

Help: my patient has children! How we can support parents with depression and their children

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09.07.2025

Slides here:



- Parental depression as a risk factor
- Preventive interventions
- Implementing evidence-based prevention

→ **10 tips** for supporting families

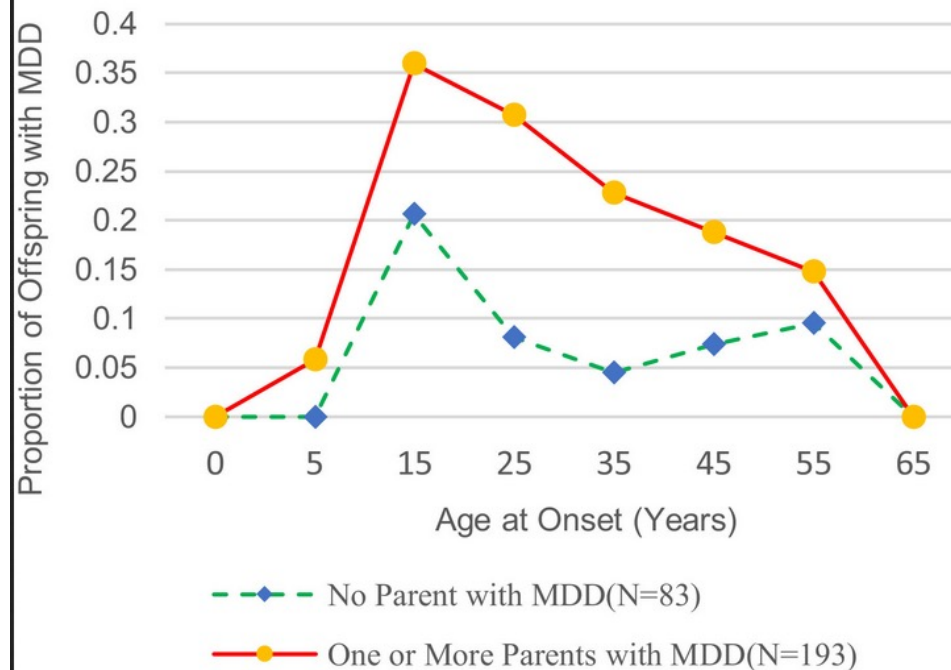


1. Parental depression as a risk factor for child psychopathology



Children of parents with mental illness

Mental health risk



- **RR = 2.3** for child mental illness (Uher et al., 2023)
 - → Roughly 50% lifetime prevalence
- **25%** of children in the **UK** will experience maternal mental illness by the age of 16 (Abel et al., 2019)
- In **Germany** around **3-4 million children** (30%) have a parent with mental illness (Wiegand-Grefe et al., 2016)
- **Depression and anxiety** most common parental mental illnesses

Fig. 1 from: Weissman et al. (2021)
EClinicalMedicine

Children of parents with depression

Risk of anxiety disorders

TABLE 2 Rates and Risks of Anxiety Disorders in Offspring of Parents With Mood Disorders, Including Correction of Influential Cases for Any Anxiety Disorders

Parent Dx		Mood disorders								Bipolar disorder					Unipolar depression				
Off-spring	Age	Lifetime rates		K (n)	RR	95%CI	I ² (%)	Egger (p)	K (n)	RR	95% CI	I ² (%)	Egger (p)	K (n)	RR	95% CI	I ² (%)	Egger (p)	
		Risk, %	Control, %																
Any AD	17.6	36.0	20.4	25 (4,309)	1.82 ^a	1.47-2.26	59.1 ^b	.005 ^c	17 (2,474)	1.92 ^a	1.40-2.64	67.2 ^b	.057	11 (1,642)	1.54 ^a	1.27-1.87	1.3	.260	
Any AD (Inf)				23 ^d (4,118)	1.75 ^a	1.49-2.05	33.9		15 ^d (2,283)	1.85 ^a	1.49-2.33	36.2							
Any AD (TF)				27	1.71 ^a	1.43-2.05	29.9												
SAD	18.5	20.4	10.0	14 (2,736)	1.75 ^a	1.37-2.24	5.7	.098	9 (1,965)	1.85 ^a	1.12-3.07	32.0		7 (901)	2.06 ^a	1.11-3.83	28.0		
GAD	19.6	14.5	7.16	17 (3,333)	1.76 ^a	1.19-2.60	42.1	.577	11 (2,156)	1.81	0.93-3.54	52.9 ^b	.904	8 (1,104)	1.82	0.87-3.81	33.9		
GAD (Inf)									10 ^e (2,094)	2.05 ^a	1.12-3.75	43.8							
SOC	18.4	15.6	9.32	17 (3,259)	1.51 ^a	1.12-2.05	18.1	.323	11 (2,156)	1.70	0.93-3.09	40.9	.401	8 (1,175)	1.34	0.95-1.88	0		
SP	16.4	20.2	12.1	17 (2,979)	1.44 ^a	1.11-1.87	24.1	.003 ^c	10 (1,697)	1.65	0.89-3.05	46.7	.010 ^c	8 (1,283)	1.41 ^a	1.17-1.71	0		
SP (TF)				23	1.28	0.88-1.86	37.7		12	1.10	0.59-2.05	41.1							
PD	22.3	5.96	1.58	13 (2,913)	3.07 ^a	2.19-4.32	0	.347	10 (2,094)	3.27 ^a	2.06-5.19	0	.185	3 (559)	3.39 ^a	2.18-5.25	0		
AGO	22.7	4.17	4.40	5 (1,268)	1.08	0.56-2.08	0		3 (783)	1.02	0.17-6.09	0		3 (486)	5	0.39-3.39	0		

Note: AD = anxiety disorder; AGO = agoraphobia; Dx = diagnosis; Egger = Egger test (assessing publication bias); FU = a sensitivity analysis in which only follow-up data are pooled, excluding cross-sectional data; GAD = generalized anxiety disorder; Inf = correction by removing outliers and influential cases; K = number of studies; n = number of participants; PD = panic disorder; SAD = separation anxiety disorder; RR = risk ratio; SOC = social phobia; SP = specific phobia; TF = correction by trim-and-fill method for publication bias.

