



## Young COPMI must be better informed to ensure adequate support

By Dr. Jessica Edwards

Family-focused interventions can reduce the risk of acquiring a mental health problem by up to 40% in children of parents with a mental illness (COPMI).<sup>1</sup> Unfortunately, data suggest that COPMI have low mental health literacy<sup>2</sup> and typically do not seek help from health providers or from within their own network if they are old enough to do so.<sup>3</sup> Furthermore, COPMI typically do not receive dedicated attention from mainstream mental health services.<sup>2</sup> For this reason, legislation was introduced in Norway in 2010 to enforce systematic COPMI identification. Researchers in Norway simultaneously established the longitudinal Norwegian COPMI project to support the new legislation. Despite these actions, however, COPMI care and support in clinical practice in Norway is still considered unsatisfactory.

In 2018, a new study from COPMI project researchers published in *Frontiers in Psychiatry* characterized COPMI aged 0-17 years with the goal of improving COPMI identification and informing preventive intervention. Reedtz *et al.* detailed the core life

circumstances of a cohort of 581 young children (mean age 8.6 years) to parents who were receiving treatment for a psychiatric illness and/or substance abuse. The study involved 422 parents, the majority of whom had one diagnosis and between 1 and 7 children. Information was gathered for each child using the “Family Assessment” form,<sup>4</sup> which collected information such as whether the child had been given information about the parent’s treatment and condition, as well as the family unit and composition (including the number of siblings, residence and access to caregivers).

Reedtz *et al.* found that 46.0% of parents in their cohort had a serious mental illness: 76.2% of children were living with a mentally ill parent and 32.5% of children lived with a single parent with a mental health disorder, either full or part time. Reedtz *et al.* note in their study that those children living with a single parent with a mental health disorder, represent a highly vulnerable group that are likely to need the support of others to ensure their healthy development.

The researchers then used their cohort characteristics to investigate the relationship between a parent's diagnosis and disorder sensitivity and a child's living arrangements. They found that factors that led to an increased chance that the child did not live with the mentally ill parent were: (1) that the parent had a serious mental illness, (2) that the parent had an addictive disorder, and (3) that the ill parent was the father. Diagnosis severity was a strong predictor of the child's living arrangements, with the odds of a child not living with a parent being three times higher if a parent had a severe mental disorder than a mild mental disorder.

Perhaps most importantly, the researchers found that ~40% COPMI were uninformed about their parent's illness. Reedtz *et al.* explain that this deficit suggests that mental health services for adults should be better enabled to comply with current legislation in Norway. The factors that increased the likelihood of COPMI learning about their parent's illness included: (1) living with a single parent with a mental illness, (2) that the child was older (teenager), (3) that the affected parent was the mother, (4) that the primary diagnosis was a severe mental illness, and (5) that the disorder was a personality disorder, schizophrenia or another psychotic disorder.

Overall, Reedtz *et al.* found that the most vulnerable and "invisible" group comprised COPMI aged 0-5 years: these children have limited access to mental health support services and receive the least information about their parent's illness and cannot seek help independently. These children represent an important target group for early intervention and thus more support is urgently needed to facilitate this. Going forward, the researchers hope that their findings demonstrate how identifying COPMI and their living arrangements can inform mental health workers about what type of support and intervention COPMI and parents need the most.

### Referring to:

Reedtz, C., Lauritzen, C., Stover, Y.V., Freili, J.L. & Rognmo, K. (2018), *Identification of Children of Parents With Mental Illness: A Necessity to Provide Relevant Support*. *Front. Psychiatry* 9: 728. doi:10.3389/fpsy.2018.00728.

### References:

<sup>1</sup> Siegenthaler, E., Munder, T. & Egger, M. (2012), *Effect of preventive interventions mentally ill parents on the mental health of the offspring: systematic review and meta-analysis*. *J. Am. Acad. Child Adolesc. Psychiatry* 1:8–17. doi: 10.1016/j.jaac.2011.10.018.

<sup>2</sup> Grové, C., Riebschleger, J., Bosch, A., Cavanaugh, D. & van der Ende, P.C. (2017), *Expert views of children's knowledge needs regarding parental mental illness*. *Child Youth Serv. Rev.* 1:249–55. doi: 10.1016/j.chidyouth.2017.06.026.

<sup>3</sup> Drost, L.M., van der Krieke, L., Sytema, S. & Schippers, G.M. (2016), *Self-expressed strengths and resources of children of parents with a mental illness: a systematic review*. *Int. J. Ment. Health Nurs.* 2:102–115. doi: 10.1111/inm.12176.

<sup>4</sup> Reedtz, C., Lauritzen, C. & van Doesum, K.T.M. (2012), *Evaluating workforce developments to support children of mentally ill parents: implementing new interventions in the adult mental healthcare in Northern Norway*. *BMJ Open* 2:709. doi: 10.1136/bmjopen-2011-000709.