

Every child is worthy of a discussion

LTC in practice



LetsTalk Kick Off in Prague
June, 2023

Tytti Solantaus

Let's Talk about Children In Europe

Picture Antonia Ringbom,
in Solantaus, 2002, 2023

Tytti Solantaus, Prague Kick Off, 2023

Let me cordially warn you, at the opening of this so called Kick Off, that I haven't the remotest intention of posing as a lecturer.

Lecturing is presumably a form of teaching; and presumably a teacher is somebody who knows. I never did, and still don't know.

What has always fascinated me is not teaching, but learning; and I assure you that if the acceptance of the project Let's Talk about Children in Europe hadn't rapidly entangled itself with the expectation of learning a very great deal, I should now be somewhere else.

Let me assure you that I feel extremely glad to be here; and that I heartily hope you won't feel extremely sorry.

E. E. Cummings 1923

in his words, Tytti Solantaus 2023

What I plan to talk about

- The nationwide prevention program for families and children in adversity in Finland
- Implementation of Let's Talk about Children (LTC) intervention and approach
- Development and practice of LTC

Pictures by A. Ringbom come from guidebooks for parents and adolescents by Tytti Solantaus

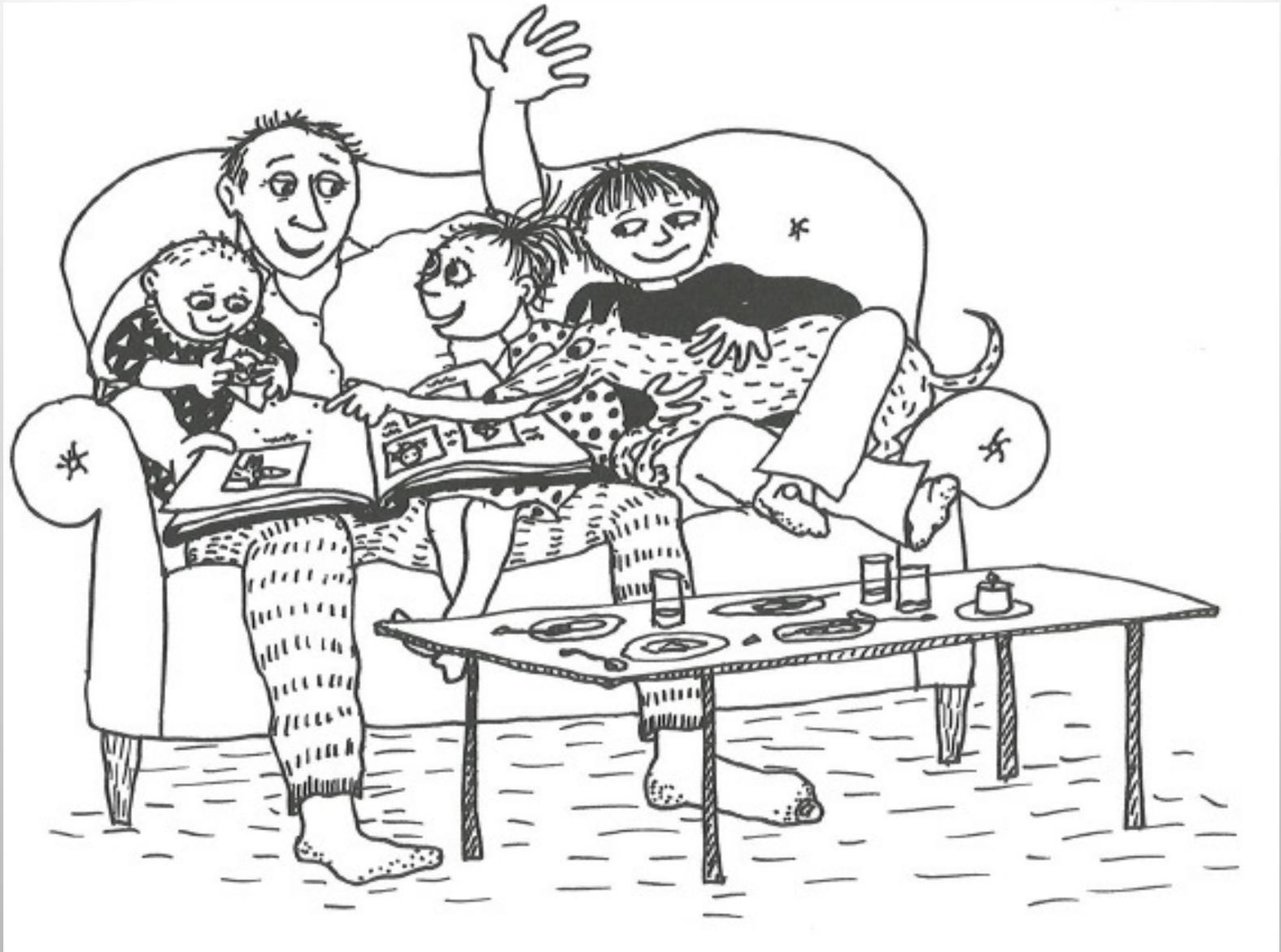
Risks, resilience and prevention

- Risk: Children of families with a parent with mental health problems/ disorder have a 2-4 x risk of having mental health disorder and other difficulties in childhood and in adult life
- Resilience: A majority of families and children are fine, children do not have mental health disorders

Yes, problems, but also

- "Depression made me focus more on the family and children"
- "It has made us a team, the family supports each other, including sisters and brothers"
- "We spend more time together"
- "We have realized how important the children are"





Preventive programs for families with with parental mental health disorder

Siegenthaler et al 2012*, meta-analysis

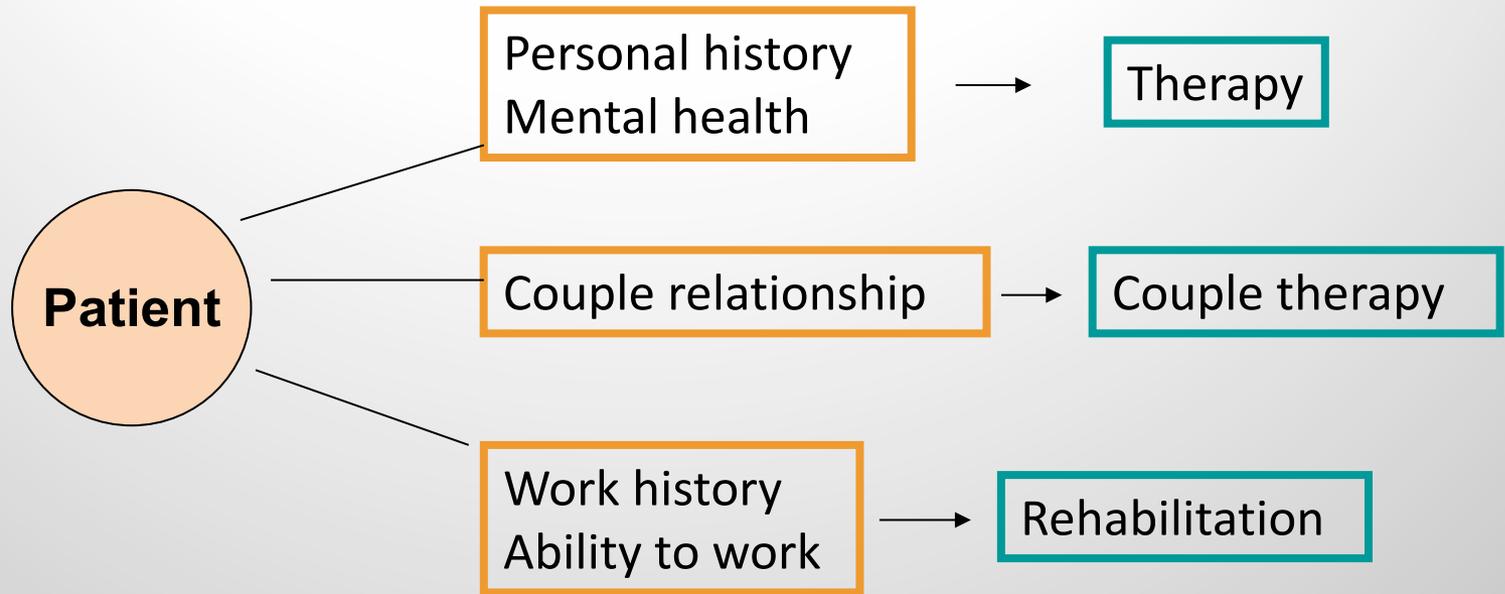
- 13 trials including 1490 children
- The risk of mental illness was reduced by 40%,
- Also positive impact on internalizing symptoms
- No difference between family and parent interventions

