

# From Fish and Chips to Sausage and Pretzels

## Lessons learnt about preventing mental illness in children of parents with depression in Germany

PD Dr. Belinda Platt

PARENTAL MENTAL HEALTH NETWORK CONFERENCE

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BlueSky: [@belindajplatt.bsky.social](https://bsky.app/profile/belindajplatt.bsky.social) and [@prodo.bsky.social](https://bsky.app/profile/prodo.bsky.social)  
Instagram (German): [@prodo.group](https://www.instagram.com/prodo.group)



# Prevention mental illness in children of parents with depression

## Overview

1. Parental depression and the risk to offspring
2. Preventive interventions for children of parents with depression
3. Hurdles to implementation of prevention



# Parental depression as a risk factor for child psychopathology

# Children of parents with mental illness

## Mental health risk

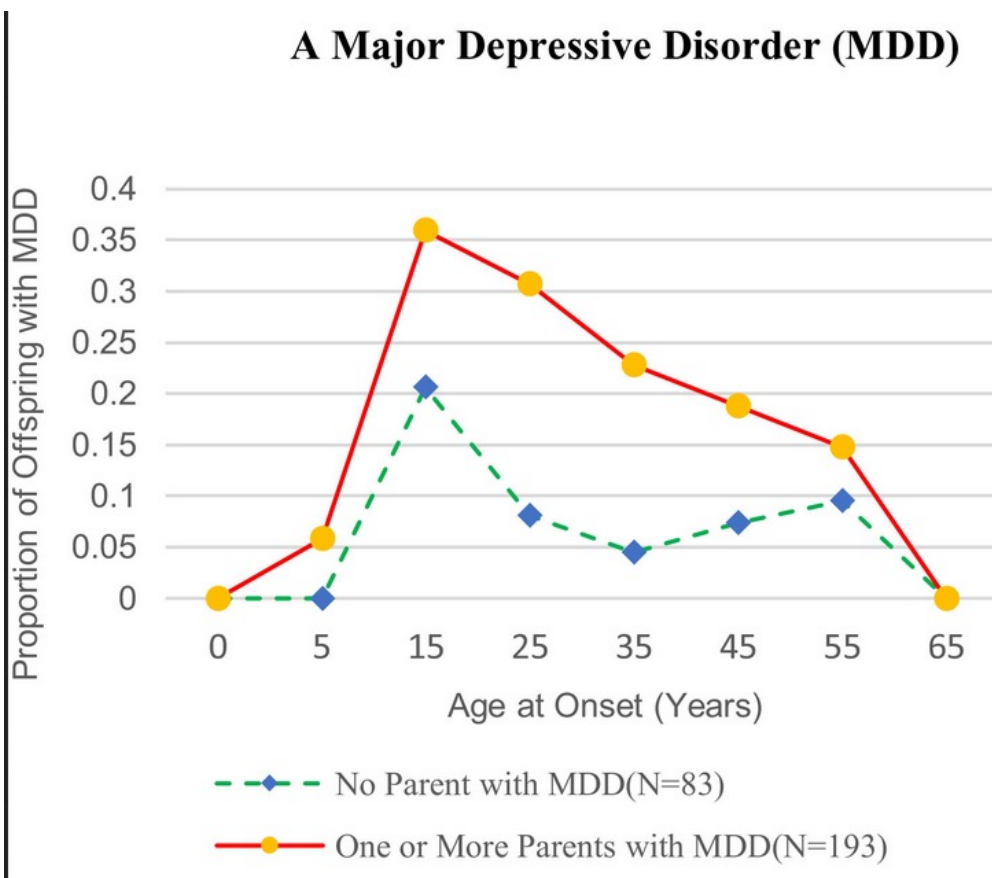
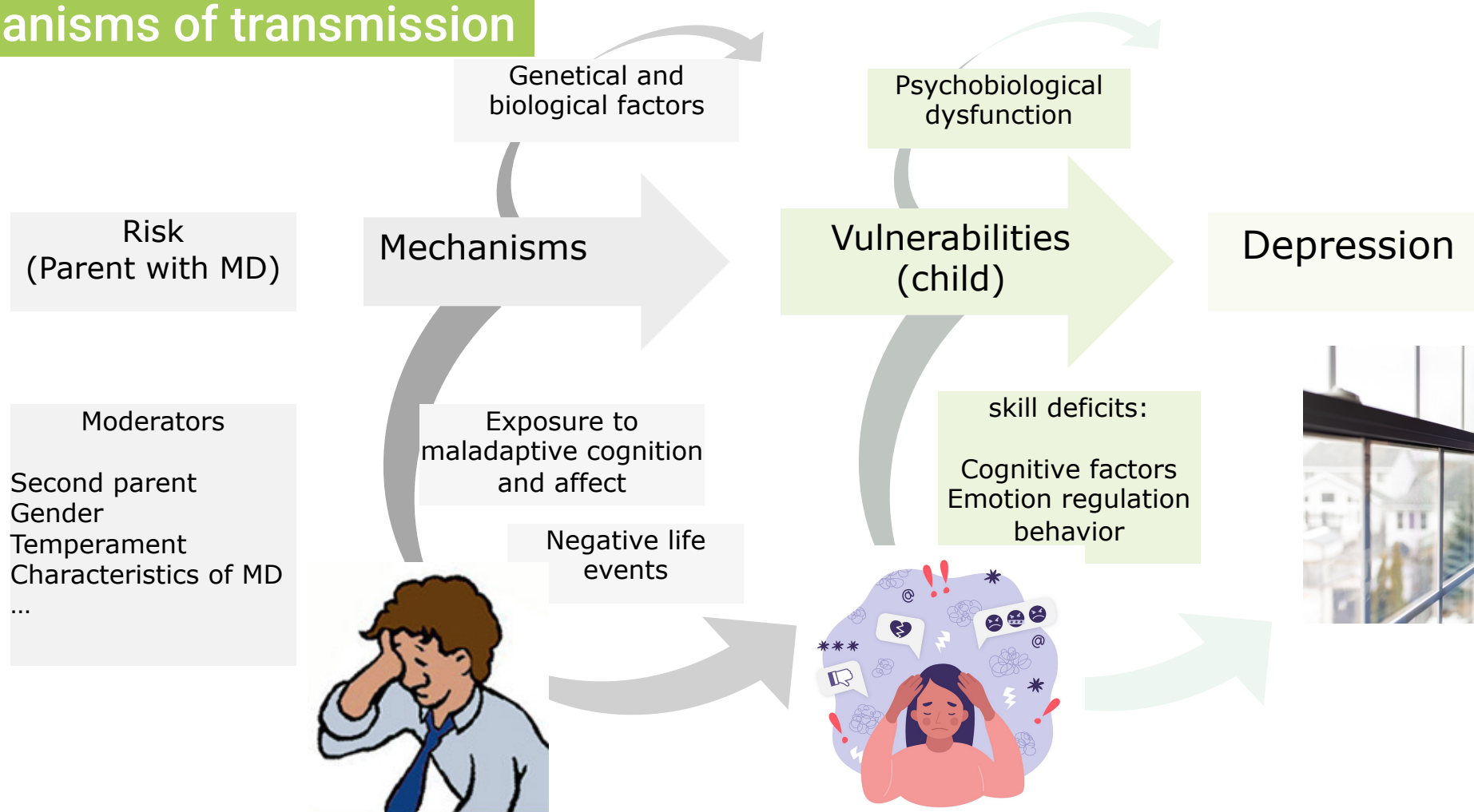


Fig. 1 from: Weissman et al. (2021) *EClinicalMedicine*

- 25% of children in the UK will experience maternal mental illness by the age of 16 (Abel et al., 2019)
  - Anxiety and depression most common
- In Germany each year around 3-4 million children (30%) with a parent with mental illness (Wiegand-Grefe et al., 2016)
- 3 times increased risk for developing depression (RR = 2.96) (Weissman et al., 2021)