^aThe boldface RR (p value < .05) indicates a significant effect size.

^bThe boldface I² (>50) indicates significant between-study heterogeneity → Outlier/Influential cases correction (Inf).

^cThe boldface p value (<.05) for Egger test indicates a significant small study effects → trim and fill method correction (TF).

^dRemoved as outliers: Hirshfeld-Becker et al.⁵¹ Zavaleta-Ramirez et al.⁶⁶

^eRemoved as an influential case: Zavaleta-Ramirez et al.⁶⁶

Table 2 from:
Tu...& Creswell (2022):
Meta-analysis of rates of
other disorders in
children of parents with
mood disorders

Children of parents with depression

Mechanisms of risk transmission

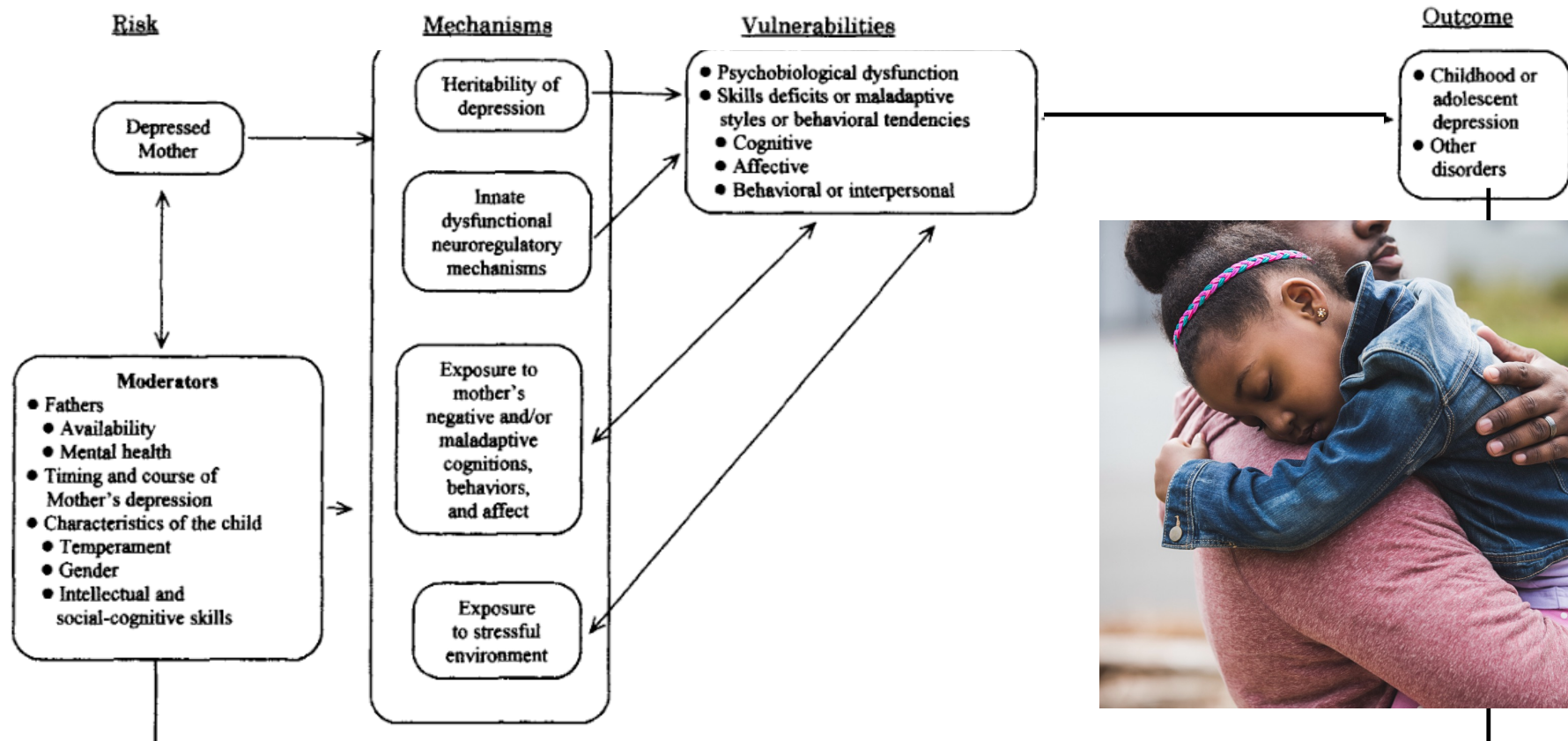


Figure 1: Goodman and Gotlib (1999), p.461

Children of parents with depression

Do thoughts really predict depression?

