

Parental mental illness in adult psychiatric care:
Interagency collaboration with social services and child
and adolescent psychiatry

Maria Afzelius, Malmö University

Gisela Priebe, Lund University and Barnafriid/Linköping University

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Background

- Children growing up with parental mental illness are at risk for developing own mental health problems
- Parental mental illness can be compounded with other factors such as social isolation, poverty, substance abuse, domestic violence and inadequate support

- Approximately 25-30 % of patients in adult psychiatry are parents to children under the age of 18
- By providing family interventions to parents that are patients and their families can reduce risk factors for the child and promote parenting

- Sweden has a legislation to improve the situation of families with parental mental illness, both when they suspects that a child is maltreated and in order to take the child's situation in consideration of need of information, advice and support (Social Services Act, SFS 2001:453, Health and Medical Services Act, 2017:30)

- Collaboration with other services, not one service can provide all the support
- Psychiatric services have a key role in identifying and initiating preventive work

Aim

To investigate if families with parental mental illness being treated by psychiatric services are provided with child-focused interventions, and if they are involved in interagency collaboration

Additional aim was to establish if collaboration was related to gender, diagnosis, comorbidity and treatment in or outpatient care.

Methods

- Data from the medical record database in Psychiatry Skåne, in Southern Sweden.
- Psychiatric guidelines concerning interventions for children in families with parental mental illness

Measures

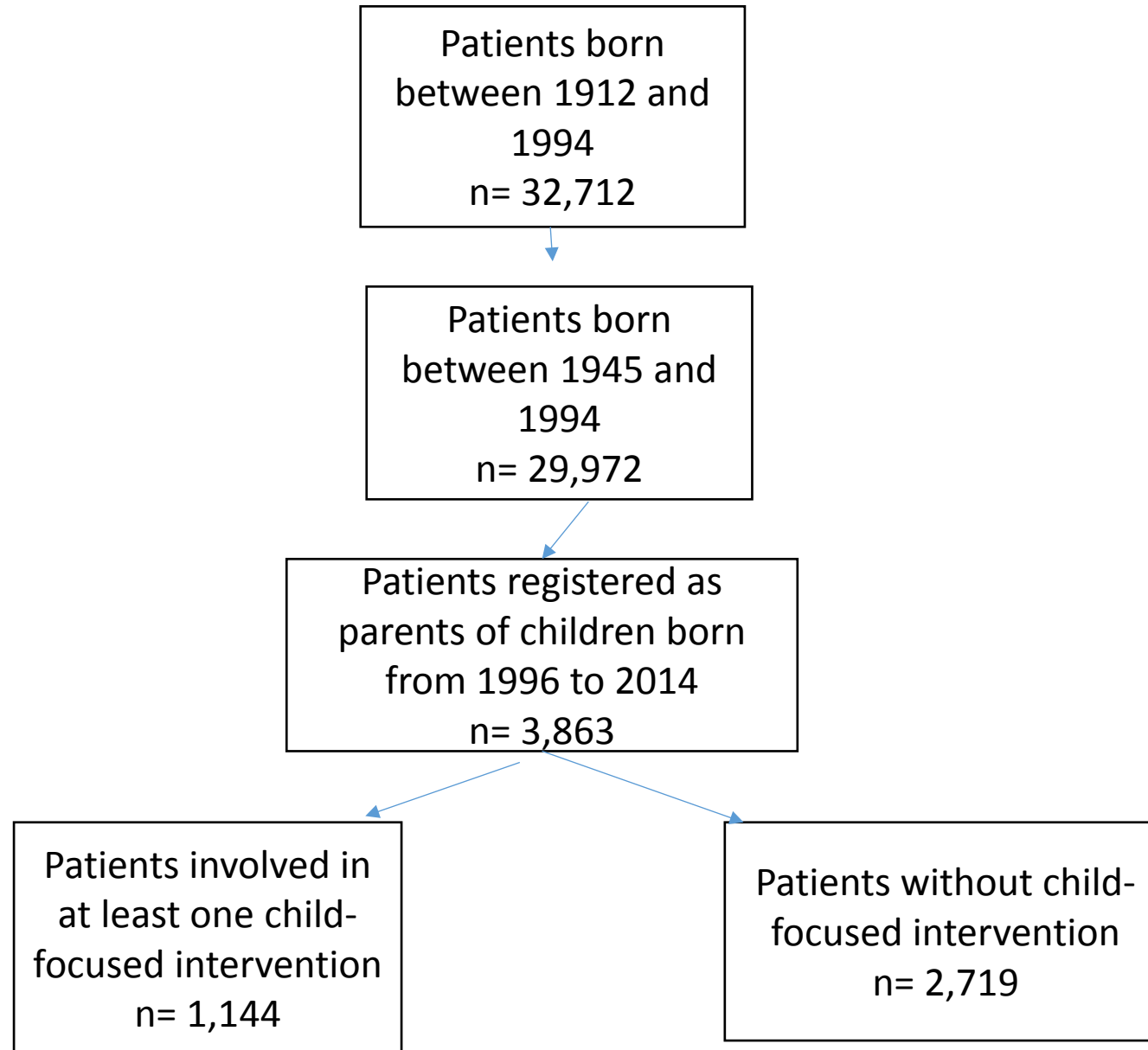
- Patients with children
- Main diagnosis and comorbidity according to the ICD-10 classification system
- Child-focused interventions were divided into those from adult psychiatry and from interagency collaboration.