# Children of parents with mental illness

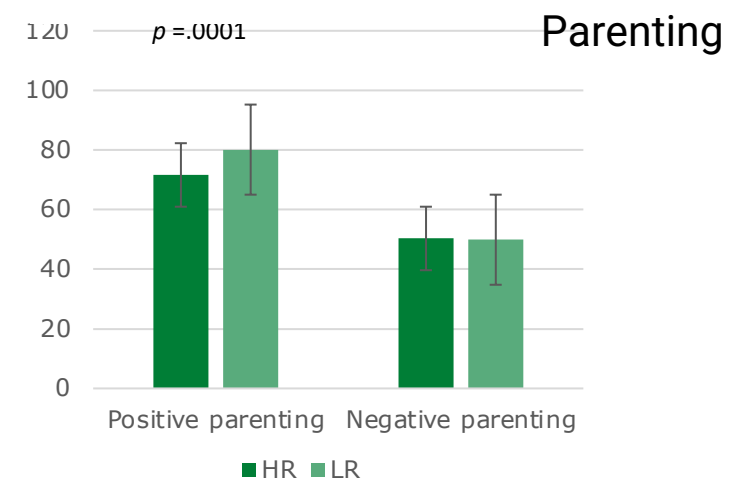
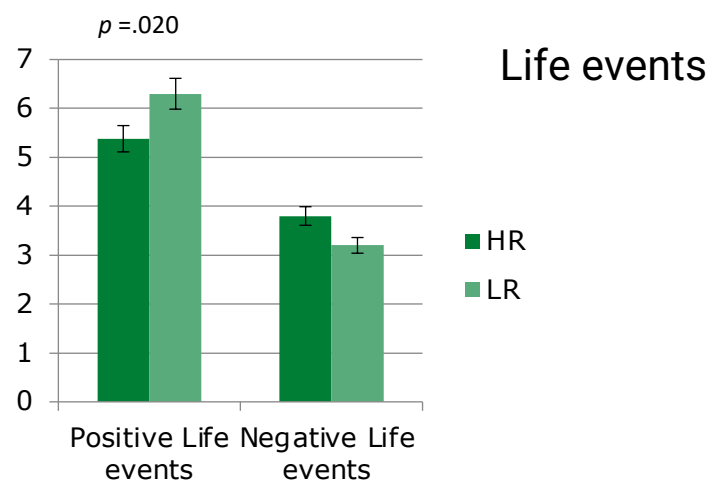
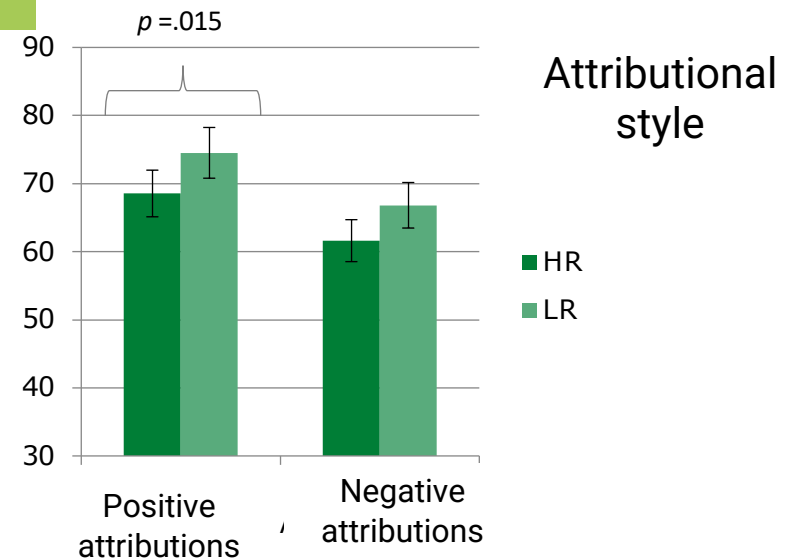
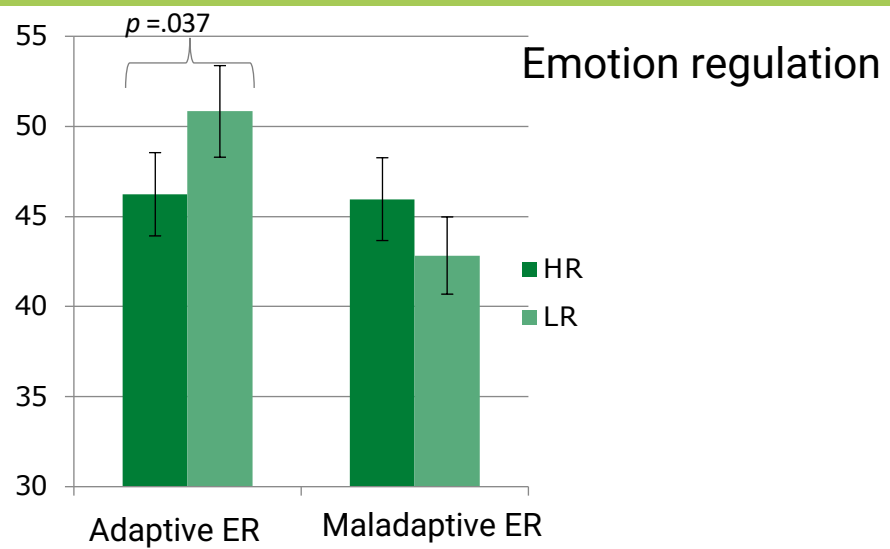
## Mechanisms of transmission



**POVERTY AND SOCIAL INEQUALITY!**

# Children of parents with mental illness

## Presence of negative or absence of positive?



# Children of parents with mental illness

## How much of cognition is automatic?

Interpretation biases  
total i winner a loser am

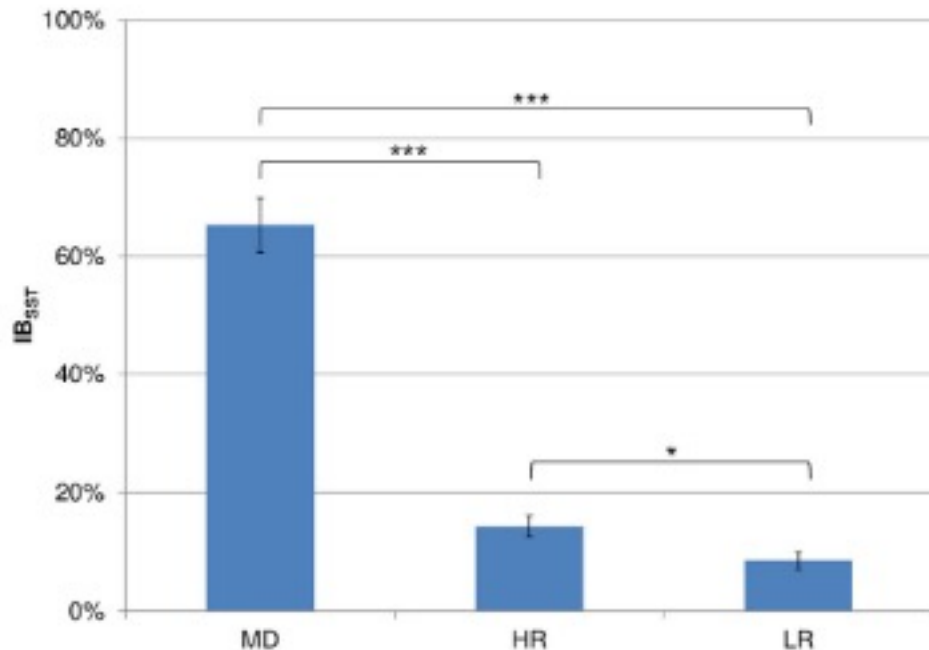


Fig. 4 IB<sub>SST</sub> scores for the three groups. Error bars represent standard errors. Significant group differences are indicated: \*\*\*  $p < .001$ , \*  $p < .05$

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

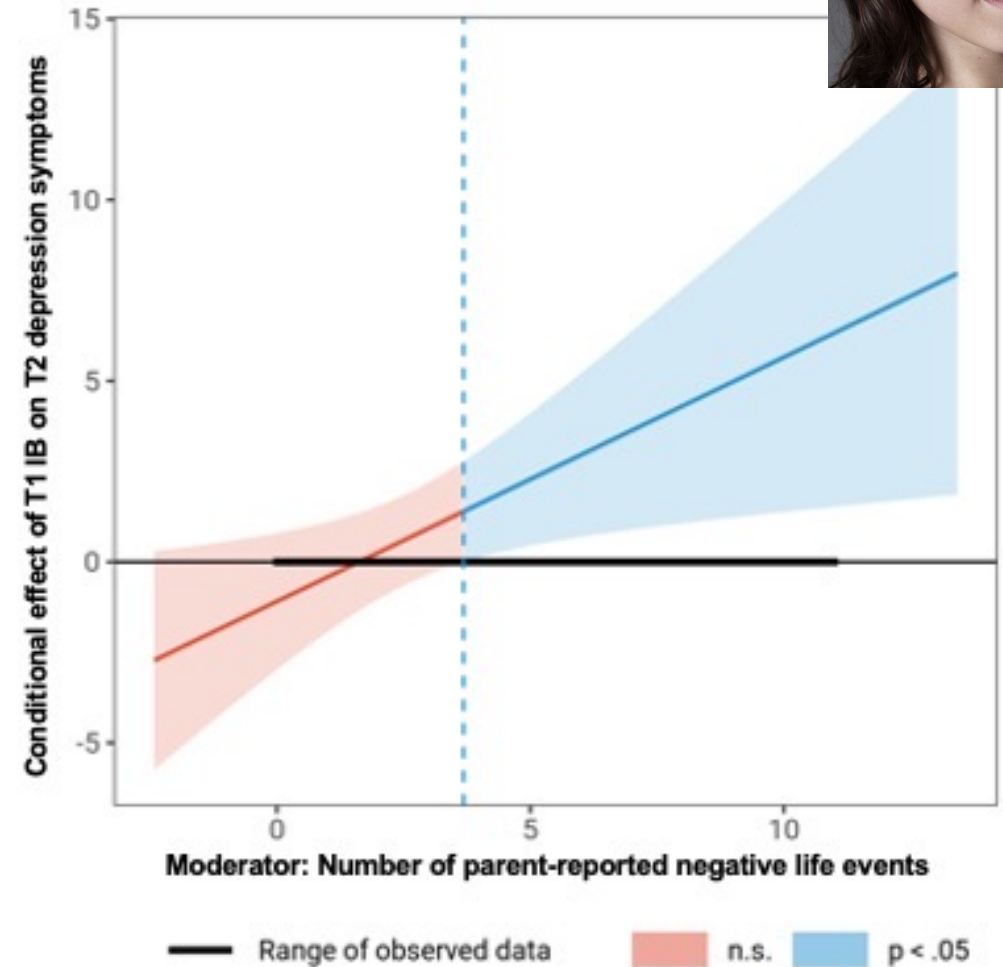
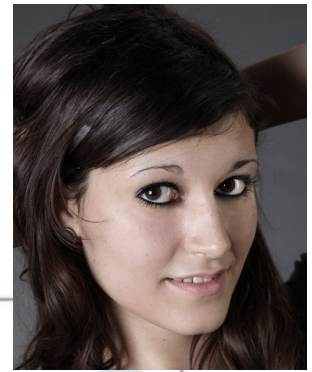


