Family Mental Health Begins with Parents

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with Karen Albert, M.S., Steve Banks, Ph.D., Kathleen Biebel, Ph.D., Bernice Gershenson, M.P.H., Beth R. Hinden, Ph.D., Valerie Williams, M.A., M.S., Brenda Warren, B.S., Chip Wilder, LICSW, Toni Wolf, B.A. & Katherine Woolsey, B.A.

Disclosures
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Language is powerful.
- Parents
- Families
- Mental Illness
- Recovery
Recovery is...

“a journey, not a destination” – to heal; to be as well as possible; to do your best, given your challenges; to achieve your goals in the domains you choose.
A time of polarization and divisiveness

- Republications versus Democrats
- Christians versus other religions
- White Americans versus those of color
- White collar versus blue collar
- Legal immigrants versus “illegals”
- Those who’ve sacrificed versus those who haven’t
- Us versus Them
Polarization in Mental Health Services and Research

- Adult- versus child- providers and funding streams
- Parent versus child advocates
- Sick versus well
- Preventing psychopathology in children versus promoting recovery in parents
- Investigators versus research subjects
- Us versus Them
The Donald Trump Strategy for Change

- Anger people
- Rile them up to the point of action
- Offer no solutions, other than “believe me”
My Strategy for Change

• Provide an empirically-based rationale for change in our approach from parental mental illness to family mental health

• Provide some potential solutions framed in a family recovery, community inclusion perspective
“I’m turning into my mother.”
A Unifying Theme: Families are the focus of mental health promotion, mental illness prevention, treatment & rehabilitation. Prevention and early intervention begin with parents. The earliest intervention begins with children and youth, before they become parents.
Mental Illness and Parenthood

- The majority of men (57%) & women (68%) in the U.S. with mental illness during their lifetime are parents.
- This is true across diagnostic categories, including psychotic disorders.
- The average age of individuals with mental illness at birth of first child is about 22 for mothers and about 25 for fathers.
- 47% of mothers and 30% of fathers will experience a mental health condition in their lifetime.

(Nicholson et al., 2004)
Young Adults (18 to 26) are Parents

- 3 out of 4 with mental health problems show signs before they are 24
- No mental illness → 19% are parents
- Moderate or mild mental illness → 25% are parents
- Serious mental illness → 29% are parents

(US data; GAO-08-678 Young Adults with SMI, June 2008; www.mentalhealth.gov/talk/young-people/; HHS.gov)
High Rates of Overlapping Needs

- N = 8,782 children with serious emotional and behavioral disorders in systems of care
- 52% reported a family history of mental illness; over 36% reported both a history of mental illness and substance abuse
- Children with SED and family histories of mental illness:
  - Significantly more likely to experience abuse and domestic violence
  - Significantly more likely to have a psych hospitalization and a suicide attempt
  - Significantly more likely to have ever run away

(Hinden et al., 2006)
Parents with Serious Mental Illness and their Families are Vulnerable

- Almost twice as likely as well parents to live with income below the federal poverty level.
- 20 to 25% less likely to be employed.
- More likely to report having fair or poor health.
- In a sample receiving SSI, twice as likely to be unable to pay their rent as parents with other disabilities.
- In SSI sample, 76% more likely to experience food insecurity.

(Sonik et al., submitted; Luciano et al., 2014; Sogar, 2016)
Focus on Parenting & Improvements in MH: Building the Evidence Base

<table>
<thead>
<tr>
<th>Variable</th>
<th>Enrollment M (SD)</th>
<th>6 Months M (SD)</th>
<th>p*</th>
<th>12 Months M (SD)</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological distress (GSI)</td>
<td>62.86 (10.7)</td>
<td>60.9 (11.6)</td>
<td>0.13</td>
<td>56.9 (13.1)</td>
<td>0.005</td>
</tr>
<tr>
<td>Trauma symptoms (PSS)</td>
<td>16.95 (11.5)</td>
<td>14.4 (12.9)</td>
<td>0.03</td>
<td>12.7 (12.7)</td>
<td>0.02</td>
</tr>
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</table>

N = 22 mothers with SMI

*p-values for the Wilcoxon signed-rank test; significance of difference from time of enrollment (Nicholson et al., 2009; Nicholson et al., in press)
Mental Illness in Stressful Times
Highlights from Dr. Nakamura’s Narrative

- The significance of cultural context and social conditions
- The importance of mutual family support
- The role of successful treatment
- The notion that people with mental illness can make meaningful contributions to their communities and society
A Community Inclusion* Agenda to Promote Recovery

- Develop new programs
- Help people access mainstream resources
- Expand and utilize natural supports
- Provide opportunities for meaningful community participation

Develop new programs (or adapt existing interventions or behavior change strategies).

