Vertti, Peer Support Group

Family Intervention: Learning the Experiences of the mentally ill parents

Muntasir Islam
**Abstract:** Parental mental illness affects all the family members including the growth and development of the young children. Given the importance of the matter a number of family interventions have been developed over the years. This literature review study focuses on the outcomes of the Peer support group family intervention (parents group) which is named as VERTTI in Finland while considering the outcomes of the other similar family interventions as well. The intervention model has been developed and implemented in Finland. The aim of the study is to explore the literature related with the experiences of the parents group in a family Intervention. It is a qualitative study. There are seven articles used in this study. All of which have scientific background and recognized publishers. A greater level of confidence and security found as the central category of the participating groups. In addition to that Motivation, self-awareness, education, and flexibility of the intervention as a method have been found as the important findings. The parents are enriched with a lot of information and skills which helps to cope with their everyday life afterwards. However It would be interesting to study further on how the intervention affects them in the long term as well. It is worth to mention that the study covers the pedagogical perspective of the health care field.

**Keywords:** Beardslee, Family intervention, Peer support, Parents, Depression, Outcomes & effectiveness

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1 INTRODUCTION

Today the Psychiatric illnesses and symptoms are well known around the world. A good number of population around the globe are suffering from mental illness. In Finland 5-6% of the population suffer from deep depression, a condition especially increases among the young women (Koskinen & Aromaa, 2002). Over the recent decades the treatment for psychiatric illness in Finland has been shifted from hospitals to community care. As a result additional resources have been added to community care while reducing the number of beds in hospitals. The primary reasons behind these initiatives are to avoid harmful effects due to long stay at hospitals, ensure patient's right to live in the community, and to reduce the high costs of hospital care (Salokangas & Saarinen, 1998). However such deinstitutionalization process increases the responsibility not only for the community professionals but also for the family members suffering from mental health problems. Moreover the role of primary health care services in the prevention, identification, and treatment of mental health problems has increased in terms of importance (Hyvönen, Nikkonen, & Tuori, 2002). In one hand the system supports the independent living of the patients in community while on the other many patients need additional emotional and practical assistance to manage their everyday lives. So such community based care never excludes the patients himself rather increases the responsibility for instance for the relatives. However the case for severe mental illness is a challenging phenomenon and the family members often been uninformed and ill equipped to manage the caregiving task. As a result of care giving consequences family members have experienced burden and distressed and expressed a need for informational and emotional support (Baronet, 1999).

The situation becomes worst when there are children included in the family. Such children as relatives of mentally ill parents are more vulnerable to a greater extent. Children of such family need to understand the home environment better than other normal children thus such children becomes career of their mentally ill parents. Due to the uniqueness of such families there is a need for special consideration which focuses the working methods favouring the support for families with children. Accordingly within the project named “Barnet som Anhörig” a model has been developed where the parents and children both
participates in support group session with a parallel group for children and parents both. It is important that it becomes a joint learning session for both children and parents. In this way the children and parents both can view the situation from one another's perspective. One of the important aims of developing such model was to keep it as much as simple to learn & help participants to manage scarce resources in life. This working model is called “Vertti” in Finland. Bitta söderblom is one of them who has developed the manual of this intervention model in late 1990s. (Söderblom & Inkinen, 2005)

The purpose of this studies is to examine the outcome of the “Vertti” intervention among the parents group. The study is commissioned by FinFami Uusimaa ry and a copy of the agreement has been submitted to Arcada student affairs. On completion of the task a copy of this work will be handed to the commissioning organization.

2 BACKGROUND

Family members often have a range of emotions throughout the course of their relationship with the ill family members (Terkelsen, 1987; Karp & Tanarugsachock, 2000). Some relatives ask patients to own their behaviour seeing them as difficult or lazy (Leff and Vaughn 1985). Parental Divorce are also frequent in such families to compare with families without parental mental illness. What are the typical home settings of such families? The answers could be having lower family cohesion, a chaotic environment, poor or no communication, parent-child discord so on. In addition, interaction studies of young children and their depressed parents have demonstrated that these parents attend less to their children and express more negative affect in their speech patterns (Murray et al., 1993).