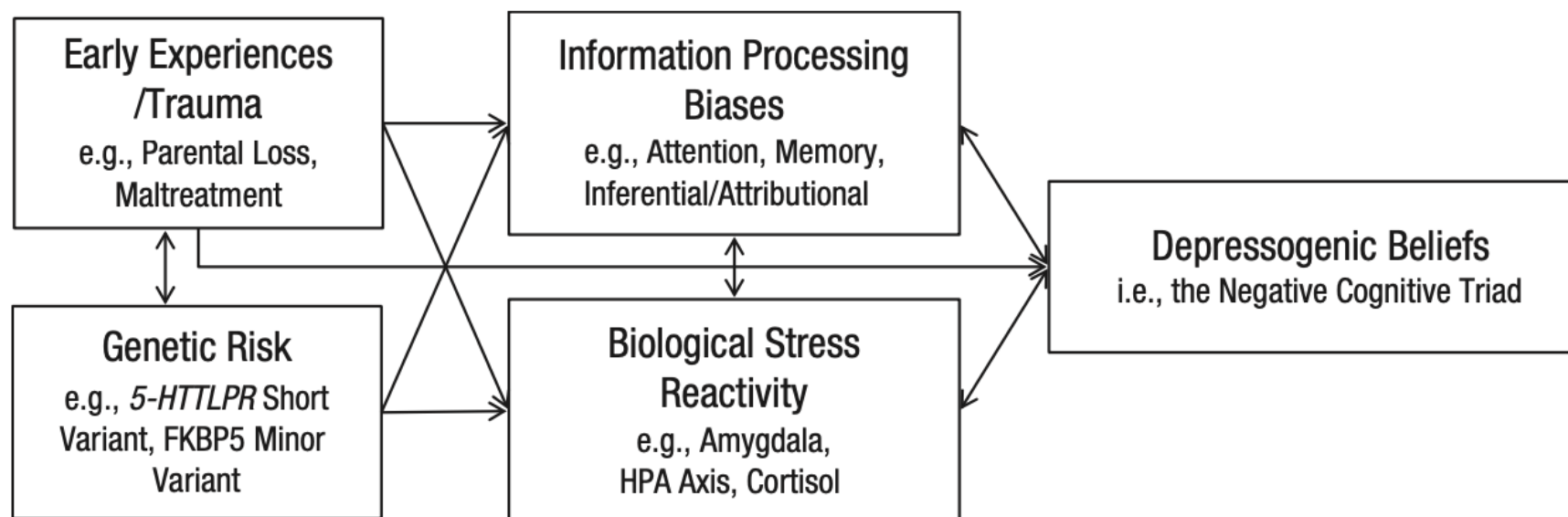
Figure 3: Platt, Sfarlea et al., (2023) *Journal of Experimental Psychopathology*

# Children of parents with mental illness

## How do vulnerability factors interact?

*A Unified Model of Depression*

7



**Fig. 1.** Predisposition to depression. According to our unified model, genetic risk and early experiences/trauma both contribute to the development of information processing biases and biological reactivity to stress. Over time, these tendencies can lead to the development of the “negative cognitive triad” (i.e., depressogenic beliefs about the self, world, and future). In turn, the formation and activation of these beliefs further exacerbate cognitive biases and stress reactivity. Early experiences/trauma are also considered to play a direct role in the formation of depressogenic beliefs.

*Figure 1: Beck, A. T., & Bredemeier, K. (2016), p.602*



# Children of parents with mental illness

## The CoCo study



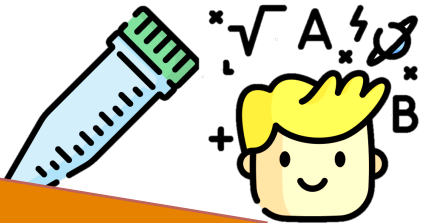
Screening

Inclusion criteria met  
(100 HR, 100 LR)

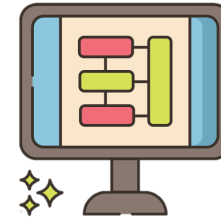


(1 week later)

Session 1



Measure IB and stress reactivity  
(90 HR, 90 LR)



Work in progress ...



IB training (45 HR)  
1 session in the lab

Placebo Training (45 HR)  
1 session in the lab

20 training sessions  
online

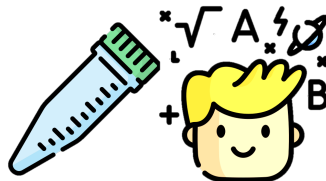
20 training sessions  
online



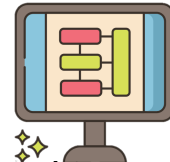
(4 weeks later)

Session 2

Measure IB and stress reactivity



Measure IB and stress reactivity



## Children of parents with mental illness

### Summary

- Parental depression is a major predictor of child psychopathology
- Risk is conferred through a combination of biological, psychological and environmental risk factors
- Knowing more about how these factors interact is essential if we are to develop more effective preventive interventions

# Preventive interventions for children of parents with depression

# Preventive interventions for children of parents with depression

## Germany: Support groups

- Self-help groups, (play/art) groups run by social services, parental advice centers or charities
- Focus on providing structure, psychoeducation and compassion
- Generally not evidence-based or specific to a disorder
- Children with and without illness
- → Focus on promoting resilience but not prevention of mental illness per se.

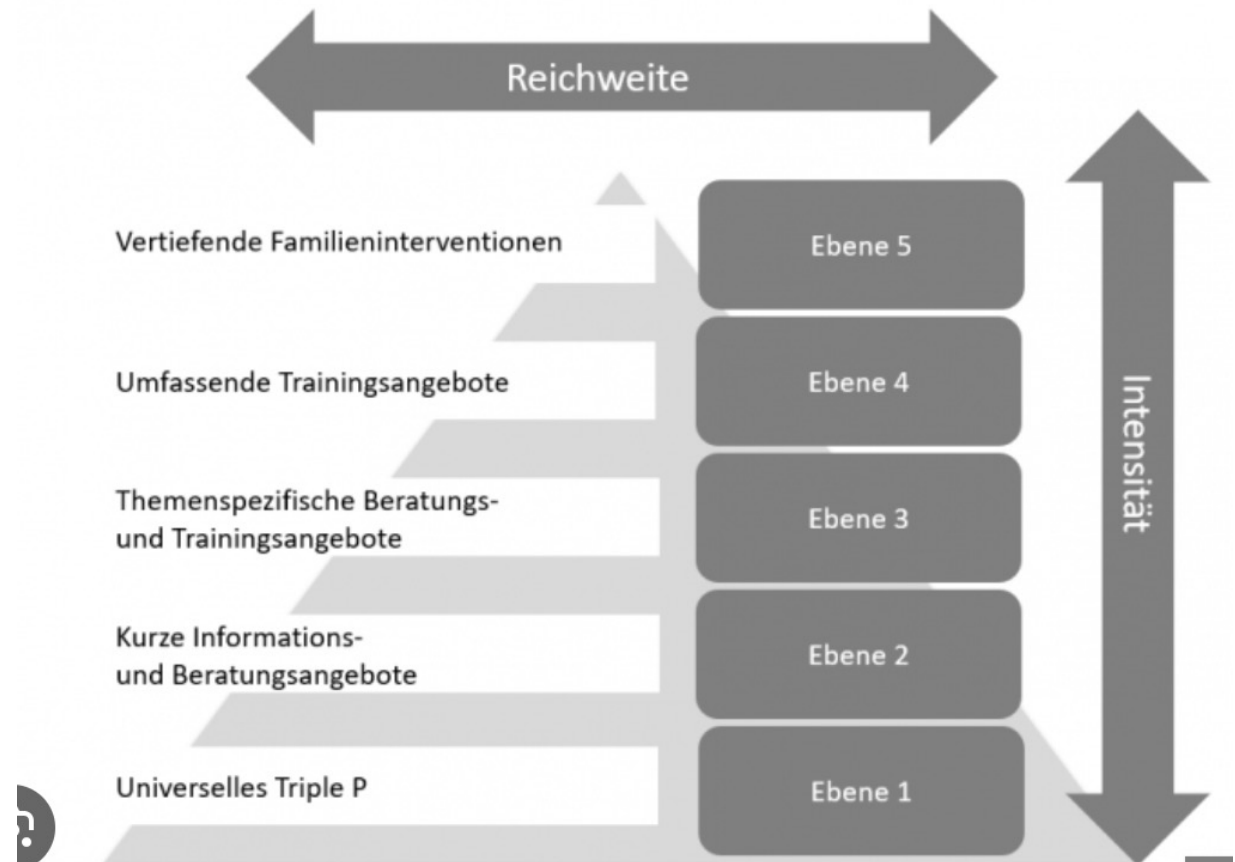


<https://depositphotos.com/photo/multicultural-teenagers-sitting-book-home-193208936.html>

# Preventive interventions for children of parents with depression

## Germany: Parental training programmes and advice centres

- Parenting interventions delivered in parental advice centers, prisons, Child and Adolescent Psychiatry, adult psychotherapists...
  - Not specific for families affected by mental illness
  - Don't always integrate children
  - Availability depends on locality
- Focus on promoting resilience but not prevention of mental illness per se.



<https://www.triplep.de/de-de/was-kann-triple-p/das-triple-p-system/>

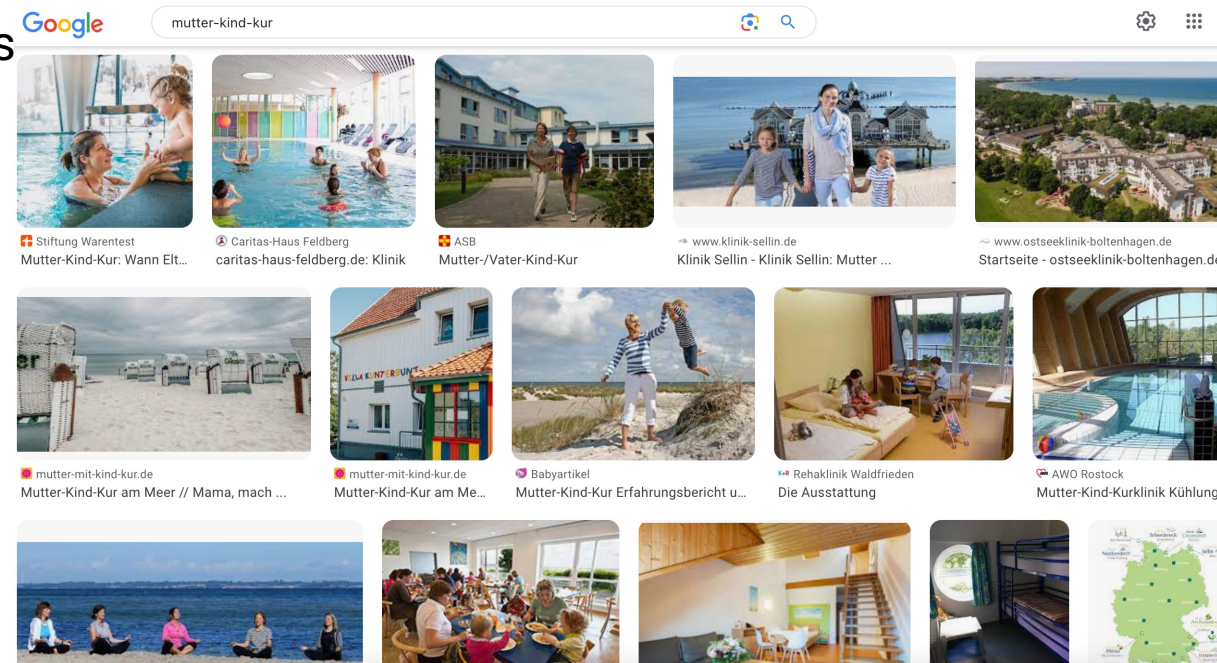
# Preventive interventions for children of parents with depression