- Accessibility, engagement
- Specification, fidelity, research design and measures
Building the Evidence Base: Takes Care and Time


Adapting Interventions: Let’s Talk about Parenting

- A brief intervention to improve outcomes for children (Solantaus/Finnland; Maybery, Reupert, Goodyear/AU)
- Massachusetts adaptation – MA/DMH
  - Focus on adult recovery
  - Relevant to Massachusetts system and resources
- Exploration phase (NIRN Implementation Framework)
  - Interviews with key policy and program stakeholders
  - Focus groups with adult service providers
  - Drafting and review of the practice profile
Let’s Talk about Parenting – Mediators & Outcomes

Mediators
- Knowledge
- Problem-solving
- Social Support
- Parent-Child Communication
- Self-Care

Proximal Parent Outcomes
- ↑Parenting Self-Efficacy
- ↑Hope/Optimism
- ↑Treatment Alliance
- ↓Parenting Stress

Distal Parent Outcomes
- Recovery:
  - ↓Symptoms
  - ↑Well-being
  - ↑Functioning

Intervention Targets/Active Change Mechanisms
# Linking Intervention Targets to Behavior Change Techniques

<table>
<thead>
<tr>
<th>Intervention Target</th>
<th>Behavior Change Techniques</th>
<th>LTP Specific Intervention Strategies</th>
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<tbody>
<tr>
<td><strong>Social Support</strong></td>
<td>Plan social support or social change (SST)</td>
<td>Identify opportunities to share common experiences; Seek &amp; offer advice; Positive messaging – express encouragement &amp; empathy; Share links to other resources; Provide examples of coping strategies</td>
</tr>
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*LTP* will integrate information-motivational-behavioral (IMB) and cognitive behavioral techniques (SCogT and CT), and social learning processes (SST) into intervention strategies. Behavior change mechanisms influence *LTP* intervention targets through interpersonal, cognitive and behavioral processes. (Abraham & Michie, 2008)
Enhancing Existing Practices: To Make Them Parent- and Family-informed

- **Assertive Community Treatment** (White et al., 2014)
- **Individual Placement and Support – Supported Employment** (Nicholson, 2014)
- **Clubhouse Family Recovery Programs** (Hinden et al., 2009)
- **Clubhouse Family Legal Support Program** (Nemens & Nicholson, 2006)
Using Behavior Change Strategies: A CBT Intervention to Promote Treatment Seeking

- Men with PTSD, depression at risk of suicide
- RCT of brief telephone intervention; Facebook recruitment
- Mixed methods to explore relationships among fatherhood, psychiatric symptoms, suicidality and treatment engagement
- To date, 311 fathers have participated
- Parenting experiences and children figure prominently
  - “Suicide? I have kids, and that would crush my kids.”
  - “My children would be better without me.”
- Consider the role of fatherhood and parenting carefully in addressing suicidality in men.

(Gallegos et al., 2015; Stecker et al., 2016)
Promote access to mainstream resources (or to tailored resources in mainstream ways).

- Online information – usable, credible
- Thinking creatively “outside the box”
eMental Health Bridges: Health Literacy

- Individuals with serious mental illness die 25 years earlier than others
- The majority of Americans search online for health information
- Web design may introduce barriers for individuals with serious mental illness
- Health literacy and access to relevant online resources may be key to changing health behavior
Accessible Interventions Via Mobile Devices

FOCUS
(Ben-Zeev et al., 2016)
NIMH R34MH100195

WorkingWell
(Nicholson et al., 2016)
NIDILRR #90IF0069
Parents: This video helps you to talk about your depression or anxiety with your child. There's a section for parents to view on your own first, then a section to watch with your children. Research shows that watching the video with your child actually helps to build their resilience and coping abilities, and strengthens the family unit. [http://bit.ly/1TZox4b](http://bit.ly/1TZox4b)
Paternal Postpartum Depression
Kathleen Biebel & Shums Alikhan

While postpartum depression (PPD) has historically been associated primarily with mothers, recently there has been increased awareness of the experience of fathers and strategies to address postpartum depression in men. For fathers willing to seek help, the lack of recognition of paternal PPD results in limited supports and treatments. Given the potential implications of paternal PPD, it is essential for new fathers and their healthcare providers to recognize the prevalence of paternal PPD, the symptoms, and the challenges surrounding this issue for men.