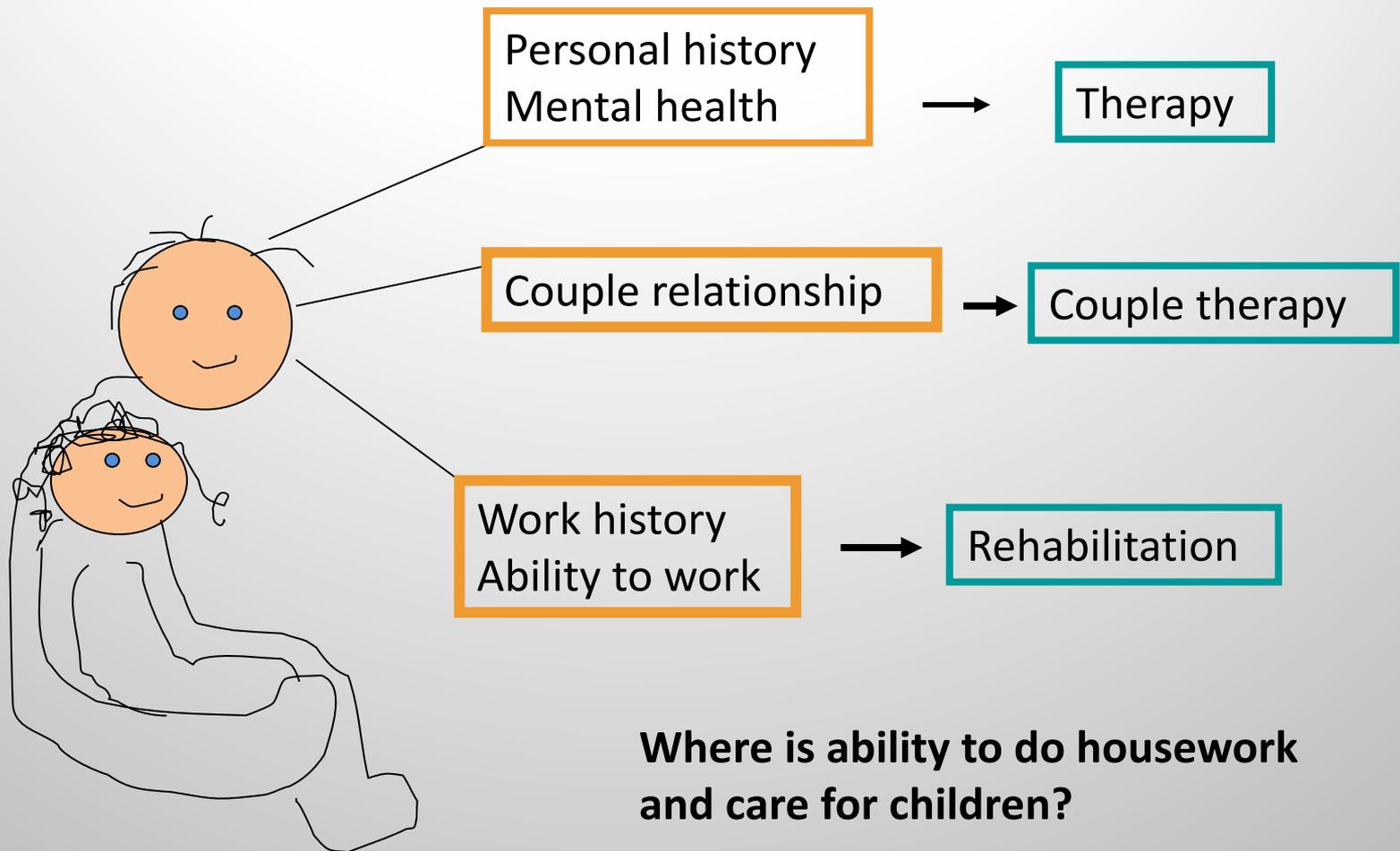
Lannes et al (2021), meta-analysis

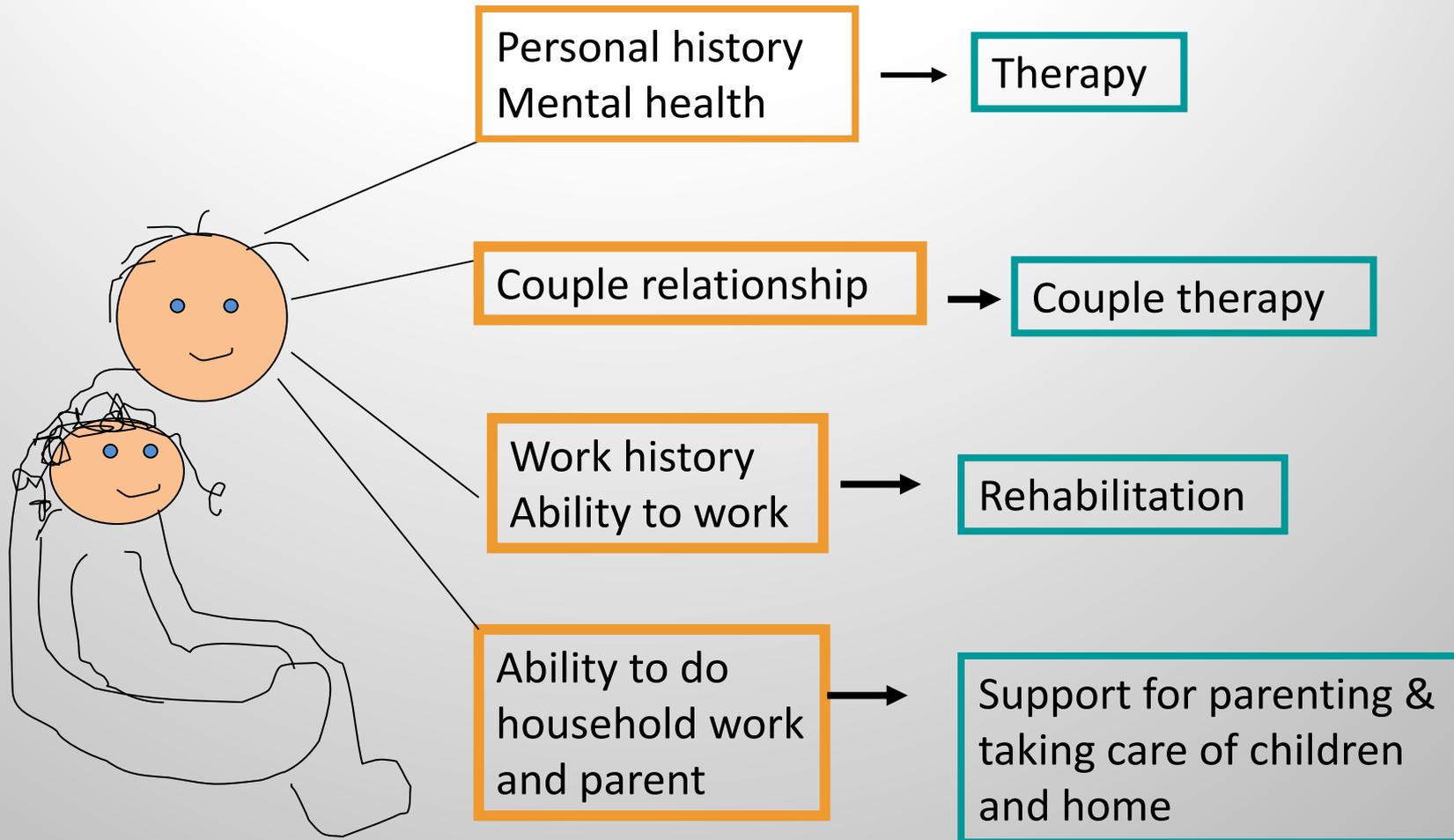
- 20 trials including 2689 children
- The risk for mental illness was reduced by 50 %
- Also a positive impact on internalizing symptoms over a 1 yr period

