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Parental Mental Illness and Childhood Mental Health

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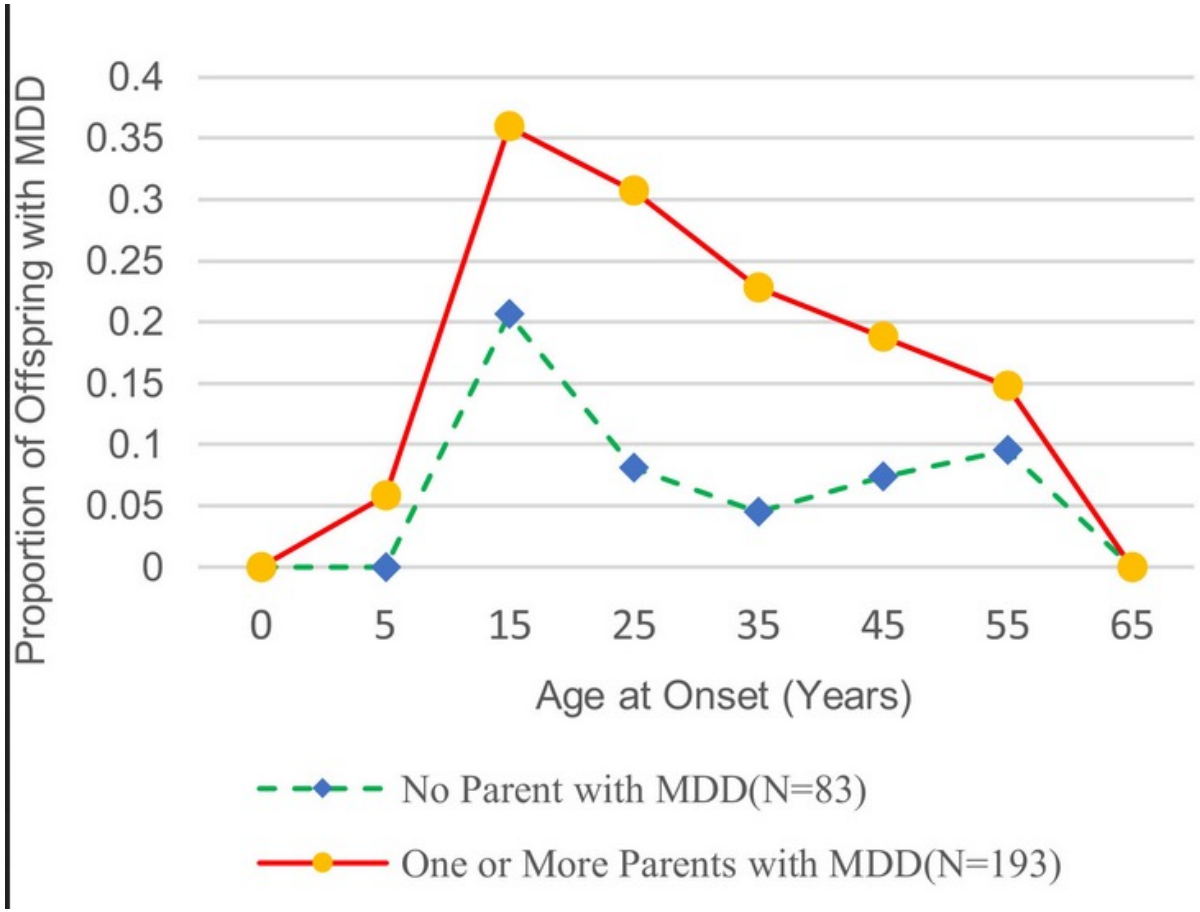
- Parental depression as a risk factor
- Preventive interventions
- Implementing evidence-based prevention

→ **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				
		Lifetime rates																
Off-spring	Age	Risk, %	Control, %	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*)
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.

[a]*The boldface RR (p value < .05) indicates a significant effect size.*

[b]*The boldface I^2 (>50) indicates significant between-study heterogeneity → Outlier/Influential cases correction (Inf).*

[c]*The boldface p value (<.05) for Egger test indicates a significant small study effects → trim and fill method correction (TF).*

[d]*Removed as outliers: Hirshfeld-Becker et al.,[51] Zavaleta-Ramirez et al.[66]*

[e]*Removed 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

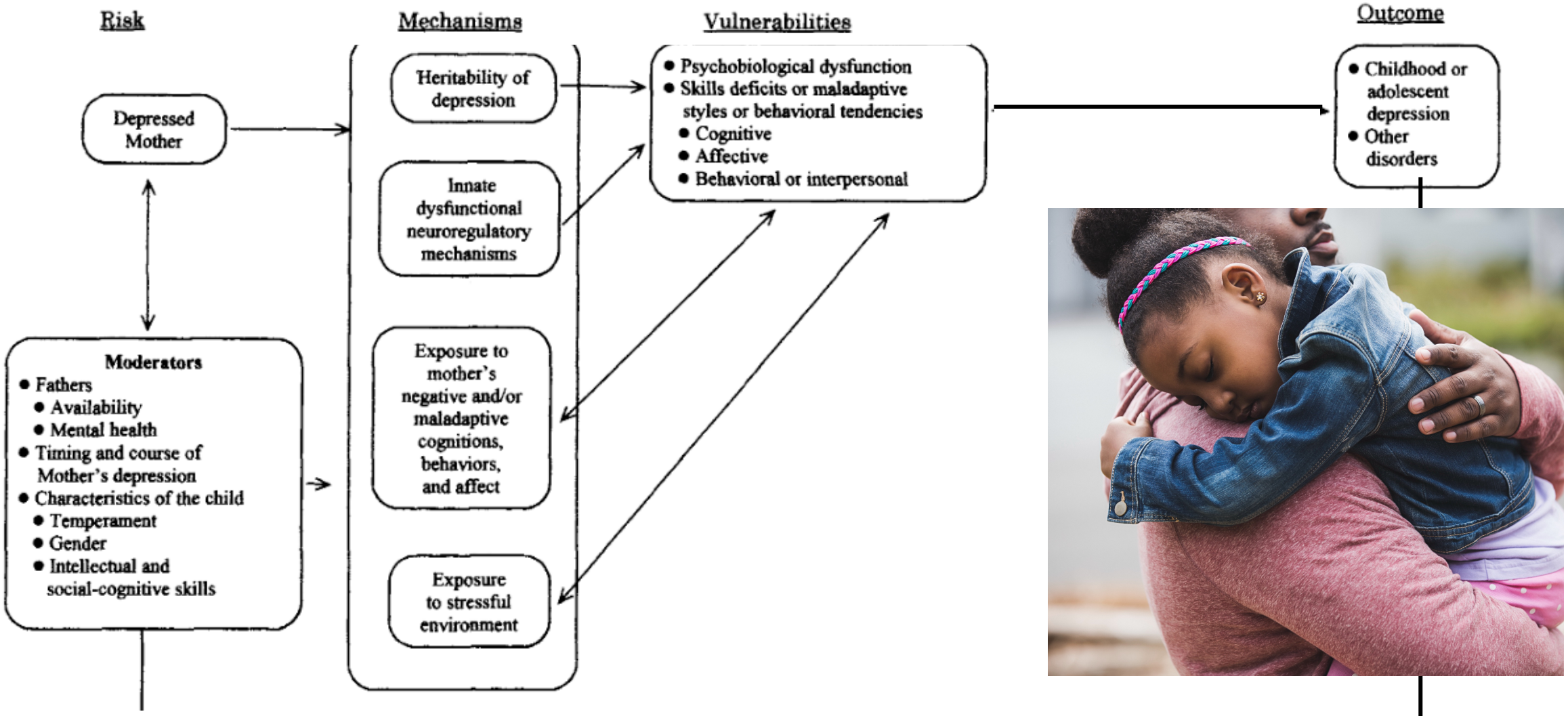
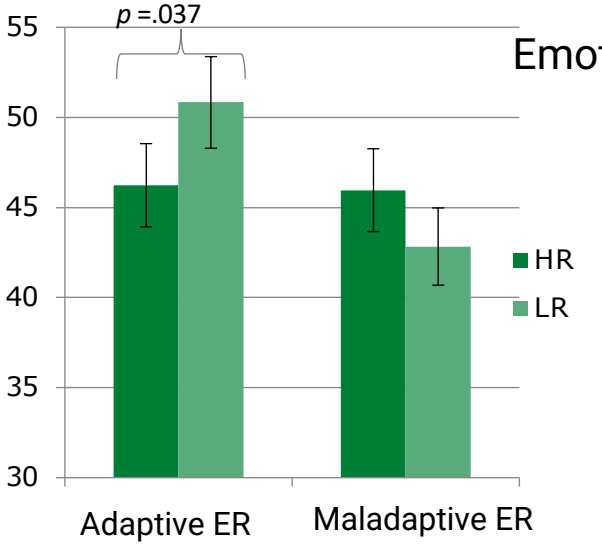