## Germany: Mother-child centres

- Mother-child units (“Mutter-Kind-Einrichtungen”)
  - Inpatient units where parents with depression and their children are treated together
  - Generally not specific to a disorder
- Mother-Child rehab (“Mutter-Kind-Kur”)
  - Rehabilitative and preventive holistic for parents and their children
  - Linked to psychological and/or physical ‘exhaustion’ rather than mental illness
  - Goal not necessary prevention



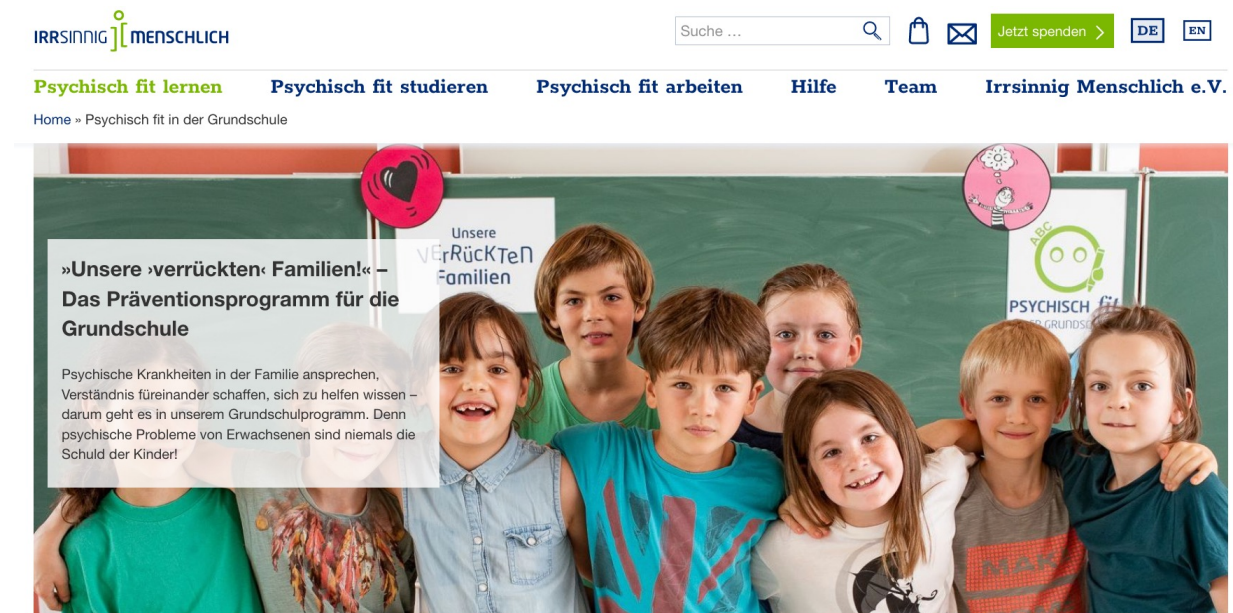
<https://www.caritas-hamburg.de/hilfe-und-beratung/kinder-jugend-und-familie/wohnen-und-betreuung/wohnen-und-betreuung>



# Preventive interventions for children of parents with depression

## Germany: School-based interventions

- Irrsinnig Menschlich
- School-based program
  - Children aged 8-10 years („Our „crazy“ family“) and 14+ years („Crazy? So what!“)
  - Delivered by (trained) teachers supported by two experts
  - Aim to reduce stigma, prevent guilt/self-blame, improve help-seeking
  - 1 school day
- Evaluation?
- Financing?



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

# Preventive interventions for children of parents with depression

## Germany: Theory-driven interventions in academic settings

- **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

- **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

- **Growing up healthy and happy** (PD Dr. Belinda Platt; University Hospital Munich)

- CBT-based intervention for 3-5 families Evaluation: completed RCTs in the USA and Germany





# Preventive interventions for children of parents with depression

## International Meta-analysis of RCTs

- Just 4 preventive interventions which have been evaluated in an RCT!
- Risk of depression roughly halved for children who received an intervention

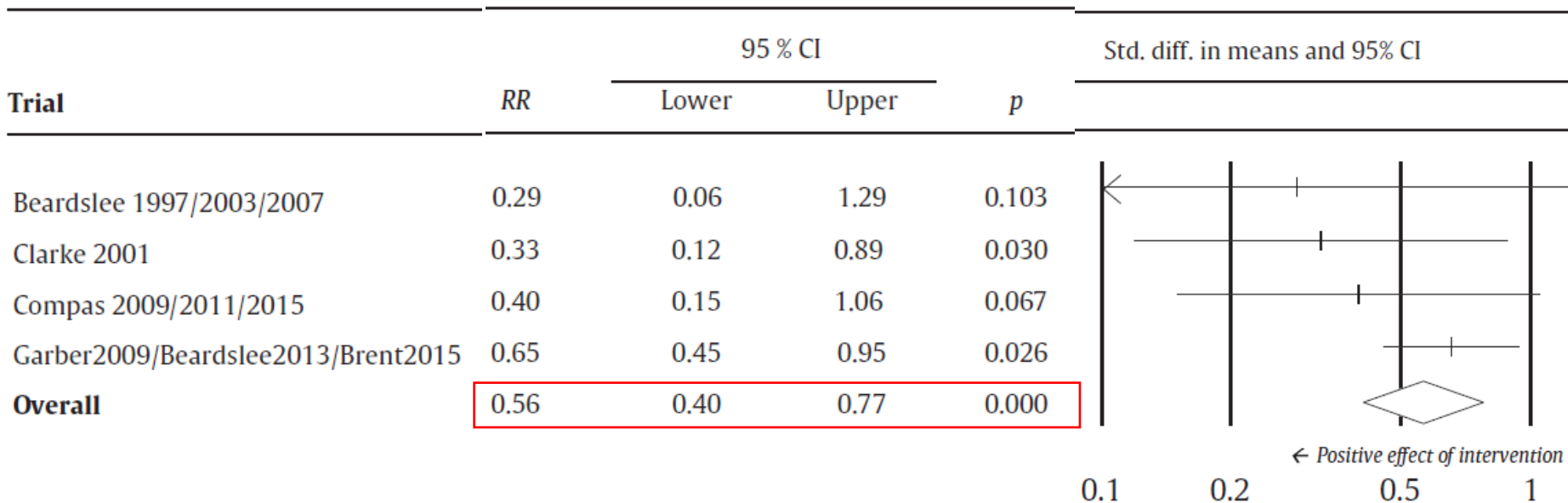


Table 4 from Löchner et al. (2018) *Clinical Psychology Review*, p. 9

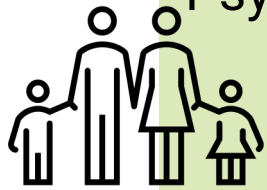




# Preventive interventions for children of parents with depression

## 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

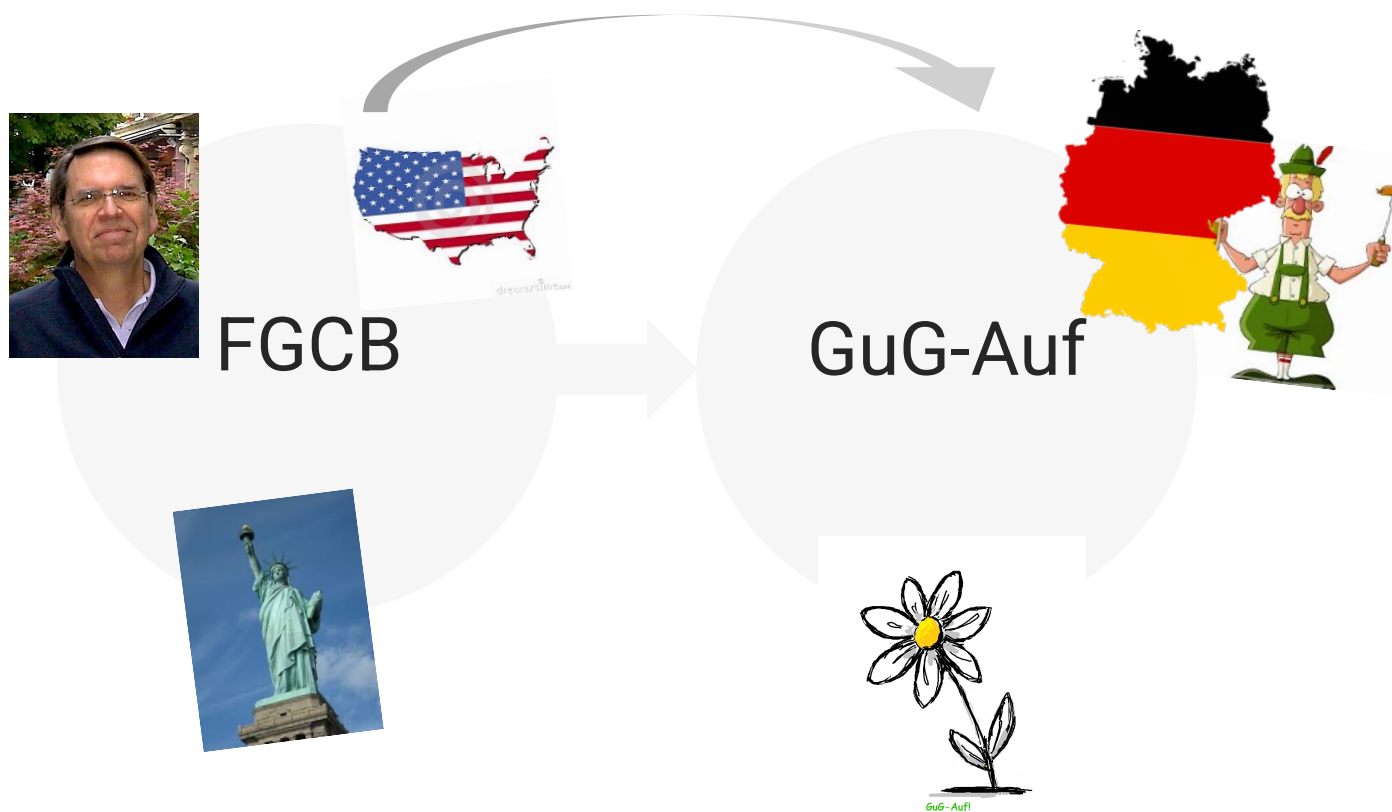


- Group- and family-based
- Children (aged 8-17) without mental illness
- Twelve 120-minute sessions
- 4-5 families per group, 2 group leaders
- Targets transgenerational vulnerability factors
- OR = 2.33 after 24 months (Compas et al., 2011)