The big picture is clear

- **There is a substantial risk and substantial resilience in children and families with parental mental health issues**
- **There is evidence base and there are programs for prevention and promotion**







The Effective Child&Family Programme 2001 –

- **A nationwide development, research and implementation programme funded by the Ministry of Health and Social Affairs**
- **Carried out in the National Institute for Health and Welfare until 2014, Mieli, Mental Health Finland (NGO) 2014-**

Legal basis

Child Welfare and Substance Abuse Act (683/1983),
Health Act 2011

- Mandatory reporting of child abuse and neglect (re-active legislation)
- If an adult receives health or social services for mental health or drug and alcohol problems or other health problems or is under criminal law and has dependent children, also the children's needs for care and support have to be attended to. (pro-active legislation)

The Effective Child&Family Programme 2001-

- **Prevention of the generational cycle of psychiatric problems and other adversity**
 - Intervention development, research and implementation
 - Promotion and prevention in child mental health and child development
 - for every family with parental mental health disorder
- **Changing the service system to embrace prevention and promotion**

EC&F Method family

- Family Talk Intervention (USA)*: 6-10 sessions, from 2001 -
- **Let's Talk about Children (LTC)** from 2002-
 - 1-2 discussions with family members
 - **Let's Talk about Children (LTC) Network Meeting**
- Groups for hospitalized parents (?)
- Vertti peer groups for children and their parents**
- **Guidebooks for parents and children**

*Developed by William Breardslee and his group

** Söderblom and Inkinen

Let's Talk about Children in mental health services

Invitation to caregiver/s to attend LTC by their own professional
Structure and topics for discussion are in logbooks

First session:

- Family members' wellbeing
- Discussion of the child's common day: routines, interactions, activities, etc at home, in daycare/ school, in leisure environments
- Identification of **strengths and vulnerabilities** in all dev. contexts

Homework:

- Annex 1. Shared understanding and co-operation in the family
- Annex 2. How to talk about difficult issues with children
- To choose strengths and vulnerabilities for Action Plan

Second session

- Discussion on the homework
 - Shared understanding and talking about difficult issues with children

Making the action plan

- Discussing the chosen strengths and vulnerabilities and planning relevant action
- Planning LTC Network Meeting, if needed

Network Meeting,

- topics and participants are suggested by and agreed with parents; child is also invited to attend.
Participants agree on actions to be done

Research

- RCT in Finland
 - Solantaus T, Toikka S, Alasuutari M, Beardslee WR, Paavonen EJ. (2009) Safety, Feasibility and Family Experiences of Preventive Interventions for Children and Families with Parental Depression *International Journal of Mental Health Promotion* 11 (4):15-24
 - Solantaus T, Paavonen J, Toikka S, Punamäki R-L. (2010) Preventive interventions in families with parental depression: Children's psychiatric symptoms and prosocial behavior *19(12):883-92*. doi: 10.1007/s00787-010-0135-3.
 - Punamäki R-L, Paavonen EJ, Toikka S, Solantaus T. (2013) The effectiveness of preventive interventions to change children's cognitive attributions in families with parental depression. *J Family Psychology* 27:683-690
- RCT in Greece
 - Giannakopoulos G., Solantaus T., Tzavara C. & Kolaitis G. (2021). Mental health promotion and prevention interventions in families with parental depression: A randomized controlled trial. *Journal of Affective Disorders* 278:114-121.
<https://doi.org/10.1016/j.ad.2020.09.070>
- Consolidated evidence of LTC
 - Allchin B and Solantaus T (2022) An Evidence-Based Practice Developed *in-situ*: Let's Talk About Children and a Consolidation of Its Evidence Base. *Front. Psychiatry* 13:824241. doi: 10.3389/fpsy.2022.824241

Research on LTC

Carried out in Australia, Finland, Greece, Japan

Effectiveness of LTC on children and families

- Decrease of children's symptoms of depression and anxiety behavioral problems
- Increase in children's prosocial behavior perceived social support health related quality of life
- No significant harmful effects
- **LTC in community based (collective impact) process**
Decrease in child protection cases in the community