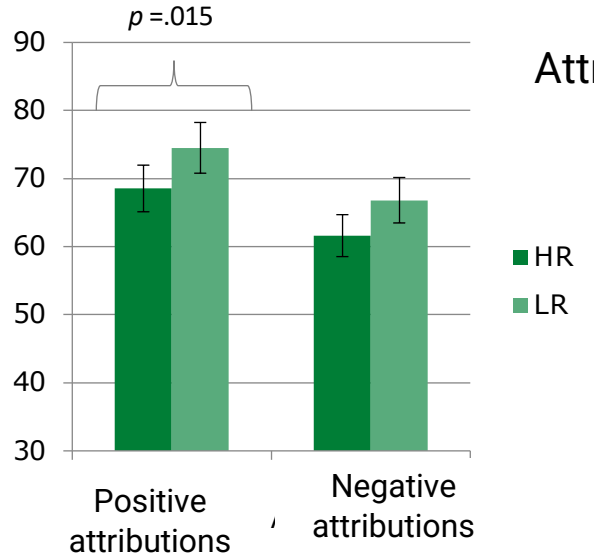
Figure 1: Goodman and Gotlib (1999), p.461

Children of parents with depression

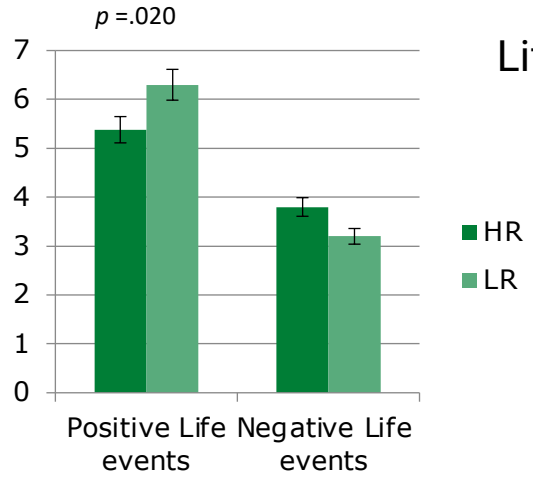
Vulnerabilities for depression



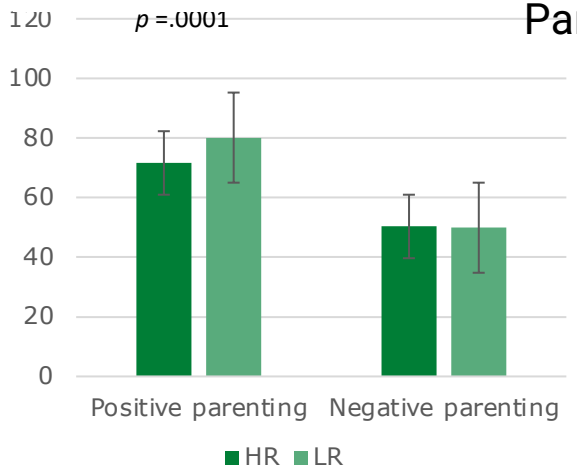
Emotion regulation



Attributional style



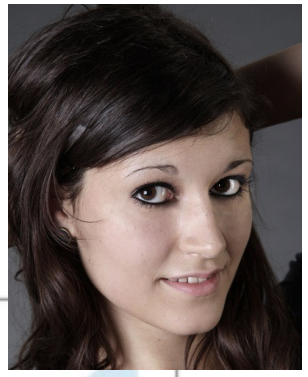
Life events



Parenting

Löchner et al. (2020) Child Psychiatry and Human Development

Children of parents with depression
Do thoughts really predict depression?