total i winner a loser am

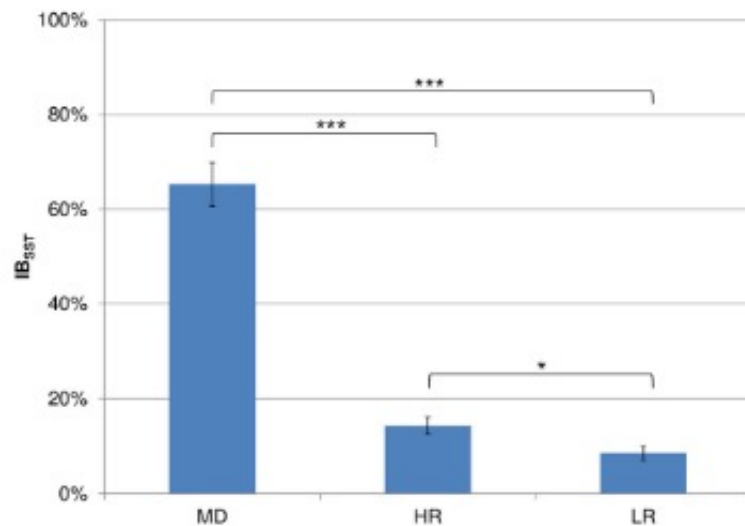


Fig. 4 IB_{SST} scores for the three groups. Error bars represent standard errors. Significant group differences are indicated: *** $p < .001$, * $p < .05$

Figure 4: Sfärlea et al. (2020), *J Abnorm Child Psychol* p. 1344

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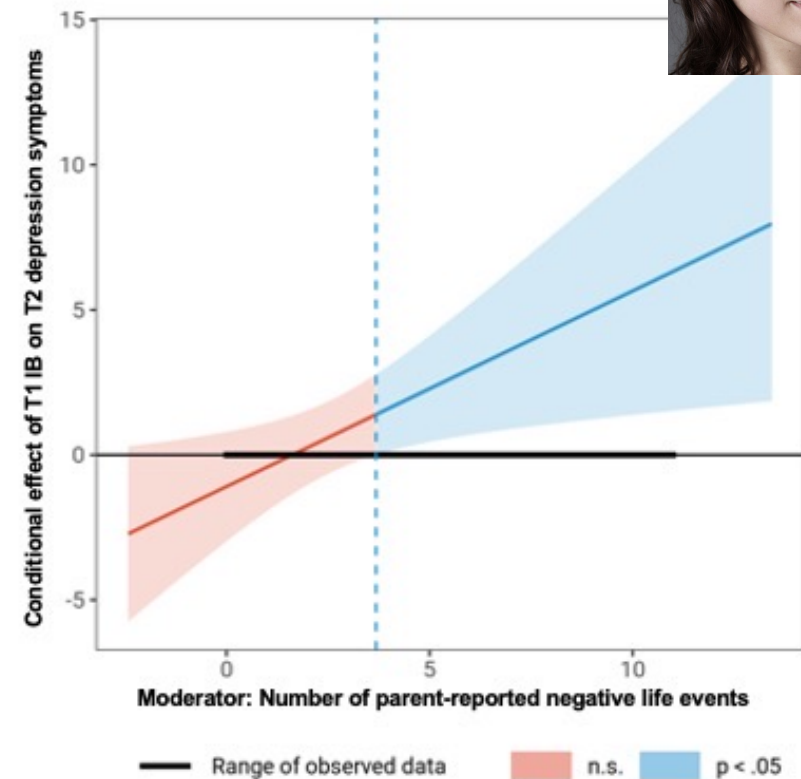
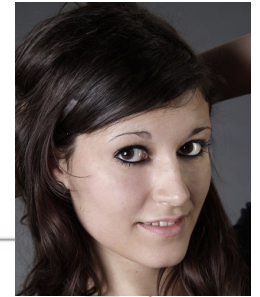


Figure 3: Platt, Sfärlea et al., (2023) *Journal of Experimental Psychopathology*



Children of parents with depression

Training cognition to reduce stress response



Sie sind an der Teilnahme interessiert?

Bitte nehmen Sie Kontakt mit uns auf: Anna Bartosch

 psk.koko-studie@med.uni-muenchen.de

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Wer kann mitmachen?

Kinder und Jugendliche

- zwischen **10 und 14 Jahren**
- sicher im Umgang mit der deutschen Sprache
- ohne psychische Erkrankung
- mit einem oder beiden Elternteilen, die Erfahrung mit einer depressiven Störung haben oder hatten (keine bipolare Störung, psychotischen Symptome oder Substanzmissbrauch)



Frommelt et al. (2023) BMC Psychiatry

Ablauf der Studie

- **Kennenlernertermin** mit Eltern (ca. 1-2 Stunden) – Onlineteilnahme möglich
- nach einer Woche: **Sitzung 1** (ohne Eltern möglich; ca. 2,5 Stunden)
- Teilnahme an einem vierwöchigen **Onlinetraining**: 5 Trainingseinheiten (ca. 15 - 30 Minuten) pro Woche von zuhause aus auf einem Smartphone
- nach 4 Wochen: **Sitzung 2** (ohne Eltern möglich; ca. 1,5 Stunden)

Wo findet die Studie statt?