*Compas et al., (2009)*

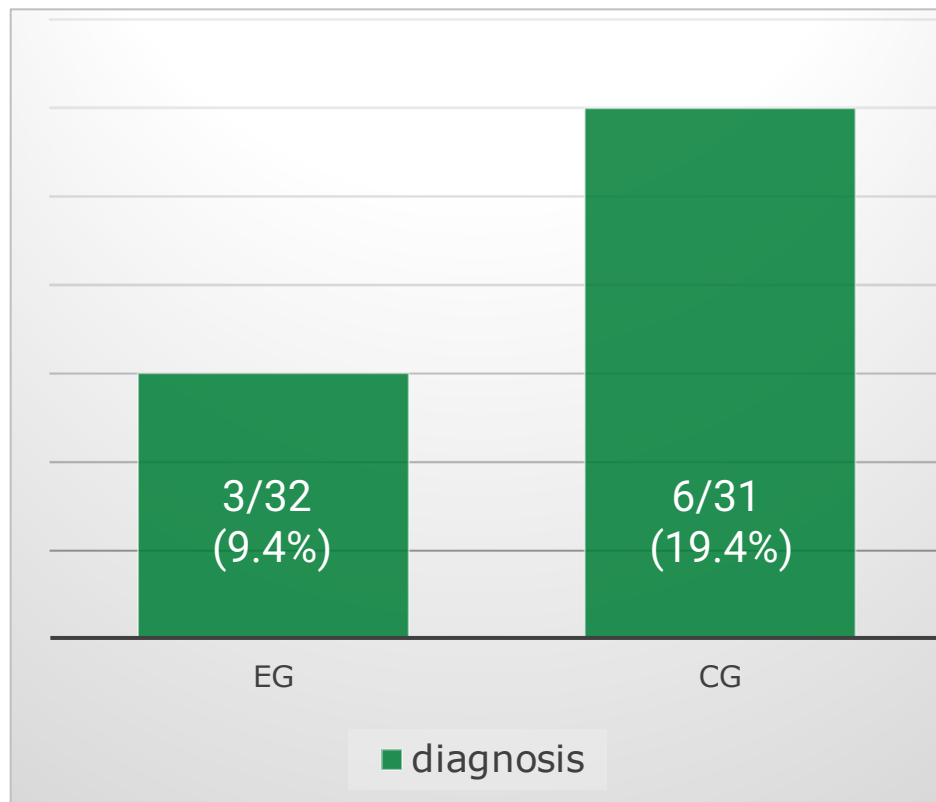
# Preventive interventions for children of parents with depression

## Cultural adaptation and replication in Germany



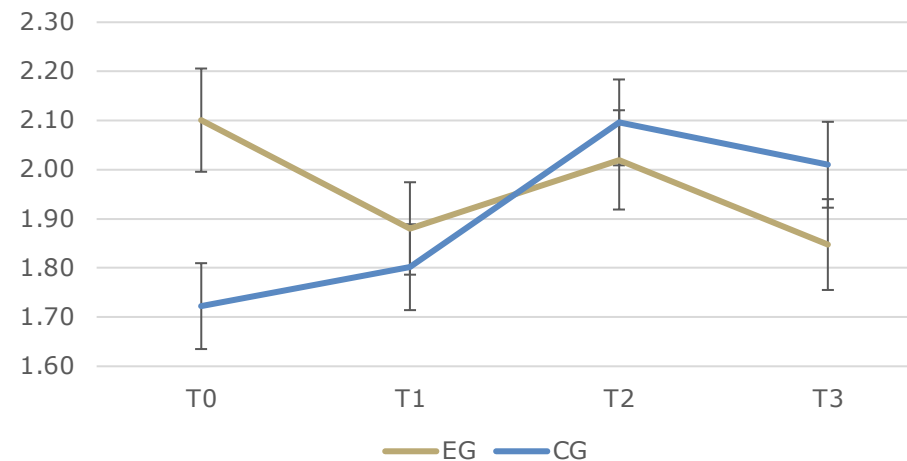
# Preventive interventions for children of parents with depression

## Effectiveness of GuG-Auf

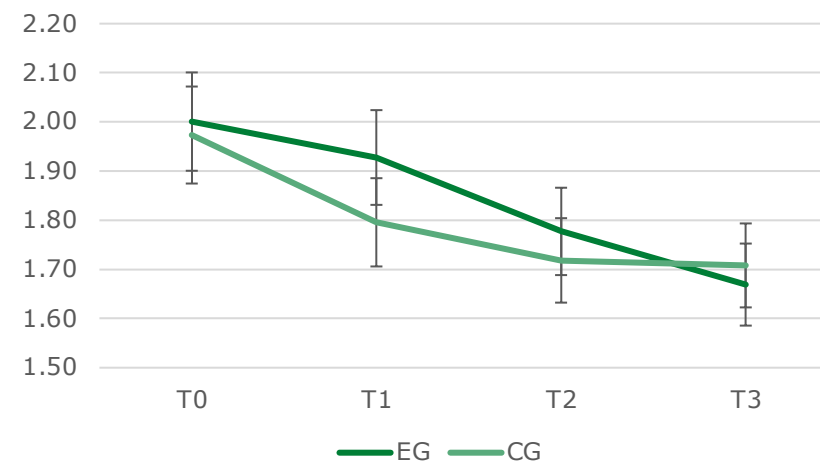


Löchner et al. (2021) *Child Adolesc Psychiatry Ment Health*  
 Löchner, Platt et al., (2023) *BMC Psychiatry*

### Internalising symptoms (YSR)



### Symptoms of depression (DIKJ)



# 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)

*“Before I used to think: Shit!  
Now I think: stay calm” - Child*

*“Because you always hear, well, a certain  
proportion of society experiences the  
same thing, but...it’s something else when  
that person is next to me and tells me  
about their day” - Mother*

*“Once you have someone, then say  
wait, wait a bit, because then they’ll  
get more from it...I’m just saying  
honestly because if it had been 3 or 4  
months later, once my psychiatrist had  
stabilised me a bit, it might have been  
better“ - Mother*



*Claus et al. (2019)*

# Preventive interventions for children of parents with depression

## Summary

- Numerous and varied preventive interventions exist in Germany for children of parents with mental illness
  - Non-evidence-based, not disorder-specific and focus on promoting resilience rather than preventing disorder
- Evidence-based interventions are effective in reducing the risk of depression in children of parents with depression
  - Focus on transgenerational risk factors
  - Potential hurdles to implementation

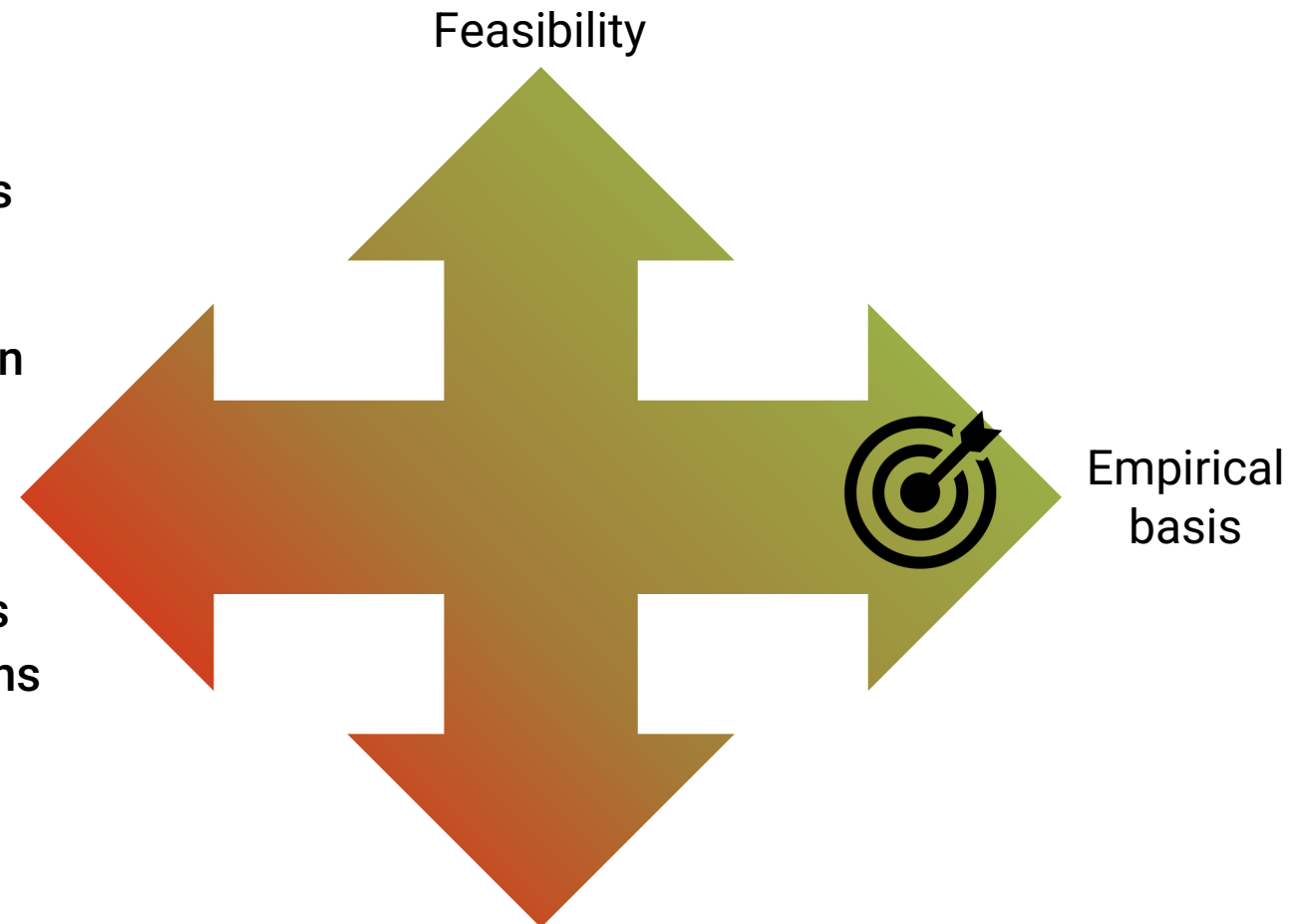
# Hurdles to the implementation of preventive interventions