total i winner a loser am

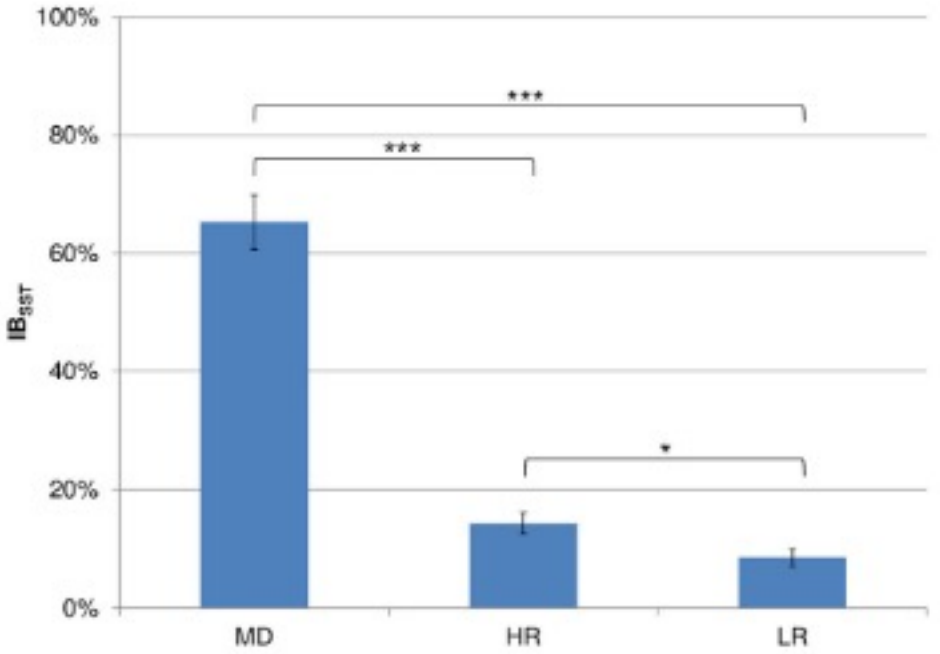


Fig. 4 IB_{SST} scores for the three groups. Error bars represent standard errors. Significant group differences are indicated: *** $p < .001$, * $p < .05$

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

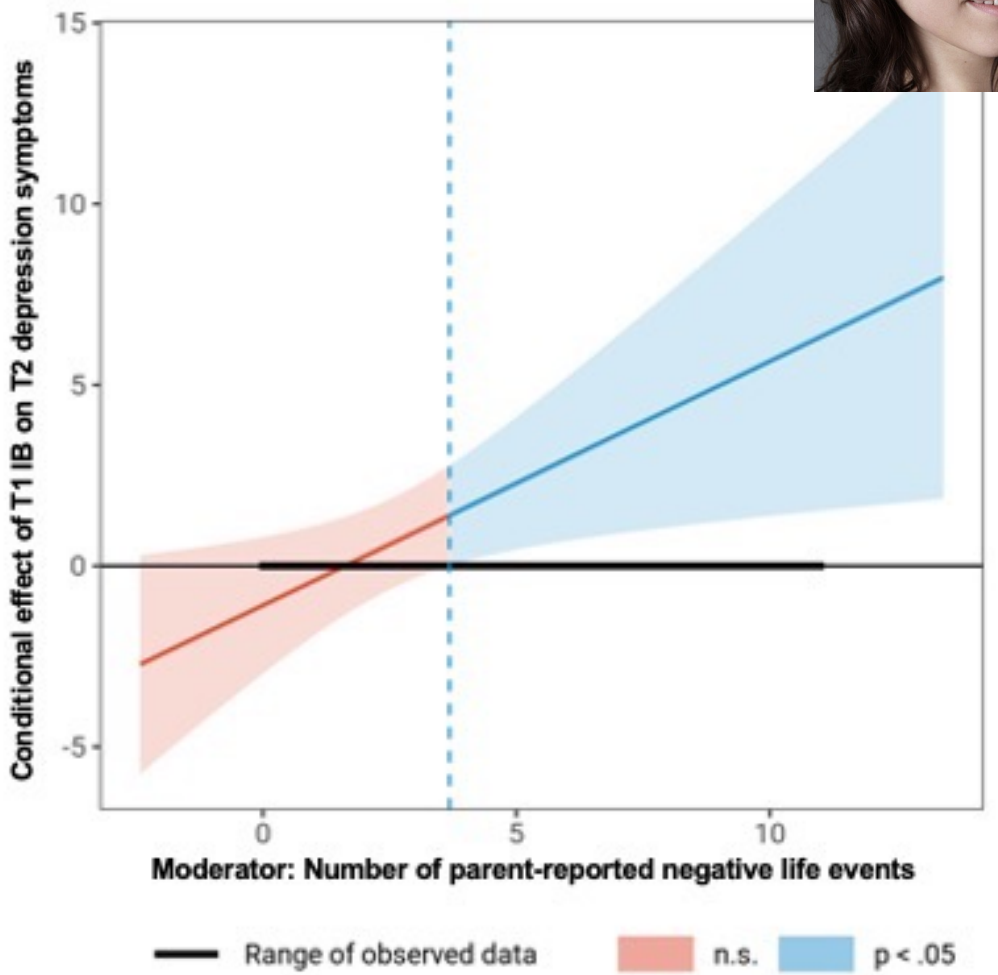


Figure 3: Platt, Sfärlea et al., (2023) Journal of Experimental Psychopathology

Children of parents with depression

The effect of cognitions on stress response

CV

- attributional style
- rumination
- emotion regulation

Association between cognitive vulnerability and stress response

- **altered cortisol reactivity** (Bendezú, 2022)
- **impaired cortisol recovery** (Shapero, 2017)
- **elevated cortisol reactivity** (Katz, 2019; Stewart, 2013)
- **prolonged cortisol recovery** (Rudolph, 2011)
- **heightened cortisol reactivity** (Johnson, 2019)
- **impaired cortisol recovery** (Shapero, 2016)

Causal effect of cognitive vulnerability on stress reactivity

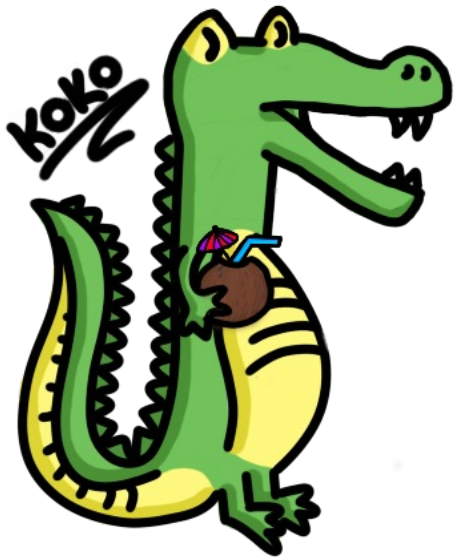
- heightened cortisol reactivity in control group (Hogue, 2020)
- **reduced SCL** (Lidle & Schmitz, 2021)
- **lower negative affect** (Bettis, 2019)