St. Vinzenz Haus,
Nußbaumstraße 5
80336 München

Wann läuft die Studie?

bis Juli 2025

Termine:

Montag bis Freitag zwischen 14 und 19 Uhr

Vergütung:

Teilnahme am Kennenlernertermin (25 €), Sitzung 1 (+ 40 €), Online-Training und Sitzung 2 (+ 80 €) + zusätzlich Erstattung der Anfahrtkosten

Children of parents with depression

Summary of risk factors

- 20-30% of children grow up with a parent affected by mental illness
- Risk is conferred via biological, psychological and environmental mechanisms → exact processes unknown
- Improved models essential for development of effective prevention

2. Preventive interventions for children of parents with depression



Preventive interventions for children of parents with depression

Evidence-based preventive interventions in Germany



■ **GuG-Auf: Growing up healthy and happy** (PD Dr. Belinda Weber; University Hospital Munich)

- Family-, Group- and CBT-based intervention for 3-5 families over 8-12 sessions; stress coping, parenting, communication



■ Completed RCTs in the USA and Germany **Project Sun** (Prof. Hanna Christiansen; Marburg)

- Family- and CBT-based, 5 sessions for groups of 3-5 families, psychoeducation, emotional coping, social support
- Pre-post benefits

■ **Starkes Ich** (Prof. Hanna Christiansen; Marburg)

- Group-based, CBT, 6-8 teenagers and their parents, not disorder specific
- Pre-post evaluation ongoing

■ **MB-PC Mentalisation-based parenting counselling** (PD Dr. Corinne Neukel; Berlin)

- 12 hrs mentalising training for parents as add-on to parent inpatient psychiatric treatment, not disorder specific
- RCT evaluation ongoing

■ **CHIMPS** (Prof. Silke Wiegand-Grefe; University Hospital Hamburg)



- Family-based, psychodynamic, communication, signposting, not disorder-specific
- Evaluation: Pre-post benefit for QoL, RCT evaluation ongoing

Preventive interventions for children of parents with depression

How well do they work?

- Risk of depression roughly halved for children who received an intervention

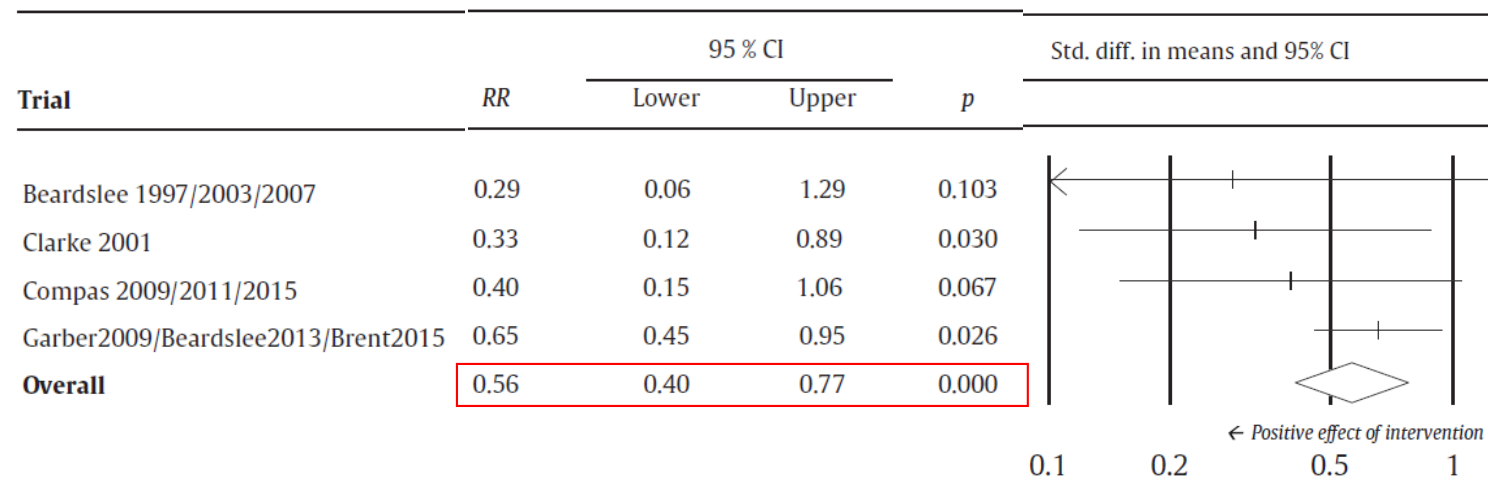


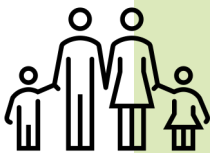
Table 4 from Löchner et al. (2018) *Clinical Psychology Review*, p. 9

Preventive interventions for children of parents with depression

Family and group cognitive-behavioural intervention (FGCB)



