies were conducted in community mental health care facilities in the United States and the UK, where patients are treated with a range of axis 1 and 2 disorders. However, focus groups were never conducted in specialist teams for anxiety and depressive disorders. In addition, while offspring prevention transcends the field of adult mental health care, it is important to also include child mental health care professionals’ experiences and perceptions in research into prevention of anxiety and depression (see Chapter 2). The attitudes of the mental health professionals (who have to find ways to integrate offspring-related prevention activities in their work) may be indicative of successful implementation of prevention activities for offspring in adult mental health care. Therefore, the aim of this chapter was to investigate professionals’ experiences with offspring and offspring care. Focus groups were conducted with professionals working in adult and child mental health care. First, the results of interviews with parents (patients in care for anxiety or depression, or their partner) regarding prevention for offspring anxiety and depression were presented (for more information, see Chapter 3). Then, the professionals were asked about the health care services they provide for their patients with children, and how we can improve care for and prevention of offspring mental health.
METHOD

Three focus groups were conducted with mental health care professionals \( (N = 15) \), including psychiatrists, psychologists and healthcare workers, working in child or adult mental health care. Each focus group was conducted on site (Groningen, Leeuwarden, Leiden), and lasted approximately 60 minutes. All participating centers provided cognitive behavioral therapy (CBT) and medication for anxiety and depressive disorders in their care as usual.

Each focus group started with a plenary presentation of the qualitative information obtained from interviews with parents (patients and partners) described in Chapter 3. Questions related to the improvement of health care for this population were then discussed with mental health care professionals. The focus groups were conducted to capture the reflections of mental health care professionals.

PRELIMINARY DATA ANALYSIS

Each focus group was audiotaped and moderated by the first author (HF). Written notes were taken during each focus group. After conducting all focus groups, the first author listened to each audiotape and summarized it, writing down themes. Themes from all three focus groups were then grouped together, identifying overarching themes as core themes (selective coding).

PRELIMINARY RESULTS

PERCEPTIONS OF MENTAL HEALTH CARE PROFESSIONALS

In the three focus groups with mental health care professionals three major themes emerged: (1) A lack of attention for offspring in adult mental health settings, (2) The assessment of offspring/family as standard practice in adult mental health care, and (3) Collaboration of mental health institutions for adults and youth.

Lack of attention for offspring and family

Mental health care professionals were asked about the health care services they provide for their adult patients with children. Consistently, in all focus groups, it was expressed that adult mental health care focused on adults, and that attention for the patients’ family or offspring was lacking. In the phase of intake and treatment alike, topics like family life, offspring, and parenting were not investigated. Often, adult mental health care professionals appeared unaware of the number, age, and gender of their patients’ children. Furthermore, therapists stressed the importance of strengthening the relationship with patients in the beginning of treatment, and implied that asking about the children and their vulnerability might induce feelings of shame and guilt in the
A first impression of professionals’ experiences with care for offspring

patient, which might harm the therapist-patient relationship, and therefore harm the patient’s treatment outcome.

Therapists described themselves as lacking the experience and knowledge to help patients with parenting and parent-child relationship problems. Also, a lack of knowledge regarding possibilities for referring patients with child-related issues seemed to be a barrier to discuss offspring problems.

Both professionals and parents were reluctant to talk about offspring (and offspring risk for developing mental disorders as well) in regular treatment. According to mental health care professionals in the focus groups who do discuss child-related issues in treatment, parents are also reluctant to talk about the way the parental disorder influenced offspring and parenting. Parents, according to professionals, were often convinced that children are unaware of parental disorders, and would say: ‘my child does not know about my depression/anxiety, and does not notice it’ or ‘my child is doing fine in school, everything is ok’.

Furthermore, the increasing pressure on psychiatric services, including limited time and budgets, can make it difficult for teams to think about the needs of children in addition to the needs of the patient. Adult professionals expressed that there is no time to consistently ask about family or offspring. They were preoccupied with managing their caseload, including providing evidence based treatment programs for their patients’ current disorder. However, it was agreed upon that asking about the wellbeing of offspring and patients’ perceptions on parenting is just as important as talking about work and relationships in treatment.