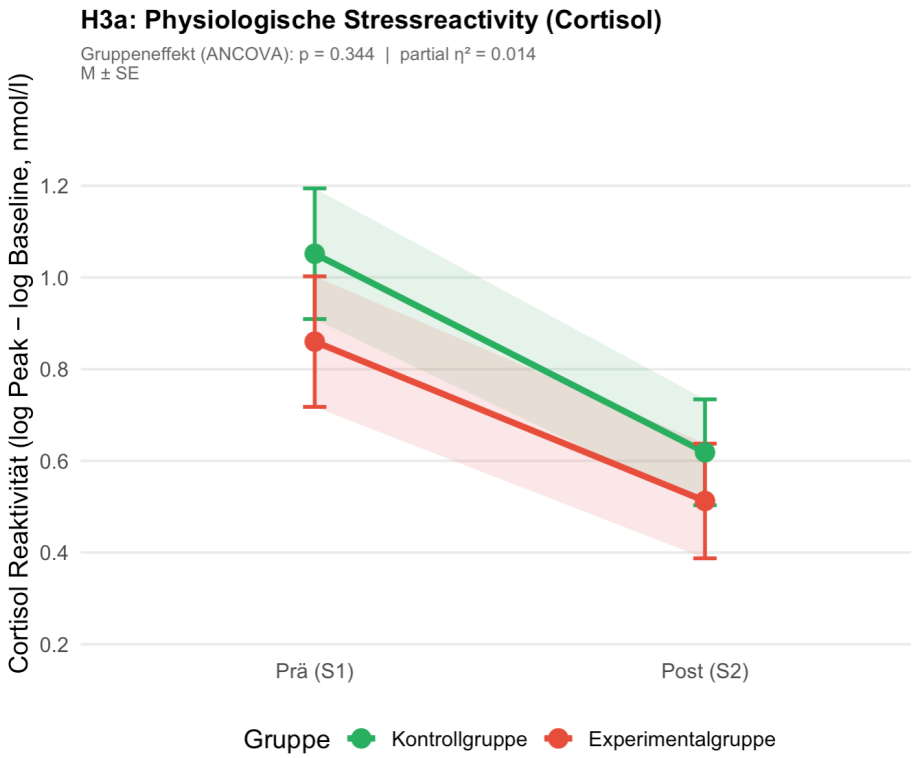
Bäumler et al. (under review) Relationship between Cognitive Vulnerability and Stress Response in Children and Adolescents: A Systematic Review

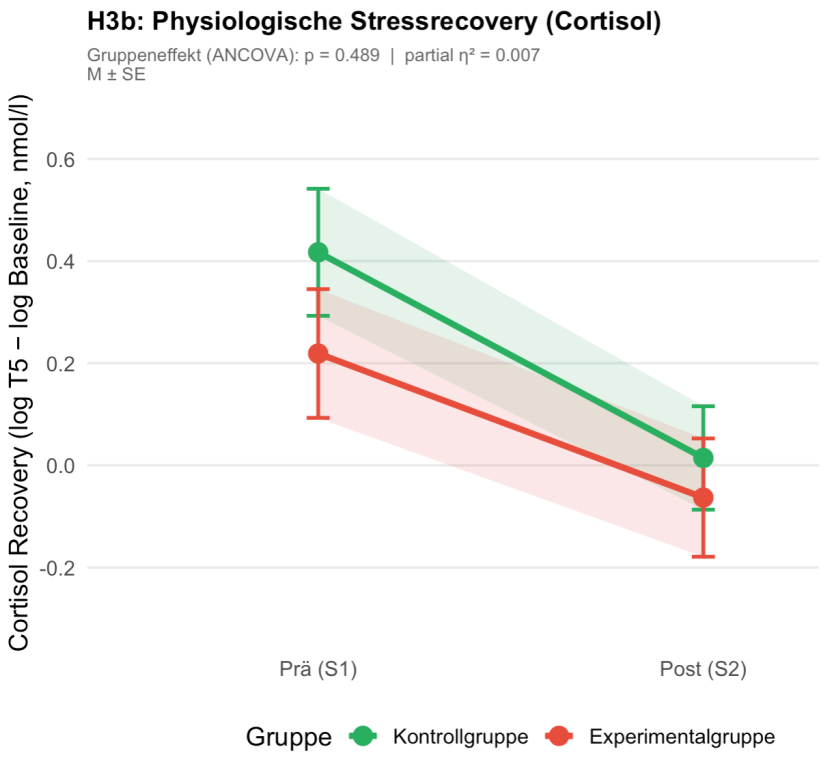
Children of parents with depression

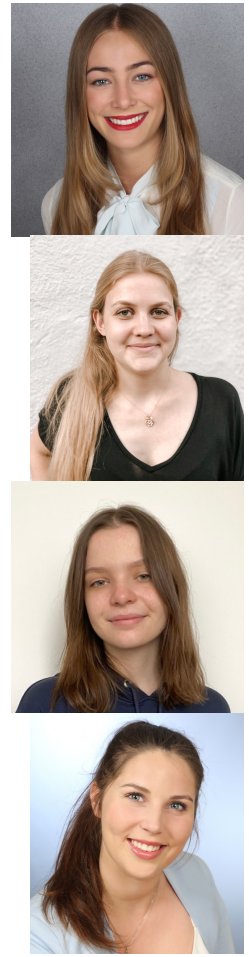
Training cognition to reduce stress response

Frommelt et al. (2023) BMC Psychiatry









Frommelt et al. (under review); Bäumler, Schneider et al. (in prep.)

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

How well do they work?

- Psychological interventions involve **educating** parents and children, strengthening **coping strategies** and enhancing **parenting** skills
- Risk of depression roughly halved for children who received an intervention

Trial	RR	95 % CI Lower	95 % CI Upper	p
Beardslee 1997/2003/2007	0.29	0.06	1.29	0.103
Clarke 2001	0.33	0.12	0.89	0.030
Compas 2009/2011/2015	0.40	0.15	1.06	0.067
Garber2009/Beardslee2013/Brent2015	0.65	0.45	0.95	0.026
Overall	0.56	0.40	0.77	0.000

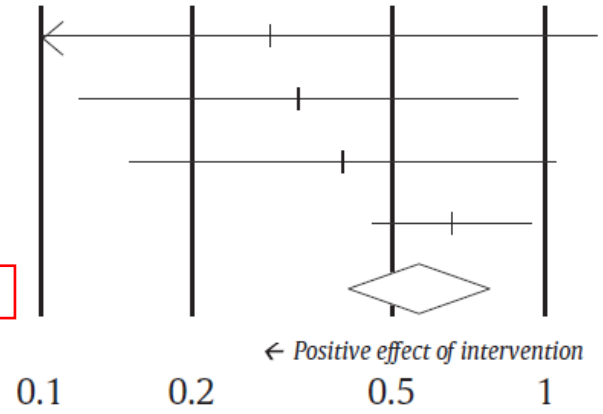
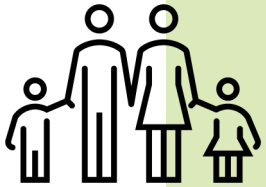