Prevalence of Paternal Postpartum Depression

For both men and women, PPD is defined as moderate to severe depression diagnosed in the postpartum period, which is shortly after or up to one year following delivery. Studies suggest anywhere from 4 to 25 percent of fathers experience paternal PPD, rates that are not dissimilar to mothers. Fathers are most likely to experience a first onset of paternal PPD in the first 3 to 6 months of the postpartum period.

Men with previous histories of depression as well as those who are young fathers are at increased risk of developing paternal PPD. Men are likely to underreport their symptoms of depression due to the stigma associated with depression, along with concerns about not aligning with cultural concepts of masculinity.
In the first week of availability...

eJournal Interactive Map: 273 downloads, 22 institutions, 18 countries
Maxine Tucker, 50, is a mother of two and grandmother of one living and working in Minnesota.

Not long ago, she was homeless. Her situation became even worse as serious depression and alcohol abuse set in. She couldn’t keep a job and her children left.

Today, Maxine is different. Through the help of a local mental health agency she was able to get her life back on track. She just passed her one-year anniversary of working in a retail position she enjoys. She found an apartment, quit drinking and her children returned to live with her.
Expand and utilize natural supports *(whether in person or virtual)*.

- Peers
Parent Peer Specialists

- Emerged as significant role for intervention “graduates”
- Benefit from training, supervision and support
  - Boundaries
  - Triggers
- Provide psychoeducation, information about resources, coping tips, new skills
- Need for intervention and certification specifications, testing and replication

(Nicholson et al., 2014)
Child and Family Connections, Inc.

Yesterday at 7:37 AM

Don't forget the new times! Call in today to speak with others who actually understand the challenges you face. Take that step and start the conversation!

Free National Call-in Support Groups
for parents with a mental health condition

WEDNESDAYS
3-4pm Pacific Time
6-7pm Eastern Time

THURSDAYS
3-4pm Pacific Time
6-7pm Eastern Time

National Call-In Support Group for Parents with a Mental Health Condition
us3.campaign-archive2.com

Like
Comment
Share
Internet-based Peer Support for Parents: A Systematic Integrative Review

- 38 publications: Mothers (16); both parents (15); fathers (7)
- For mothers: Emotional support, information, and membership in a social community
- For fathers: Support for the transition to fatherhood, information, and humorous communication
- Evidence of effectiveness inconclusive; no harmful effects reported
- Benefits: Overcome geographical or time constraints
- Experimental studies needed

Provide opportunities for meaningful community participation (as people define their own “community”).

- Online and in person; asynchronous and in real time; interactive
A Long History of Breastfeeding, Anxiety, and Forgiveness

By Jenna Hatfield  Leave a Comment

I’ve never shared my entire journey with breastfeeding in one place, at one time. It’s a topic that makes my heart race a little, catches my breath in six different ways. It’s World Breastfeeding Week, and it feels like the right time to share how breastfeeding contributed to my postpartum depression and anxiety and, eventually, healed it.
Postpartum Progress Inc. (PPI) is proud to partner with Smart Patients, an online community for patients and caregivers affected by a variety of illnesses. The online peer support of the Smart Patients Warrior Mom community will complement the programs of PPI to provide information and comfort to pregnant and new mothers suffering from perinatal mood and anxiety disorders like postpartum depression, postpartum anxiety, postpartum PTSD, postpartum psychosis and depression and anxiety during pregnancy.

Smart Patients was designed to extend the reach of PPI’s resources to a forum where women can learn from each other about recovery, treatments, the latest science, and how it all fits into the context of their experience in a private space where they can feel comfortable sharing openly.

Join Smart Patients, ask a question, participate in the discussions and support others who can learn from you.
Regram from @kindred_mama:
My girl. Some days are harder than others, but, I keep showing up for her and my son because I know that while these days are long, the years are short. Some weeks my PPD rears its ugly head and all I want to do is quit being a Mom. I still don’t know how I make it through those days, but I do. One foot in front of the other because these little loves of mine will always be worth it 💖

#postpartumdepression #postpartumprogress #warrriormom #wariormoms #ppd #mentalhealth #maternalmentalhealth
Joanne Nicholson shared Postpartum Progress’s live video.
June 8

Postpartum Progress was live.
June 8

1.4K Views

Like Comment Share
Reflect, Reframe, Respect
Shifting the paradigm requires us to:

- Question our assumptions.
- Consider our similarities, as well as our differences.
- Acknowledge and take advantage of our own lived experience.
- Ask parents what they think is happening and why, and what they want to have happen for themselves and their children.
- Shift our focus from a parent’s diagnosis to the mental health of the family, and investments in our communities.