Psychoeducation



- What is depression? What causes it?
- Reducing guilt



- Acceptance
- Distraction
- Positive activities
- Realistic thinking



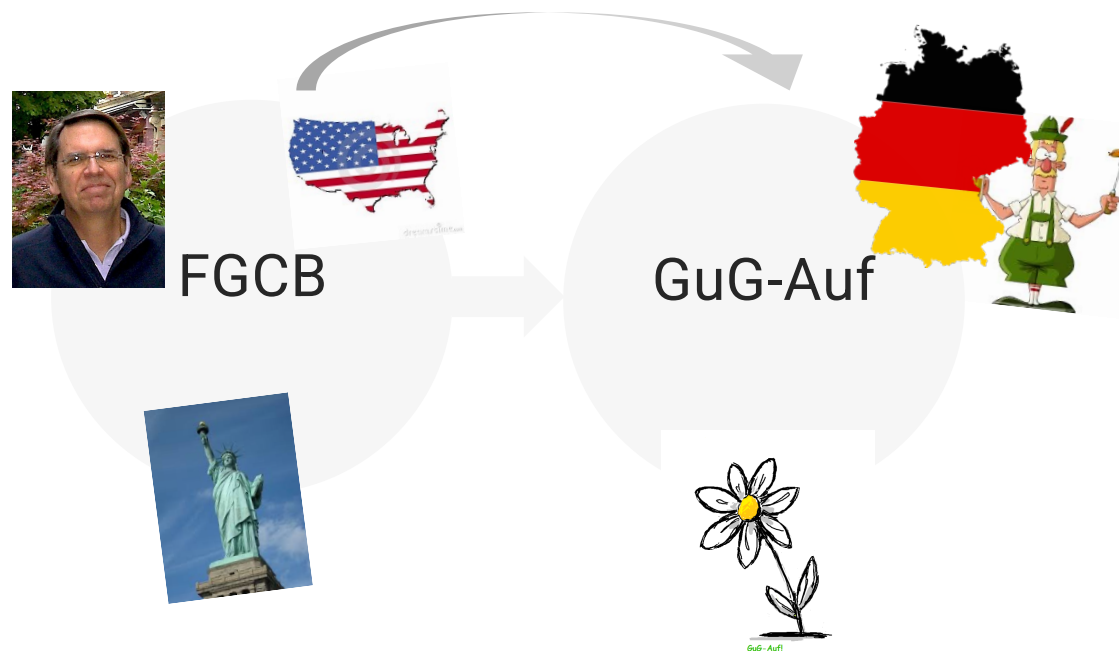
- Structure
- Warmth
- Support network
- Supporting children's coping

- Group- and family-based
- Children (aged 8-17) without mental illness
- Twelve 120-minute sessions
- 4-5 families per group, 2 group leaders
- Targets transgenerational vulnerability factors
- OR = 2.33 after 24 months (Compas et al., 2011)

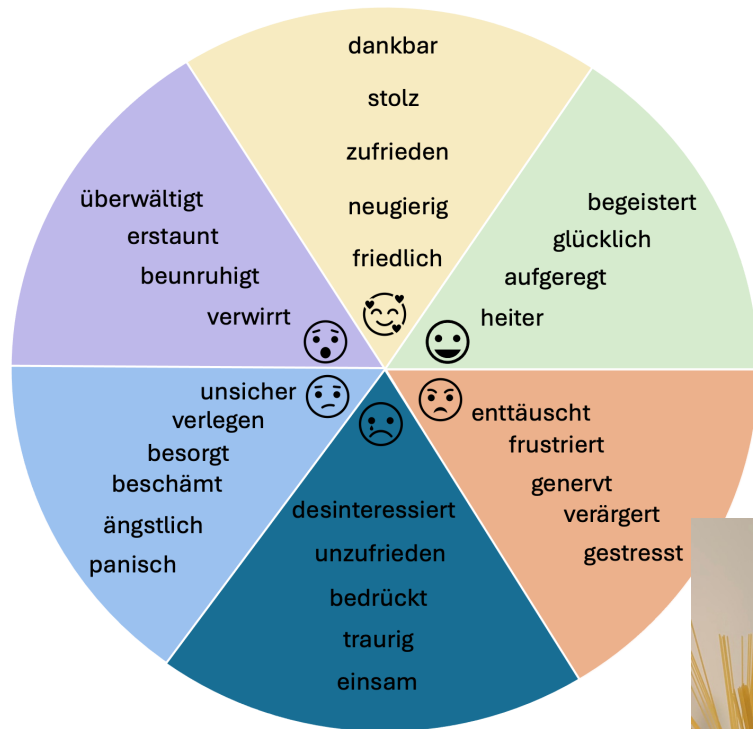
Compas et al., (2009)

Preventive interventions for children of parents with depression

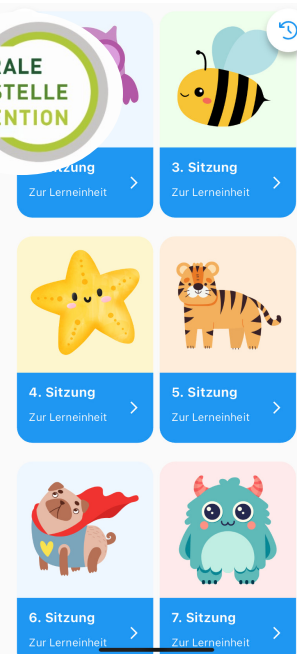
Cultural adaptation and replication in Germany



Gesund und Glücklich Aufwachsen (GuG-Auf)



ZENTRALE
PRÜFSTELLE
PRÄVENTION



ZIELTABELLE

Name:

	Montag	Dienstag	Mittwoch	Donnerstag	Freitag	Samstag	Sonntag
Das möchte ich diese Woche schaffen:							