Table 4 from Löchner et al. (2018) Clinical Psychology Review, p. 9

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

Compas et al., (2009)

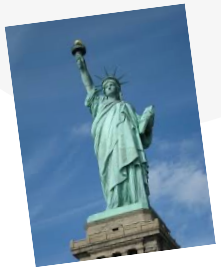
- Group- and family-based
- Children (aged 8-17) without mental illness
- Twelve 120-minute sessions
- 4-5 families per group, 2 group leaders
- Targets transgenerational vulnerability factors
- OR = 2.33 after 24 months (Compas et al., 2011)

Preventive interventions for children of parents with depression

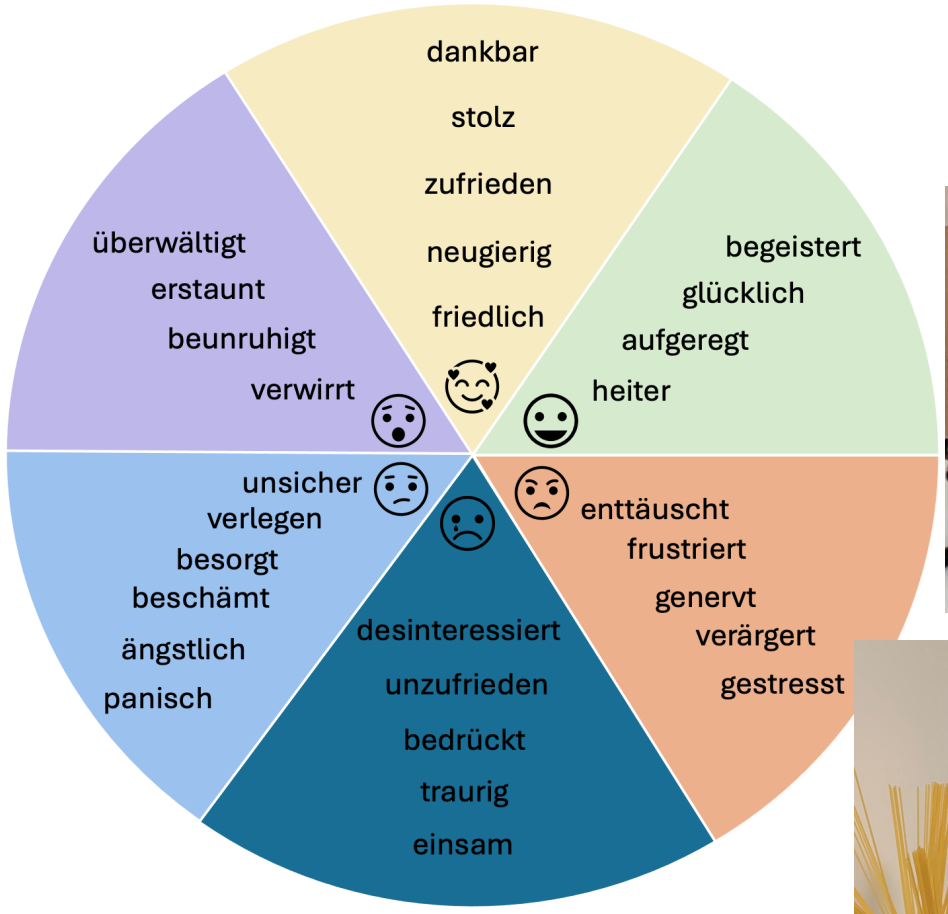
Cultural adaptation and replication in Germany

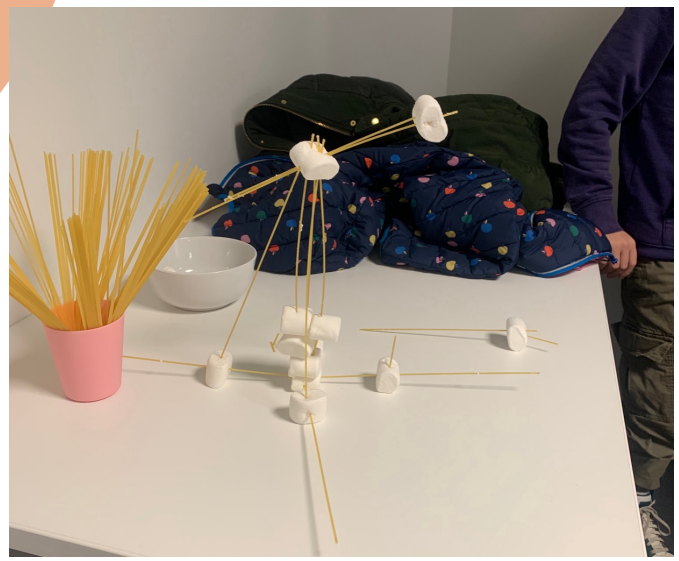
FGCB

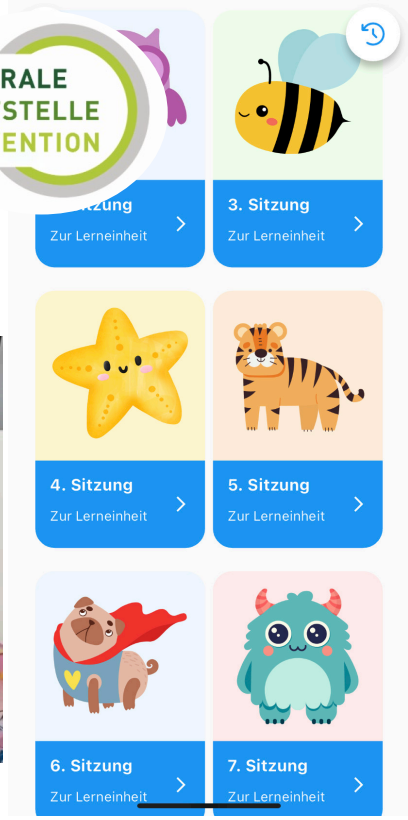
GuG-Auf



Gesund und Glücklich Aufwachsen (GuG-Auf)