Research on LTC

Intermediate outcomes, mediators for child outcome

- Decrease in children's depressive cognitions
- Better family functioning
- Increase in parents'
 - treatment motivation
 - trust in one's parenting
 - optimism about child and family future
- Decrease in parents' symptoms of depression and anxiety
- **Increase in parents' self determination/ sense of one's own agency**

Clinicians' (30) experience of the EF methods

Toikka & Solantaus, 2006 Int J Mental Health Promotion, 8:(4):4-10

	Neg change %	No change %	Pos change %
Joy at work	-	10	90
Work motivation	-	20	80

In short: Let's Talk about Children

- Has an impact in the right direction
- Safe to use
- Feasible for clients and services
- Can be trained and used by several professionals in different service sectors
- Low cost
- Induces a change in the services
 - LTC challenges the traditional ways of thinking and working

Expansion of the use of LTC

Let's Talk about Children in Europe 2013-

LTC 2023

about 500 trainers
across the country

LTC Service model

LTC in Communities:

**Public health and
social welfare approach**

+Finnish Immigration Service 20

+Criminal Sanctions Agency 2015-

+Day care centres, schools 2010-

+Social services, child welfare & protection,
primary health

LTC Focus on

Sp. services

+Substance use services

+Somatic services: esp. parental cancer

Adult mh services, 2001-

2023

- Development of Let's Talk about Children

Let's Talk about Children (LTC) was developed and stands on three corner stones

- **Ethical demand**

 - Respect for a person's dignity

 - There is a risk of misuse of power in helping professions

- **Lived experience** of patient/ client families' stories and helping families and children

- **Research**

 - research on child development ... families in adversity ...resilience ... prevention, promotion ...

 - research on LTC

Depressed mother with small children

- in the 1970s in a child guidance clinic

Beginning of LTC in the 1970s

Mother with depression, small children and a washing machine

The patient's dignity was validated and respected

The patient was seen and understood in the context of her larger ecology

Shared understanding developed

between us two (LTC is not about psychoeducation)
the patient started to understand herself

The meaning of everyday routines for a parent, child and family was acknowledged

Everyday routines ...

- Changing diapers, a lecture on infant psychiatry in early 1980s
- Treating childhood depression, conference in London

What is it about everyday routines and interactions?

- Everyday routines and encounters with the child at home, day care, school, in leisure environments **are the stage, where love and caring, fun and joy, teaching, monitoring and also neglect and abuse take their shape and are acted out in interactions with the child**

When adults are stressed out, daily routines are compromised, reflecting on family relationships and wellbeing

Strengths and vulnerabilities in LT

- Strengths are issues that function ok
 - Do not have to be special achievements
 - Relate to person-environment interaction
- Vulnerabilities
 - Actual problems AND
 - Situations which might become problems if nothing is done (foci for prevention)
 - Often a vulnerable situation/mismatch between the child and the environment

Resilience

- Ordinary development even though there are problems / risks for development
- **Resilience develops and is sustained or shattered in interaction with the environment, family, kindergarten/ school/ peers (Luthar 2007, Rutter 2010, Ungar 2013 etc)**
- In LTC, fostering strengths in family adversity are acts of resilience

Are parents with mental health problems poor parents?

- Do they lack parenting skills?



Strengths, vulnerabilities and action plan

The mother's strengths are

- sensitivity and understanding her daughter's needs
- commitment to the daughter

The mother's vulnerabilities are

- Lack of relevant treatment (?)
- Her loneliness to cope with panic attacks

Action plan

- To talk to her daughter and the other mother about her problems with anxiety and panic
- To make a plan for panic attacks and arrange the party with others' help

Interview study with parents after LTC

Goodyear et al 2022

“It’s making the parents feel they are a parent again...”

(Participant 18)

“Everything wasn’t as bad and as negative as I thought it was with me and the kids.” (Participant 8)

“I think I’ve taken more notice of how my children act and I talk to them about why they act like that.” (Participant 13)

- “This study outlines the benefits of talking with parents about the strengths and vulnerabilities of their children during routine mental health treatment. The role for self-determination of parents in preventive interventions for children is an important consideration for mental health recovery, and it also helps to break the cycle of transgenerational mental illness within families.”



Thank you!

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