## Hurdles to implementation

### Why are evidence-based interventions rarely implemented?

- Financial and structural hurdles
- Little focus on setting and service users needs
- Selected samples
- Delivery by academics with intrinsic motivation
- Poor communication with practitioners

→ Better inclusion of service users and providers 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.*



# Hurdles to implementation

## Adaptation of GuG-Auf



- Delivery via Video-Conferencing (Webex)
- Supported by an app (training + EMA data)
  - Shortened from 12 → 8 sessions

Universitätsklinikum Hamburg Eppendorf  
Prof. Dr. rer. nat. Silke Wiegand-Grefe



Platt et al., (in prep.)

# Hurdles to implementation

## GuG-Auf-Online families

**Gruppe 1**

Three panels illustrating family compositions for Gruppe 1. The first panel shows a doctor and a child. The second panel shows a doctor, a child, and a parent. The third panel shows a doctor, a child, a parent, and a grandparent.

**Gruppe 2**

Three panels illustrating family compositions for Gruppe 2. The first panel shows a doctor and a child. The second panel shows a doctor, a child, and a parent. The third panel shows a doctor, a child, a parent, and a grandparent.

**Gruppe 3**

Three panels illustrating family compositions for Gruppe 3. The first panel shows a doctor, a child, and a parent. The second panel shows a doctor and a child. The third panel shows a doctor, a child, and a parent.

**Gruppe 4**

Three panels illustrating family compositions for Gruppe 4. The first panel shows a doctor and a child. The second panel shows a doctor, a child, and a parent. The third panel shows a doctor, a child, and a parent.

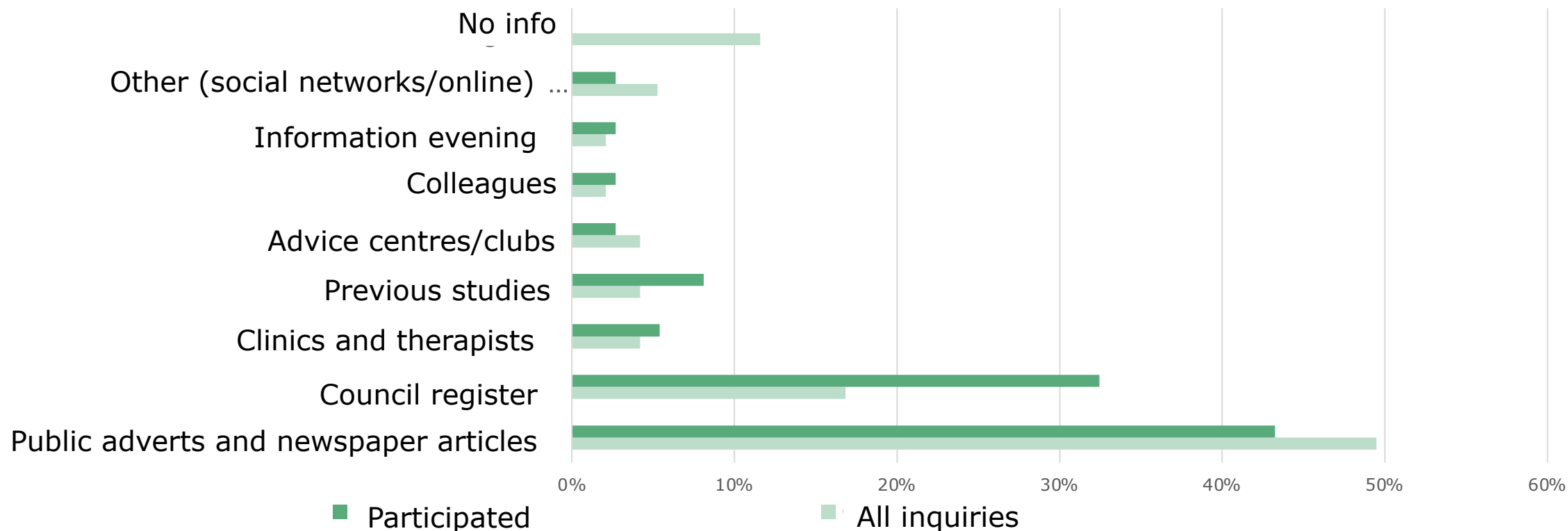
**Gruppe 5**

Five panels illustrating family compositions for Gruppe 5. The first panel shows a doctor, a child, a parent, and a grandparent. The second panel shows a doctor and a child. The third panel shows a doctor, a child, a parent, and a grandparent. The fourth panel shows a doctor and a child. The fifth panel shows a doctor, a child, and a parent.

Source: Vecteezy.com (klyaksun)

# Hurdles to implementation

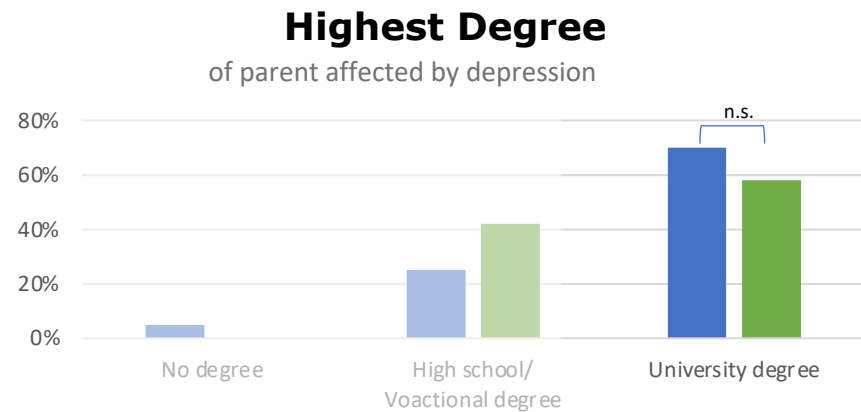
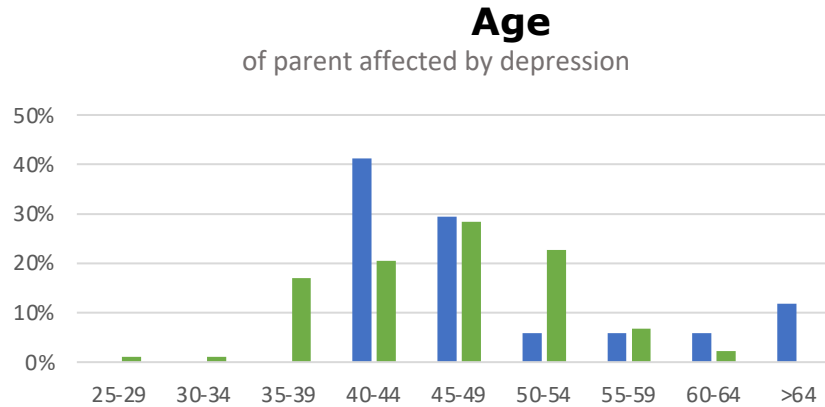
## How did families find out about GuG-Auf-Online



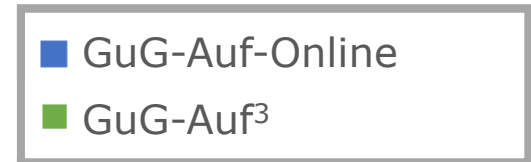
Source: Vecteezy.com (klyaksun)

Reach

# Sample Characteristics



	<b>GuG-Auf</b> N=100	p (Chi²/T-Test)	<b>GuG-Auf-Online</b> N=37
Parent affected by depression ↓			
Gender: female, %	62%	> 0.01, n.s.	54%
marital status: single %	16% <sup>1</sup>	> 0.01, n.s.	27%
Age, M (SD)	46.06 (6.43) <sup>1</sup>	> 0.01, n.s.	47.62 (7.66)
Participation, %	48%	> 0.01, n.s.	59%
Age (oldest child), M (SD)	11.87 (2.86)	> 0.01, n.s.	12.86 (2.69)