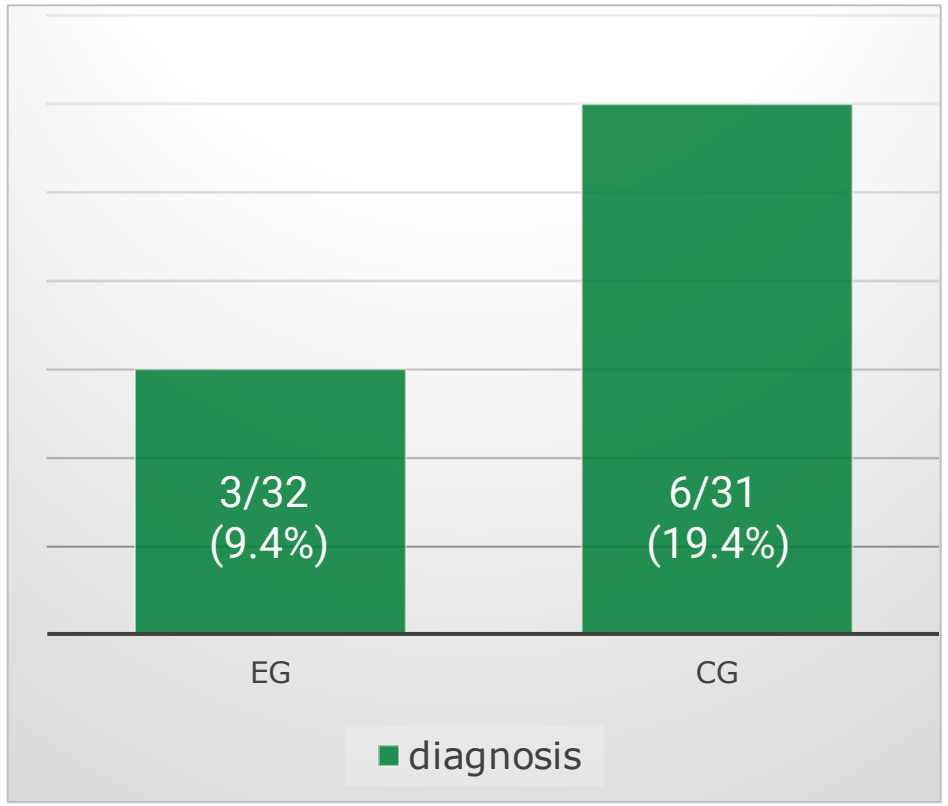


ZIELTABELLE

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



Internalising symptoms (YSR)

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

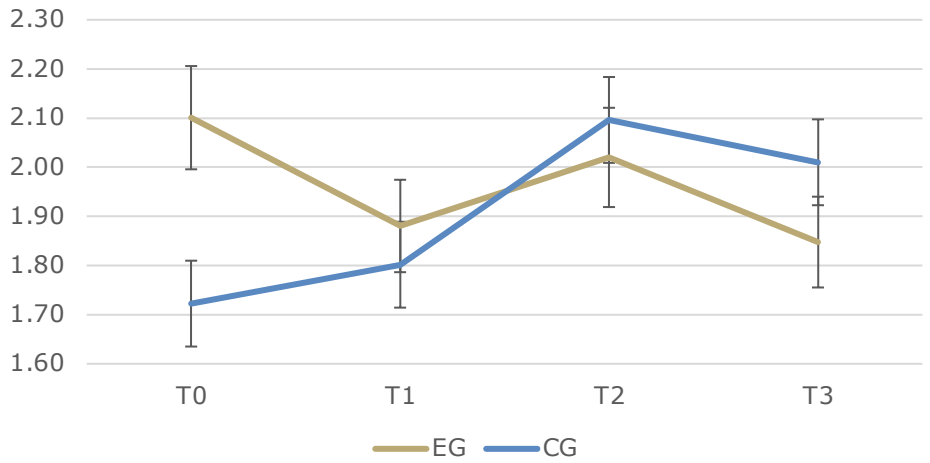
Löchner *et al. BMC Psychiatry* (2023) 23:455
https://doi.org/10.1186/s12888-023-04926-2

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-Wöhrle[1], Keisuke Takano[3], Lina Engelmann[1], Alessandra Voggt[1], Fabian Loy[1], Mirjam Bley[1], Dana Winogradow[1], Stephanie Hämmerle[1], Esther Neumeier[1], Inga Wermuth[1], Katharina Schmitt[1], Frans Oort[4] and Gerd Schulte-Körne[1]



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.“

Claus et al. (2019) BMC Psychiatry

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 in Germany

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

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

School-based interventions

- e.g. Irrsinnig Menschlich
- Children aged 8-10 years („Our „crazy“ familiy“) 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://depositphotos.com/photo/multicultural-

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

https://www.irrsinnig-menschlich.de/primarstufe/

Implementing evidence-based prevention

Limitations of interventions in practice

Implemented interventions
often lack evidence base

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

- **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

Implementing evidence-based prevention

Limitations of evidence-based interventions

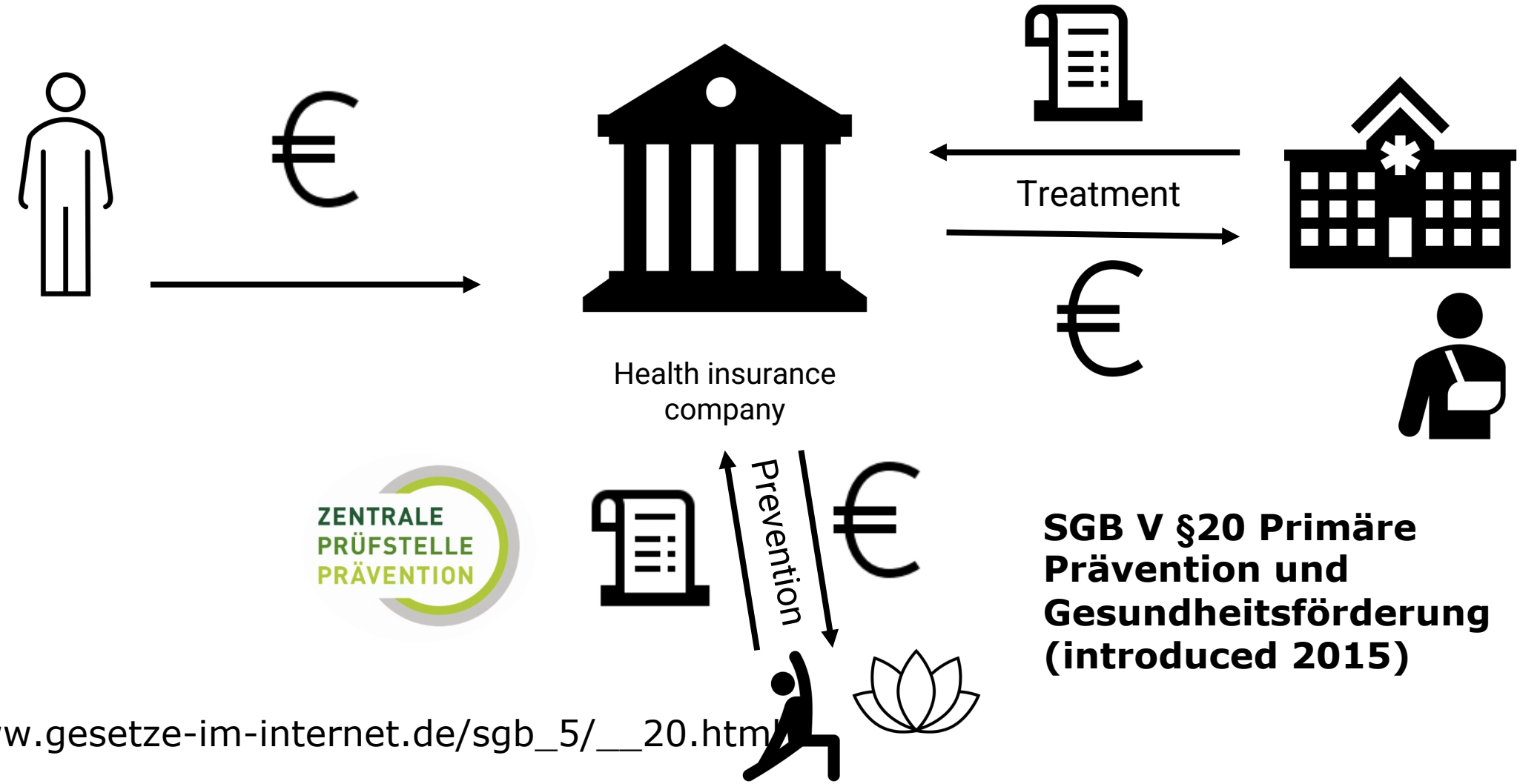
Evidence-based interventions
are often not implemented