Assessment of offspring as standard practice
In all focus groups, professionals agreed that it should be standard practice for adult mental health care professionals to ask about children, family, and parenting during intake and treatment. Including offspring as a routine topic in adult mental health care was hypothesized to (1) free therapists of the decision making whether a specific patient would be asked about offspring (because all patients would be asked about offspring), (2) help the patient think and talk about how their disorder influences family life (because the topic is brought up regularly), (3) help gain standardized information about patients’ offspring (number, age, etc.), (4) allow for offspring-related discussion in treatment (for example: ‘what do I tell my children about depression/anxiety/treatment?’).

Importance of more collaboration between child and adult mental health care institutions
Adult health care professionals described themselves as lacking the experience, knowledge, and qualifications to help patients with parenting and parent-child relationship problems. However, they recognized the importance of paying attention to offspring and they agreed that children and parenting should be standard topics in adult treatment.
Mental health care professionals from adult and youth mental health organizations both stressed the importance of closer collaboration in order to educate both therapists and patients who are parents, with regard to appropriately informing children about parental anxiety and depression, and, if necessary, screening and referral. More specifically, professionals mentioned that information leaflets and psychoeducation group sessions would help both therapists and parents start a conversation about anxiety/depression and children. Leaflets should include practical, goal-oriented information about parenting and anxiety and depression, and bullet points summing up how to help your child to get more resilient. Furthermore, regular telephone consultation slots offered by child mental health professional were hypothesized to of great assistance to adult professionals. Also, in order to improve offspring related preventive activities, professional agreed that collaboration is important in designing and offering parent psychoeducation and parenting support in adult mental health care.

**DISCUSSION**

It has to be noted that the analyses and the results presented are preliminary and only give a first impression of the data. In order to perform an inductive content analysis in line with the grounded theory approach, the audiotapes should first be fully transcribed. Also, the transcribed focus groups should be analyzed by two researchers independently, completing open coding of units of analysis, clustering labels into themes and subthemes (axial coding), and formulating overarching main themes (selective coding), using cross case analysis of constant comparison (for a more detailed overview of this process and additional information regarding quality procedures in qualitative data analysis, see Chapter 3). It cannot be ruled out that the conclusions will differ when more extensive analyses will be performed. The study and its conclusions in this form were, however, included in this thesis, because it provides important information supplementary to Chapter 3 and a first impression of professionals’ perspectives.

**CONCLUSIONS AND RECOMMENDATIONS FOR CLINICAL PRACTICE**

Three focus groups with adult and child mental health care professionals were conducted. In this chapter, the preliminary data on professionals’ experiences with and perspectives on the care for offspring of patients with anxiety and depression has been presented. Additionally, the role of adult and child mental health centers with regard to providing (preventive) care for offspring has been discussed.

Discussions in all three focus groups touched similar subjects, resulting in three main conclusions: (i) Professionals in adult mental health care recognized a lack of attention for offspring and family; (ii) professionals in adult mental health care expressed a need for assessment of offspring and family as standard practice, including repeated assessment and possible treatment
A first impression of professionals’ experiences with care for offspring

options regarding offspring and the patients’ family; (iii) professionals recognized the importance of collaboration between child and adult mental health care institutions.

PROFESSIONALS’ RECOMMENDATIONS FOR PREVENTION IN CLINICAL PRACTICE

- Professionals in adult mental health care should be aware of patients’ offspring, offspring age and gender.
- Offspring should be a routine topic in adult mental health care, both in assessment and treatment of patients who are parents.
- Professionals in adult mental health care should be informed about offspring risk, and possibilities for screening and referral.
- Offspring prevention starts with informing parents and discussing family mental health issues. Educating parents starts with educating mental health care professionals.
- Adult and child mental health care services should collaborate in offering parent psychoeducation and parenting support in adult mental health care.
- Parents in treatment should be given the opportunity to attend ‘parents that are patients’ psychoeducation, where information about parental disorders and impact on children is provided, parent-child communication is discussed, guilt and shame related topics are tackled, and resilience is addressed (see also Chapter 3).
- Effectively conducting research on offspring prevention in adult mental health care starts with systematic and genuine interest and enthusiasm of professionals working with adult patients.
- Time and resources should be offered in order to standardize any form of offspring care in adult mental health.

CONCLUDING REMARK

This chapter summarizes the recommendations that professionals in adult and youth mental health care provided, based on their experience and intuition. Following the recommendations of mental health professionals may not automatically lead to the anticipated benefits, and the benefits may not outweigh the costs associated with the time investment. Future studies should investigate whether paying more attention to offspring in adult mental health care will indeed (cost)effectively decrease offspring risk and increase family quality of life.
PART II

Risk and Resilience