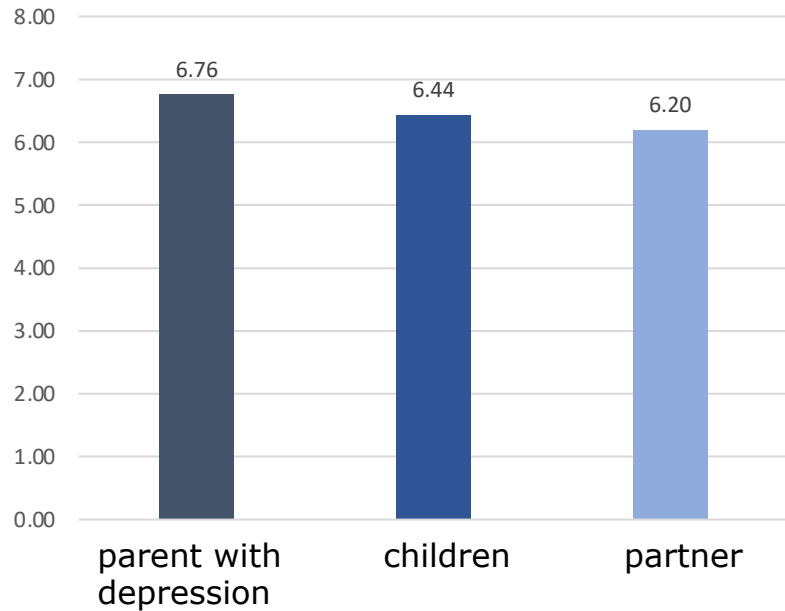
*Geissler et al., (in prep.)*

<sup>1</sup> not based on complete sample

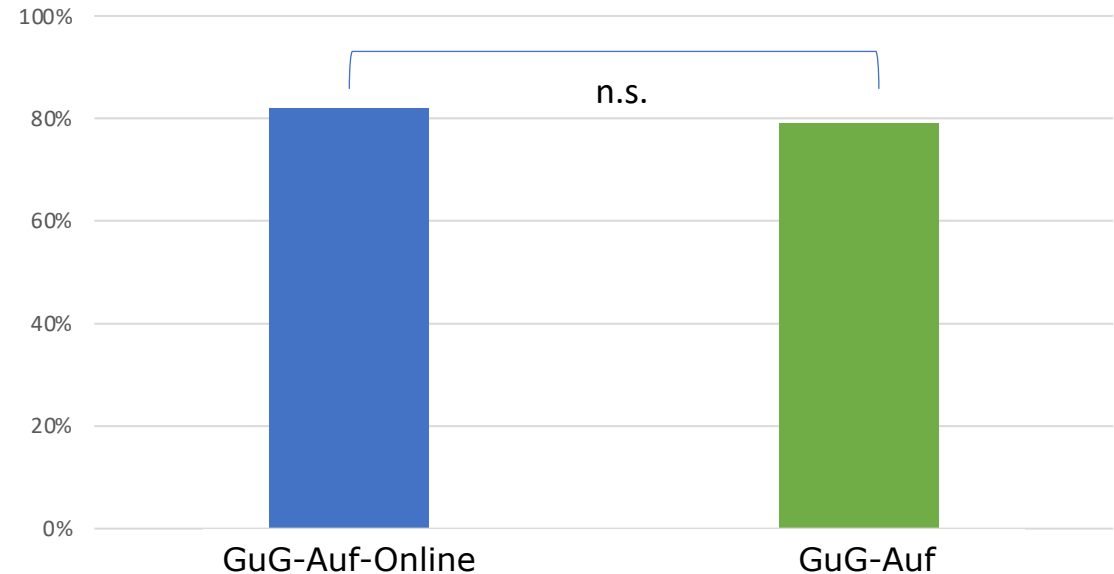
Reach

# Session attendance

GuG-Auf-Online  
(range 3-8)



Comparison with GuG-Auf

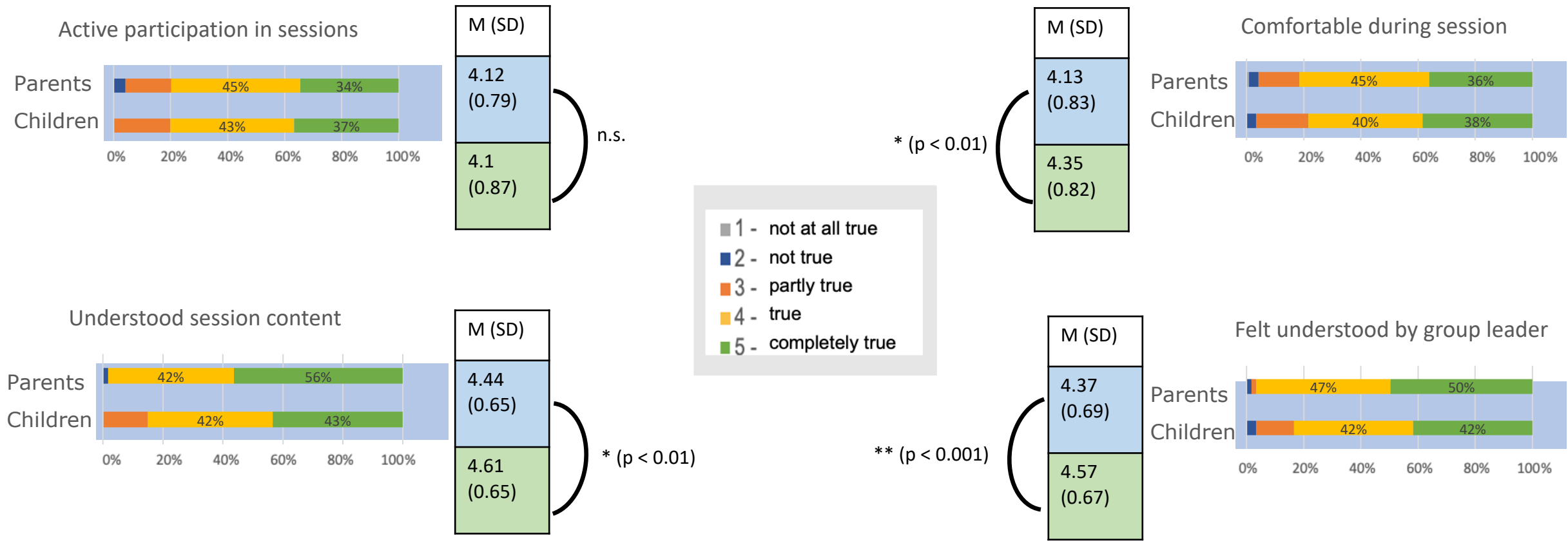


GuG-Auf-Online	GuG-Auf	p (t-test)
only parent with depression + oldest child:		
0.82% (0.16)	0.79 % (0.18)	> 0.01, n.s.

*Geissler et al., (in prep.)*

# Acceptance Participants' perspective

after each group session

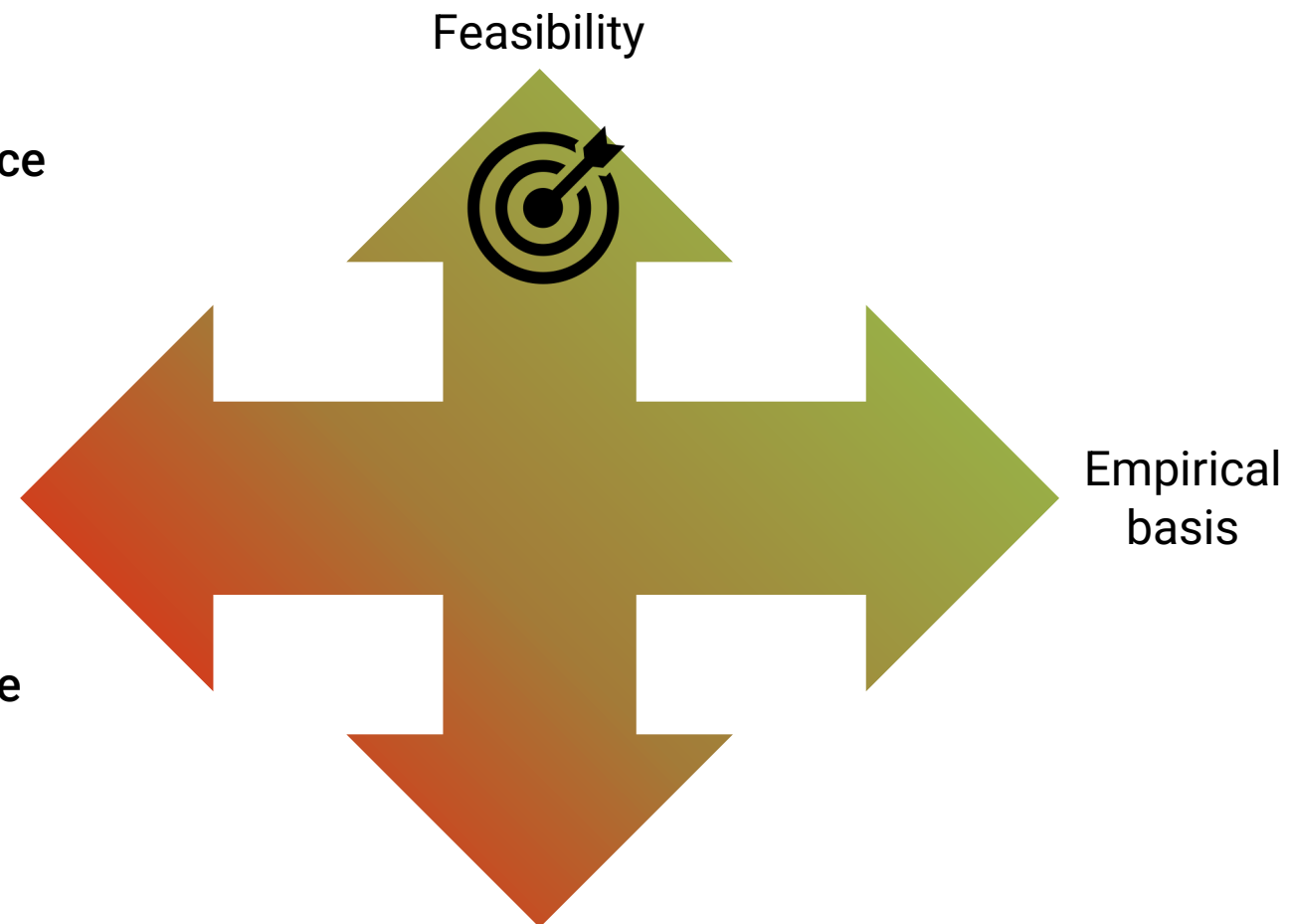


## Hurdles to implementation

Why don't implemented interventions have a strong 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)*

## Hurdles to implementation

### The prevention paradox

- Those who really need it, don't receive it
- Requires awareness of options, motivation, time and energy (investment)
- Children's impairment is usually not as high as if they have a disorder
- Structural hurdles e.g. living more remotely
- Stigma of turning to governmental or health-care services with „private“ problems (Bauer and Bittlingmayer, 2005)