- 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



ZENTRALE PRÜFSTELLE PRÄVENTION

SGB V §20 Primäre Prävention und Gesundheitsförderung (introduced 2015)

https://www.gesetze-im-internet.de/sgb_5/__20.html

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

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ZENTRALE PRÜFSTELLE PRÄVENTION

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Implementing GuG-Auf in practice!

Who can take part?

Families with:

- Children aged 8-12 or 13-17 years
- **Parents** with experience of **Depression** (formal diagnosis not necessary)

Conditions of participation:

- 3-5 families in a fixed group
- **€250 fee** per participating child (costs can be **reimbursed)**

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

Each 2 weeks apart

- **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

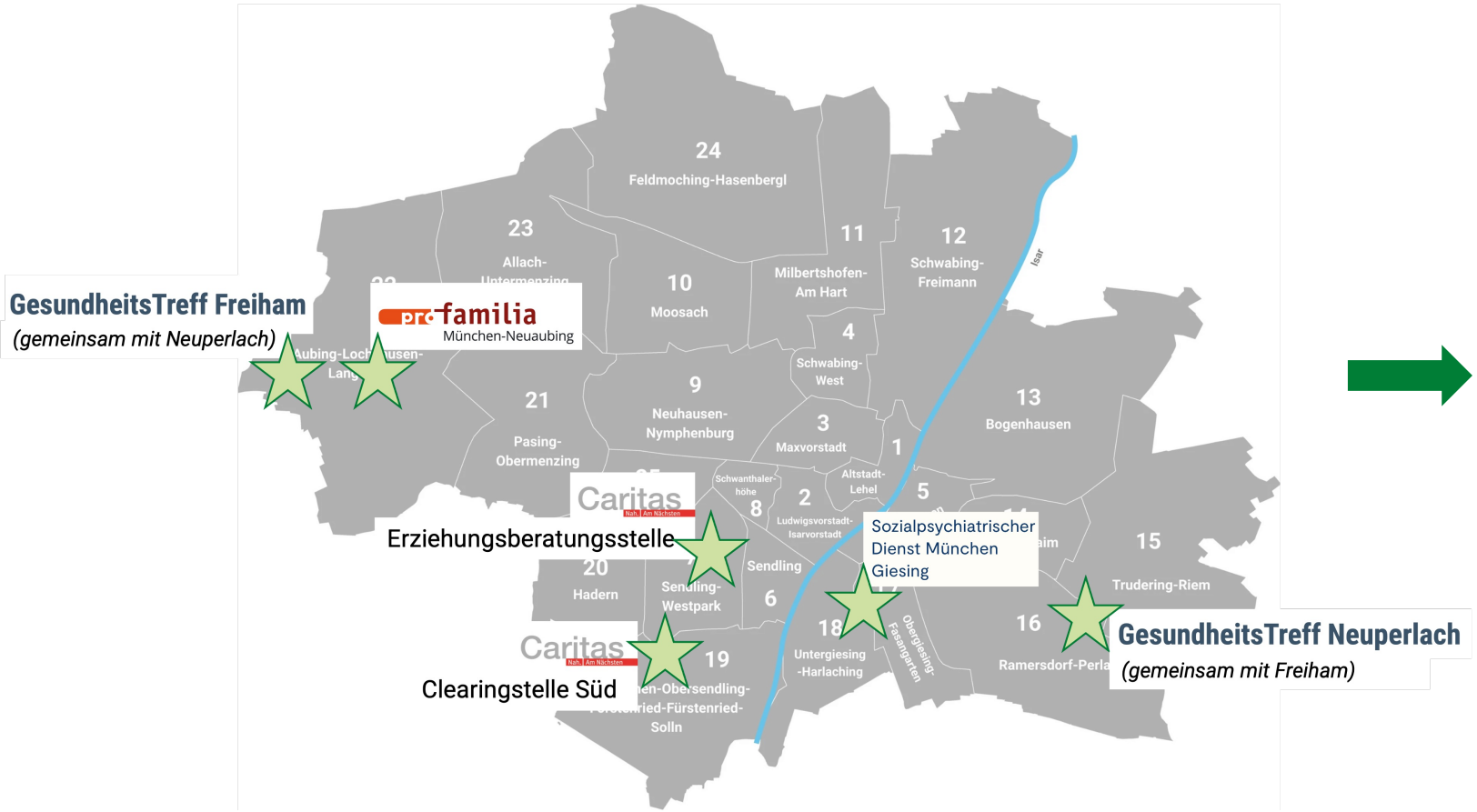
***Certified sessions:** participation essential for reimbursement of costs