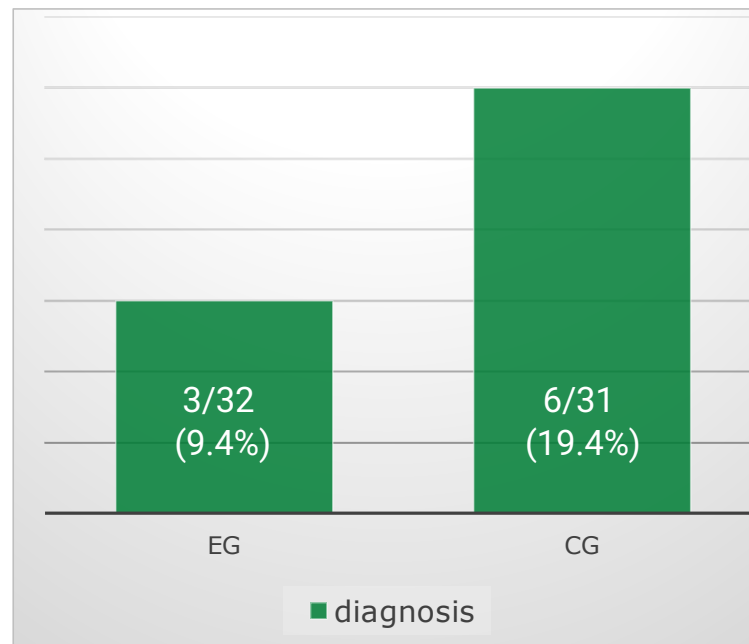
1x Haken/Tag:

4x Haken/Woche:

6x Haken/Woche:

Preventive interventions

Effectiveness of GuG-Auf



Löchner et al. (2021) *Child Adolesc Psychiatry Ment Health*
 Löchner, Platt et al., (2023) *BMC Psychiatry*

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Internalising symptoms (YSR)

Löchner et al. *BMC Psychiatry* (2023) 23:455
<https://doi.org/10.1186/s12888-023-04926-2>

BMC Psychiatry

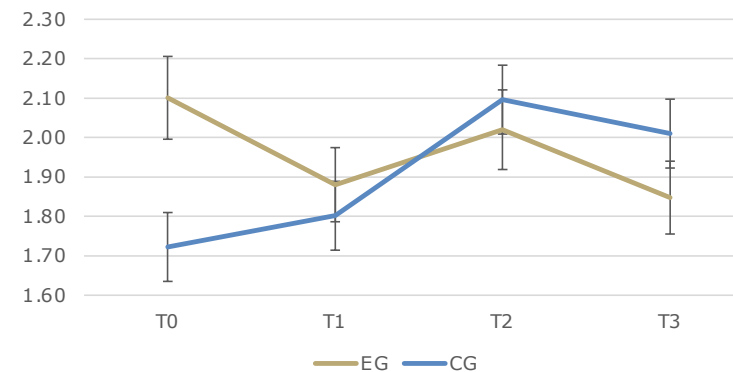
RESEARCH

Open Access



A randomized controlled trial of a preventive intervention for the children of parents with depression: mid-term effects, mediators and moderators

Johanna Löchner^{1,2†}, Belinda Platt^{1†*}, Kornelija Starman-Wöhrle¹, Keisuke Takano³, Lina Engelmann¹, Alessandra Voggt¹, Fabian Loy¹, Mirjam Bley¹, Dana Winogradow¹, Stephanie Hämmerle¹, Esther Neumeier¹, Inga Wermuth¹, Katharina Schmitt¹, Frans Oort⁴ and Gerd Schulte-Körne¹



Preventive interventions for children of parents with depression

GuG-Auf: What do families say?



- What did you find helpful?
 - Children: coping strategies
 - Parents: dealing with guilt, structure, interaction
 - All: sharing experiences with other families
- What did you put into practice?
 - Children: coping strategies
 - Parents: less! (family time, self-reflection)
- What was difficult?
 - Time intensity (during and between sessions)

*„Ich und meine Mutter sind uns jetzt sehr viel näher gekommen. Wir **verstehen** uns besser.“*

„Dass ich keine schlechte Mama bin. Das war für mich wichtig zu hören.“

*„Also mir hat es einfach **Spaß** gemacht.“*

„Für mich war wichtig zu sehen, dass es tatsächlich Familien gibt, die mit den gleichen Problemen zu kämpfen haben.“

Prevention interventions for children of parents with depression

Summary

- Preventive interventions support:
 - Parents in their parenting
 - Children in coping with stress
 - Families in talking about mental illness
- Preventive interventions can reduce children's risk of mental illness
 - ...and have benefits for parent symptoms and family outcomes (Moltrecht et al., 2024)

3. Implementing evidence-based prevention





Preventing youth mental illness

Good news:

- Adult depression is treatable (Cuijpers et al., 2020)
- Preventive interventions for HR children are effective (Löchner et al., 2018)

Bad news:

- Just 30% of adults with depression receive treatment, mothers even less (England and Sim, 2009)
- Parents with depression held back from prevention for their children by shame, guilt and avoidance (Joder et al., 2025)
- Preventive interventions rarely funded

Implementing evidence-based prevention

Current practice

Support groups for children

e.g. play/art groups

- Social services, parental advice centers or charities
- Structure, information, compassion
- Not disorder-specific
- Children with and without illness



<https://depositphotos.com/photo/multicultural->

Parenting programmes

- e.g. Triple-P
- Parental advice centers, Child and Adolescent Psychiatry, adult psychotherapists, prisons, ...
- Not specific for families affected by mental illness
- Don't always integrate children
- Children with and without illness

Mother-child interventions

- Mother-child inpatient units
 - Generally not specific to a disorder
- Mother-Child rehab
 - Holistic prevention for parents and their children
 - Linked to psychological and/or physical 'exhaustion' rather than mental illness



<https://www.caritas-hamburg.de/hilfe-und-beratung/kinder-jugend-und-familie/wohnen-und-betreuung/wohnen-und-betreuung>