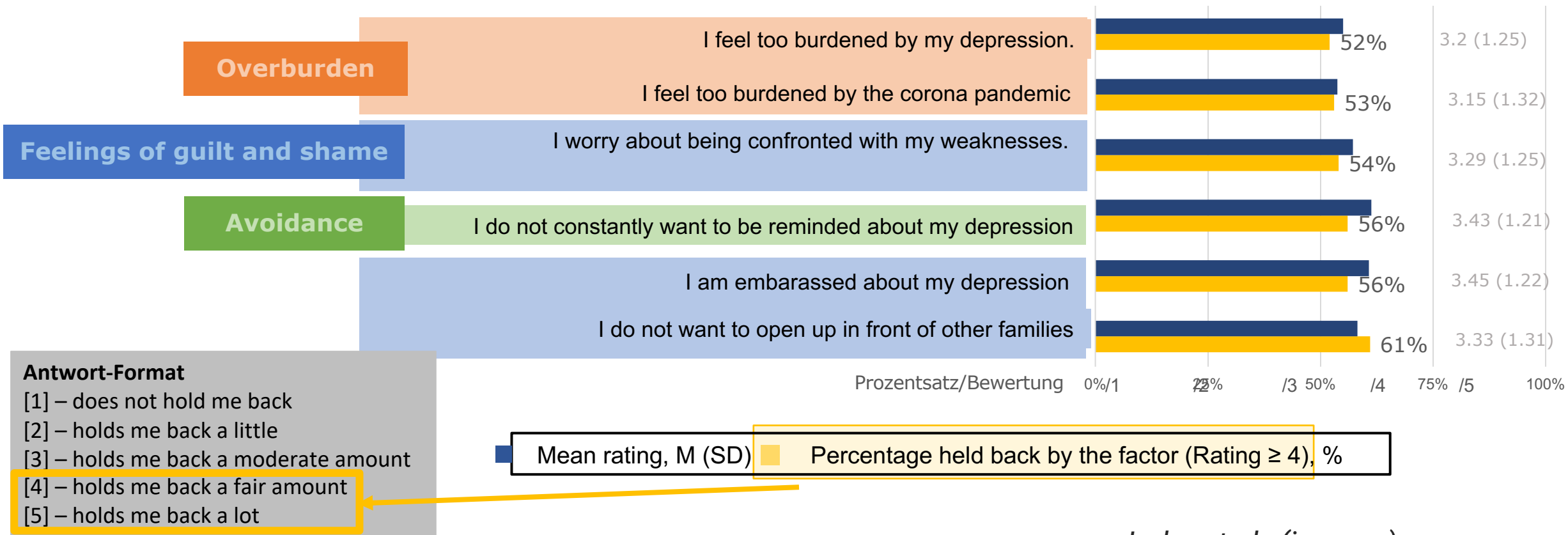
Löchner & Platt (2023)



# Hurdles to implementation

## What kept parents from taking part?

Amongst 247 parents with depression who did not want to take part in the intervention, 6 hurdles were particularly prominent (rated 4 or 5 for severity)

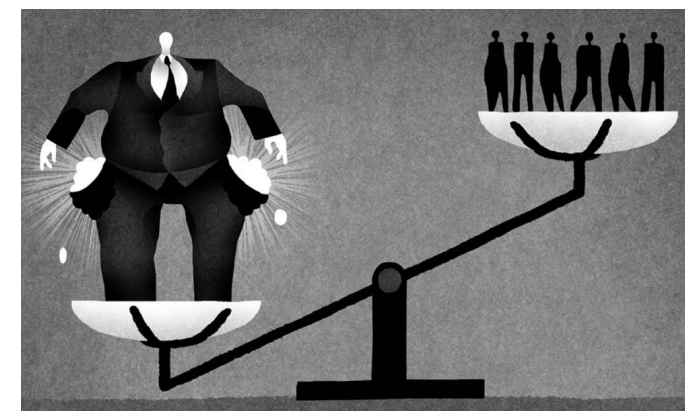


Joder et al., (in prep.)

## Hurdles to implementation

### Failure to financially invest

- Lack of structure and financial support major hurdle to prevention for families
  - Good quality prevention is extremely time-intensive and costly
    - Training, delivery, organisation...
  - Unclear who should carry the costs?
    - Healthcare system? Government? National versus local level?



<https://sites.manchester.ac.uk/global-social-challenges/2018/04/25/current-global-inequalities/>

### Government Spending Healthcare



£283 billion (4224 per inhabitant) (2022 according to Statista)

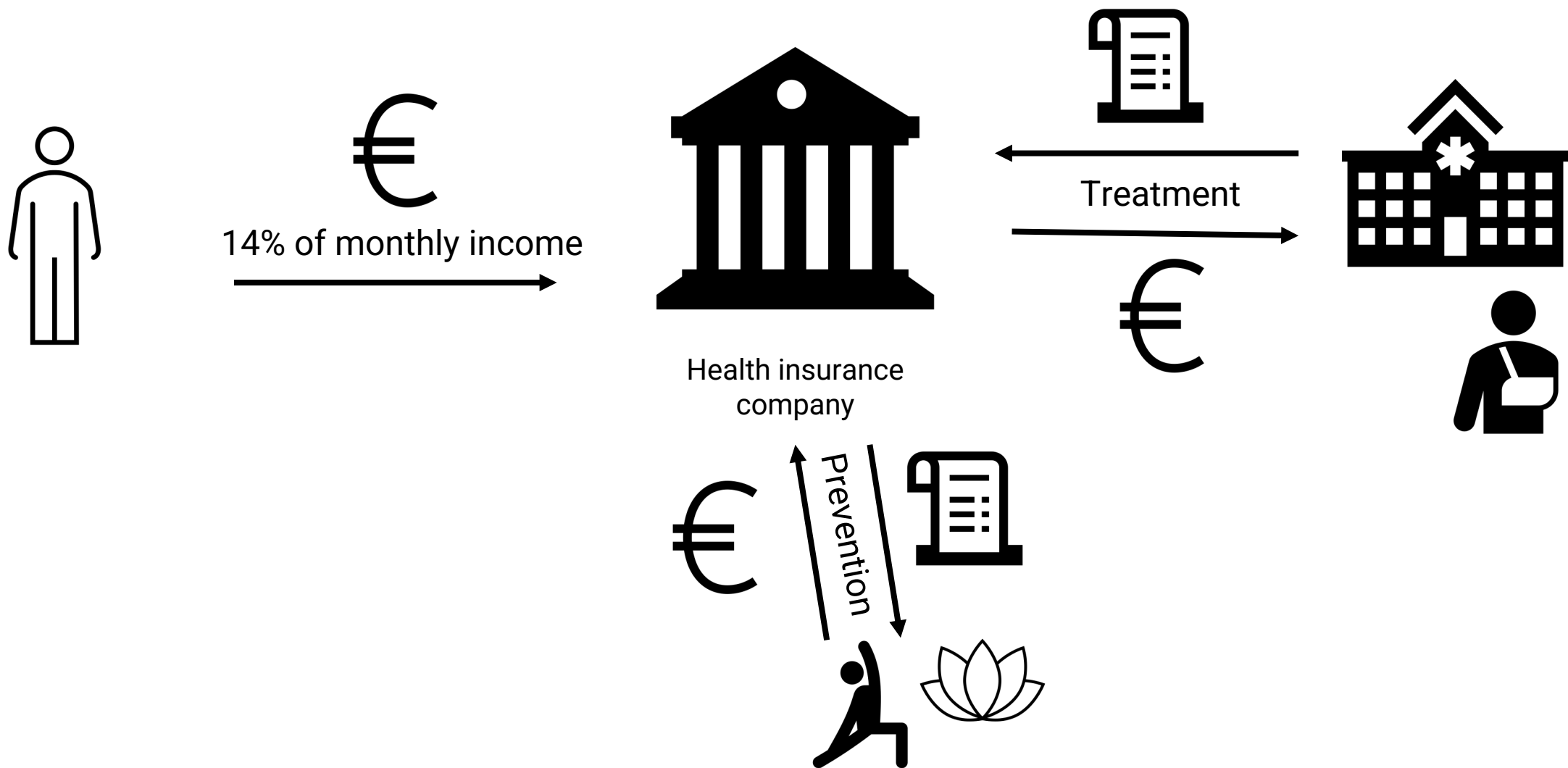


€474 (£413) billion (€5700/£4968) per inhabitant) (2021 according to Destatis)



# Hurdles to implementation

## Financial structures



## Hurdles to implementation

### Next steps

*Work in progress ...*

- Certification of GuG-Auf-Online as an official prevention course which families can sign up for
- Second revision of the intervention:
  - Feedback from an advisory board of scientists, clinicians and families
  - Inclusion of components from emotion-focused therapy
  - Improved app
- Delivery of GuG-Auf and GuG-Auf-Online (families chose themselves which version)
- Evaluation of feasibility
- Grant writing!!

# Hurdles to implementation

## Summary

- Large gap between evidence for and implementation of preventive interventions for families
  - More financial investment and provision of structures
  - More involvement of service-users in the development of evidence-based interventions
  - More integration of scientific research into practice
- Families in need of prevention do not always access it
  - More addressing of shame and avoidance in recruitment, particularly in currently depressed parents
- Video-conferencing is be a useful means of delivering preventive interventions for families
  - Still need to work on reaching families
  - Requires evaluation in real-world setting

## Lessons learnt about preventing mental illness in children of parents with depression in Germany

- Parental depression is a major predictor of child psychopathology
- Knowing more about the mechanisms of transgenerational transmission is essential for improved prevention
- Psychological preventive interventions for children of parents with depression roughly half children's risk of depression
- Evidence-based preventive interventions are yet to be successfully implemented
  - **More funding and structures**, increased scientific knowledge, less ivory towers...

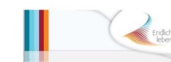
# International network on parental psychopathology

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](mailto:belinda.platt@med.uni-muenchen.de))



@GroupProdo  
#MIM2023



# Thank you!



[Belinda.platt@med.uni-muenchen.de](mailto:Belinda.platt@med.uni-muenchen.de)



<http://www.prodo-group.com>



*Photo: Uwe Geissler*



# International network on parental psychopathology

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