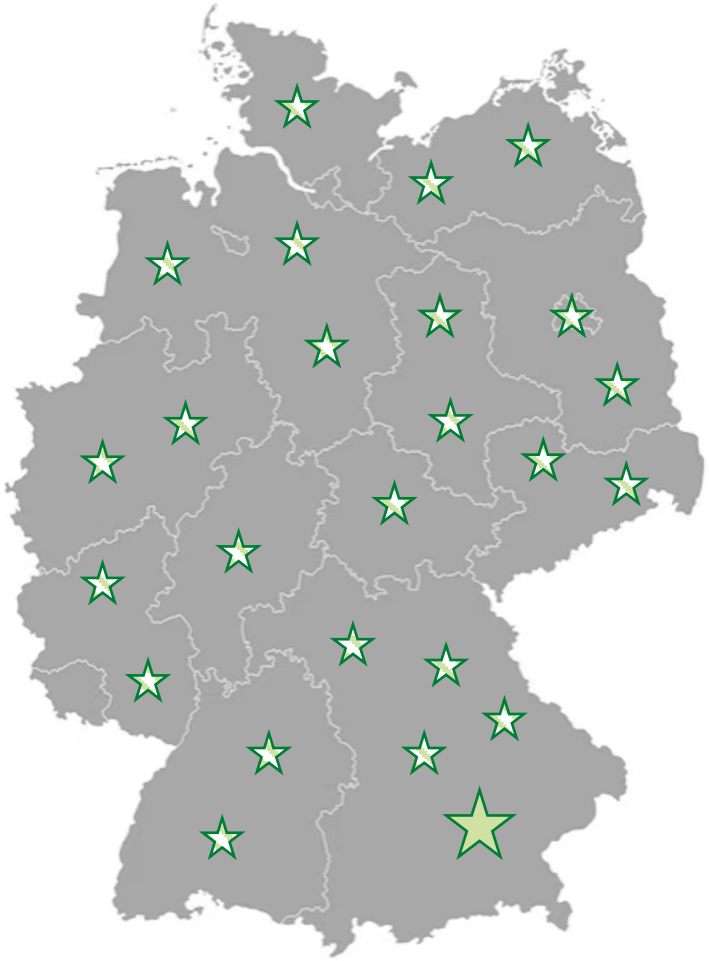
Systematic evaluation of the implementation of GuG-Auf

→ Funding awarded in January 2025 (until December 2027)

- Longitudinal non-controlled study
- Roughly eight GuG-Auf groups (approx. 40 families) delivered in our Research Dept
  - Evaluation with seven implementation outcomes measures (Proctor et al., 2011)
  - E.g., Acceptability, Appropriateness, Feasibility, Fidelity, Sustainability, Costs, Safety...
- Recruitment, training and delivery in 5 cooperating institutions
  - Identification of barriers to implementation via interviews
    - Intervention characteristics, outer setting, inner setting, individual characteristics...
  - Development of an implementation strategy (Damschoder et al., 2009)
- Advisory board of stakeholders, parents and children involved throughout

Our vision for a nationwide implementation of GuG-Auf





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KiWi
KINDERWISSEN STÄRKEN
ZU PSYCHISCHEN ERKRANKUNGEN DER ELTERN

„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

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Hurdles to implementing prevention

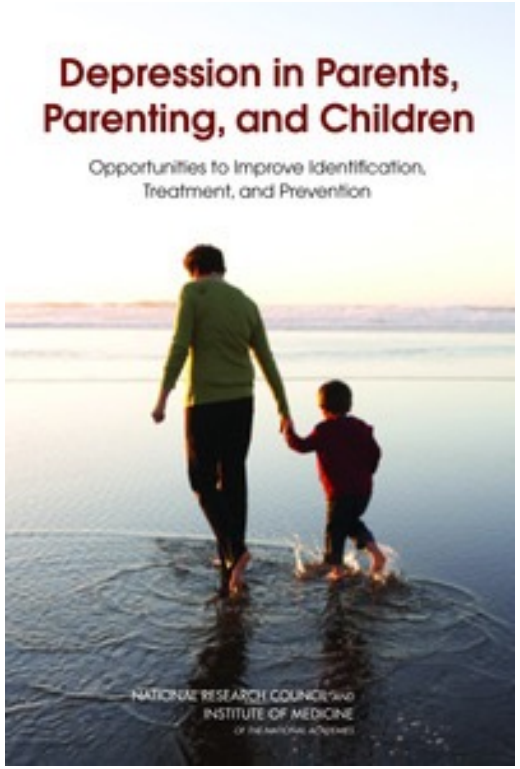
Summary

- 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

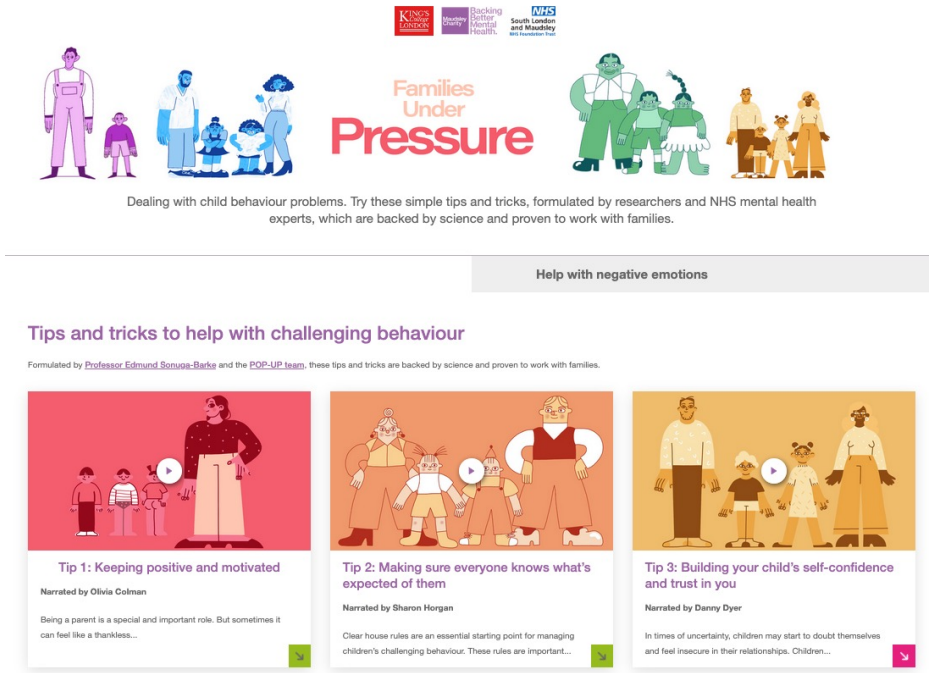
10 tips for supporting parents with mental illness and their children

- 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



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



https://maudsleycharity.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: **30.09.2026 4-5pm**

Thank you!

Belinda.platt@med.uni-muenchen.de

http://www.prodo-group.com

Donations gratefully received!!

Account: LMU Klinikum
IBAN: DE38 7005 0000 0002 0200 40
Reference: **1671010** “Depressionsprävention Kinder”
(please always specify)

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