School-based interventions

- e.g. Irrsinnig Menschlich
- Children aged 8-10 years („Our „crazy“ family“) and 14+ years („Crazy? So what!)
- Delivered by (trained) teachers supported by two lived-experience experts (1 day)
- Reduce stigma, prevent guilt/self-blame, improve help-seeking



<https://www.irsinnig-menschlich.de/primarstufe/>

Implementing evidence-based prevention

Limitations of interventions in practice

Implemented interventions
often lack evidence base

- Financial and structural hurdles
 - Developed locally based on practical experience
 - Lack of up-to-date knowledge on models of disorder
 - Unconscious tendency to view self-conceptualized interventions preferentially (Lilienfeld et al., 2013)
- Increased collaboration with researchers in the development and evaluation of interventions

Löchner & Platt (2023) Prevention. In "Depression in childhood and adolescence: early detection, effective treatment and prevention" by Schulte-Körne and Greimel. Kohlhammer.



Implementing evidence-based prevention

Limitations of evidence-based interventions

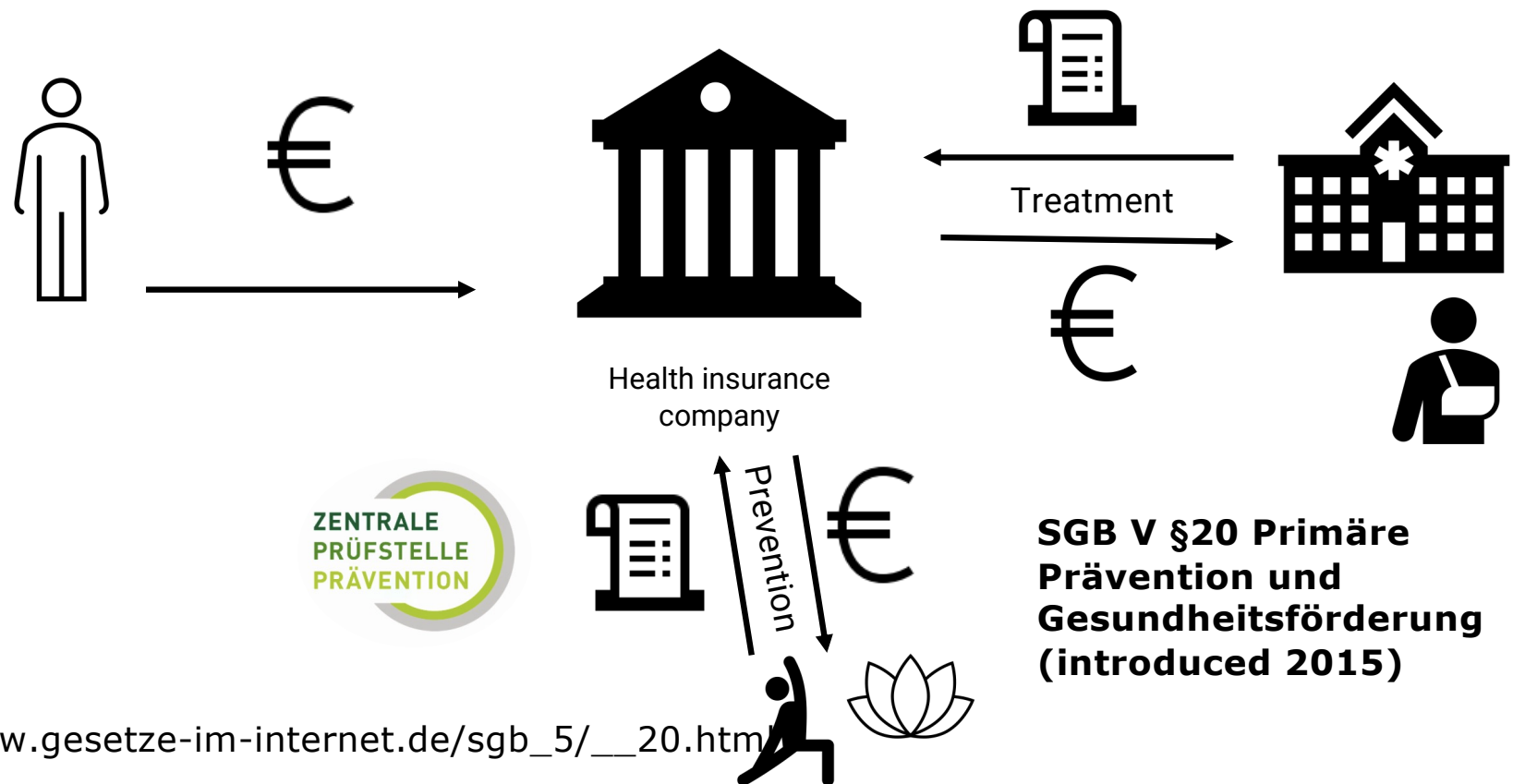
Evidence-based interventions
are often not implemented

- Financial and structural hurdles
 - Little focus on setting and service users needs
 - Evaluated on selected samples (e.g. higher SES)
 - Delivery by academics with intrinsic motivation
 - Poor communication with practitioners
- Better inclusion of service users and providers in the development and evaluation of interventions



Implementing evidence-based prevention

Financial and structural hurdles



https://www.gesetze-im-internet.de/sgb_5/___20.htm

Polar Bear Project

ZPP prevention courses



- Patients costs for taking part in prevention courses are reimbursed by health insurance companies
- Certification by a **centralised** organisation (ZPP)
- Fixed categories of prevention: exercise, nutrition, drug management and **stress reduction**
- Specific course criteria for certification:
 - 8-12 sessions, 60-90 mins, evidence-based, targeted for children 8-12, teenagers 13-17...
- Once a course has been certified, it can be delivered by certified course leaders across the country

**Next group starts
Sept 2025!**



Implementing GuG-Auf in practice!