Child-focused interventions in adult psychiatry

- Let's talk about children
- Beardslee family intervention
- Information
- Family session
- Session only with the child

Interagency collaboration

- Patients with contact with social services
- Patients with contact with child and adolescent psychiatry



Gender and main diagnosis of patients with registered children. N= 3,863.

	%	p-value
<u>Gender</u>		
Female	15.5	<.001
Male	9.9	
<u>Main diagnosis</u>		
Schizophrenia, psychosis	6.4	<.001
Mood disorders	15.7	
Neurotic, stress-related disorders	16.3	
Addiction	13.4	
Behavioural and emotional disorders	17.1	
Personality disorders	14.2	
Other disorders	11.9	
No main diagnosis	6.7	

Patients with registered children, child-focused intervention and interagency collaboration.

	Total	Gender			Inpatient care		
	n=	Female n=	Male n=		No n=	Yes n=	
	%	%	%	<i>p</i>	%	%	<i>p</i>
<u><i>Any intervention adult psychiatry</i></u>							
Yes	23.7	26.6	18.4	<.001	22.2	34.1	<.001
No	76.3	73.4	81.6		77.8	65.9	
<u><i>Interagency collaboration</i></u>							
Social services only	9.6	9.1	10.4		7.7	22.4	
CAP clinic with or without social services	3.7	4.9	1.3		3.8	2.6	
No social services or CAP clinic	86.8	86.0	88.3	<.001	88.5	75.0	<.001

Patients with registered children, child-focused intervention and interagency collaboration.

	Total	Type of child-focused intervention in adult psychiatry							
	n=3,863	Beardslee's family intervention n=68		Let's talk about children n=248		Other intervention n=812		No intervention n=2,947	
	%	%	<i>p</i>	%	<i>p</i>	%	<i>p</i>	%	<i>p</i>
<u>Interagency collaboration</u>									
Social services only	9.6	14.7		18.1		20.7		6.4	
CAP clinic with or without social services	3.7	19.1		11.7		11.5		1.3	
No social services or CAP clinic	86.8	66.2	<.001	70.2	<.001	67.9	<.001	92.3	<.001

Patients with registered children, child-focused intervention and interagency collaboration.
 Comparing each main diagnosis with all other main diagnoses.

	Main diagnose															
	Schizo- phrenia n=163		Mood disorders n=802		Neurotic, stress-related disorders n=1,168		Substance abuse n=212		Behavioural & emotional disorders n=447		Personality disorders n=209		Other disorders n=528		No main diagnose n=334	
	%	<i>p</i>	%	<i>p</i>	%	<i>p</i>	%	<i>p</i>	%	<i>p</i>	%	<i>p</i>	%	<i>p</i>	%	<i>p</i>
<u><i>Any intervention adult psychiatry</i></u>																
- yes	43.6		24.7		23.5		20.3		19.5		30.1		21.6		19.5	
- no	56.4	<.001	75.3	.465	76.5	.872	79.7	.227	80.5	.025	69.9	.025	78.4	.217	80.5	.059
<u><i>Interagency collaboration</i></u>																
- Social services only	18.4		5.1		6.3		34.4		5.6		13.4		7.8		17.4	
- CAP clinic with or without social services	2.5		4.4		3.6		0.5		4.3		5.7		4.5		1.2	
- No social services or CAP clinic	79.1	<.001	90.5	<.001	90.2	<.001	65.1	<.001	90.2	.009	80.9	.031	87.7	.179	81.4	<.001

Patients with registered children, child-focused intervention and interagency collaboration.
 Comparing each main diagnosis with all other main diagnoses.

	Total	Comorbid diagnose	
	n=	Yes	
	3,863	n=1,309	
	%	%	<i>p</i>
Any intervention from adult psychiatry			
- yes	23.7	26.7	.002
- no	76.3	73.3	
Interagency collaboration			
- Social services only	9.6	10.1	<.001
- CAP clinic with or without social services	3.7	5.6	
- No social services or CAP clinic	86.8	84.3	

Conclusions

- Our findings of 12.9 % of the patients in the database with registered children are compared to other studies low.
- Only one fourth of the patients with registered children have received child focused interventions in adult psychiatry, and even fewer were involved in interagency collaboration
- When patients received child focused interventions in adult psychiatry, the likelihood of being involved in interagency collaboration was five times greater as compared to patients receiving no child focused interventions