Wer kann mitmachen?

Familien mit:

- Kindern zwischen 8 und 12 Jahren*
- Eltern mit **Depressions-Erfahrung** (ärztliche Diagnose nicht nötig)



Rahmenbedingung und Ablauf GuG-Auf

- 3-5 Familien in einer festen Gruppe
- Kosten: **250€** pro teilnehmendem Kind (die Kosten sind von den gesetzlichen Krankenkassen **erstattungsfähig**)



Structure of Sessions

- **Family appointment:** Explain program and discuss needs and goals



- **Session 1:** Introductions, Introduction to Stress
- **Session 2:** Reactions to stress
- **Session 3:** Introduction to A-APP skills:
Acceptance, Distraction, positive thinking, positive activities



Children

- **Session 4:** Acceptance
- **Session 5:** Distraction
- **Session 6:** Positive thinking
- **Session 7:** Positive activities



Parents

- **Session 4:** Positive feedback
- **Session 5:** Preserving energy
- **Session 6:** Rewards
- **Session 7:** Consequences



- **Session 8:** Revision and planning for the future
- **Session 9:** A-APP in daily life: problem-solving
- **Session 10:** Revision A-APP in daily life



- **Session 11:** Depression in the family
- **Session 12:** Growing up Healthy and Happy in the family



Each 2 weeks apart

*Certified sessions: participation essential for reimbursement of costs

Systematic evaluation of the implementation of GuG-Auf

→ Funding awarded in January 2025 (until December 2027)



- Longitudinal non-controlled study
- Roughly eight GuG-Auf groups (approx. 40 families)
- Development of an implementation strategy according to CFIR model (Damschoder et al., 2009)
 - Intervention characteristics, outer setting, inner setting, individual characteristics...
- Evaluation before and after implementation strategy with seven implementation outcomes measures (Proctor et al., 2011)
 - Penetration, Acceptability, Appropriateness, Feasibility, Fidelity, Sustainability, Costs, Safety
- Advisory board of stakeholders, parents and children involved throughout



„Kindersprechstunde“ in the Dept of Adult Psychiatry

- Parents are often:
 - too burdened to take part in time-intensive interventions
 - reluctant for their children to take part in group-based interventions
 - unable to attend programmes outside of their clinic

Intervention

- Low-level (2-4 sessions) parenting advice and support within adult Dept Psychiatry
 - Communication in the family
 - Assessment of child's needs
 - Recommendations for support services

Ansprechpartnerin



Dr. med. Christina Buhl



kjp.kiwi-lmu@med.uni-muenchen.de

Hurdles to implementing prevention

Summary

- There is a wide gap between research and practice of prevention
 - Financial and structural hurdles
- A number of factors prevent families from taking part in prevention
 - Feelings of guilt, shame and avoidance
 - Overburden
- Importance of closing the gap between child and adolescent and adult services

10 tips for supporting parents with mental illness and their children

Ask about the children

Approach feelings of guilt and shame

Encourage open family communication

Signpost to parenting support

Encourage support networks

Listen out for signs of parentification

Provide psycho-education

Signpost to child services

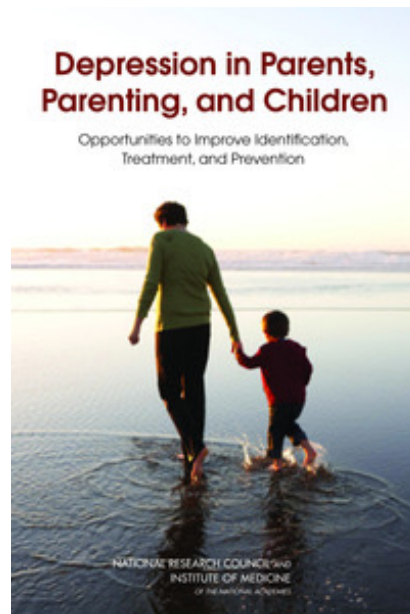
Work with other professionals

Encourage visitors

Literature and support



<http://www.prodo-group.com/angebote-fuer-familien/>



Book to download for free:
<https://nap.nationalacademies.org/catalog/12565/depression-in-parents-parenting-and-children-opportunities-to-improve-identification>

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<https://maudslaycharity.org/familiesunderpressure/>

<https://fampod.org/>

International network on parental psychopathology

Join us!

- Goal: share experiences and knowledge on research into the role of parental psychopathology on youth outcomes
- 60 mins (2 presentations of results/studies)
- Roughly every 2 months
- Specific topic for each session (suggestions welcome!)
- Everyone welcome (please forward invite!)
- Registration for meeting (and to join mailing list) via Belinda (belinda.platt@med.uni-muenchen.de)
- Next meeting: **09.07.2025 4-5pm**



@GroupProdo
#MIM2023



Thank you!



Donations gratefully received!!

Account: LMU Klinikum

IBAN: DE38 7005 0000 0002 0200 40

Reference: **1671010** "Depressionsprävention Kinder"
(please always specify)

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