Depression reduces the ability of parents to guide, support their children, especially depressed mothers compared to non-depressed mothers are less encouraging and more harsh and punitive in their discipline practices. Moreover such mothers have less parenting skills, with less availability and more self-preoccupation when dealing with children. Such results have come out in observational studies of parent child interactions in the situation of maternal depression. In this way millions of children and adolescents are exposed to parental mental health problems at any given time (Creswell & Brereton, 2000).
Within minutes of birth, babies can imitate gross facial expressions of adults, suggesting they enter the world ready for social interaction (Meltzoff & Decety, 2003). By the two months of age most children start smiling at the sight of parent's face. Parents are usually get delighted with such response and encourage it often giving meanings to those smiles which the infant recognizes and loves them. A mutually reinforcing system of social interaction is thus established and maintained. Study suggests that the parents have impact on the behaviour of the children especially during the early critical ages after birth. Children growing up with parental mental illness are at greater risk for multiple psychosocial problems (Beardslee et al, 1996), and are more likely to show developmental delays, lower academic competence, and difficulty with social relationships (Sameroff & Seifer, 1983; Oyserman et al., 2000). In addition, these offspring are more likely to have mental health problems in adolescence and adulthood (Beardslee et al, 1998; Weissman et al., 1997).

During the year 1970s and 1980s a psychological research was carried out only to discover the fact that the intergenerational transmission of psychopathology was indeed a factor among the mentally ill adults who have had mentally ill parents in their early life. Research shows that 25-50% of the children who are brought up with mentally ill parents affected by psychiatric disorder in their lifetimes (Beardslee, 1998).

Beardslee and colleagues in 1988 have had longitudinal studies to examine the impact of parental mental illness on children. The sample was taken from the age group of children 6 to 9 years of age. The finding was 30% of the children with parental psychiatric disorder have had at least one episode of an affective illness during their lifetime. Even The duration of such episode was longer than the average. (Beardslee and Podorefsky, 1988) A feeling of insecurity is common among such children because of poor “attachment”. The term attachment means a child's tendency to seek closeness to particular people and to feel secure during their presence. Cognitive, social and developmental impairments are found among such children who are poorly attached. As a result such children may have language difficulties to express feelings in preschool and require special education. In addition, interaction studies of young children and their depressed parents have demonstrated that these parents attend less to their children and express more negative
affect in their speech patterns (Murray et al., 1993). Conversely, supportive relationships among parents and between parents and children may contribute to resilient outcomes in children (Oyserman et al, 2000).

The timing of parental mental illness is also a factor closely related with child's development. Study shows that such illness has larger effect if it occurs during the infancy and early childhood period. There are many other variables too which are taken into considerations like socioeconomic status, single parenthood, social isolation, low levels of education, minority status so on which are the contributing factors to stress development for the parents with mental illness. Gender factor also plays a role here in case of parental mental illness since study has found that the girls are more likely to develop depression when the boys develop conduct problems (Cummings & Davies, 1994).

The Vertti model has been developed from various previous traditional group working methods and most remarkably from the Beardslee family intervention. One of the major objectives of the intervention was to prevent the likelihood of mental health problems among the children. It is worth to mention that Parents have the key role in the process since they implement their parental role mainly within the home environment.

### 2.1 Beardslee Family Intervention

In psychiatric services, family-based interventions could be seen as the most natural approach because the parents with mental illness often are concerned about their children and want to know if the situation has harmed them (Beardslee, 2002). Later Solantaus developed another similar family interventions model for mentally ill parents and their children. The aim of the intervention is to support child development and prevent disorder together with parents.

It is a Psycho educational intervention for families or family talk interventions. The method was developed by Professor William Beardslee and his Colleagues in Boston, USA. It was developed to open up the conversation about the parental illness in the family,
when one parent has got depression. The ultimate goals for the intervention are to reduce the risk for children while strengthening resilience and protective factors. Additionally, increasing children's understanding of the parent's illness, increasing transparency about the disease in the family and promoting parental awareness and other protective factors, such as school functioning, peer relationships and interests are the goals of this intervention. The Family intervention is widely implemented in Finland by Professor Tytti Solantaus and the State Department of THL (Department of Health and Welfare, formerly Stakes) (Solantaus & Toikka, 2006).

The method was developed for use in a single-parent families with affective disorder, but it has come to the used in families where a parent has another psychiatric diagnosis, including substance abuse or dependence. The core elements of the Beardslee family intervention are:

- First listen to each family member
- provide information about mental illness and about risk and protective factors for children
- Third, information tied to each family's own experiences
- 4th, reduce feelings of guilt and shame in parents and children
- 5th, support children's relationships both within and outside the family to promote their independent life outside the family

When all family members’ stories about life with the disease are being heard and are brought together a new common narrative about the disease feelings can be put in words. It is important to convey hope. One of the key principles of family intervention is respect for the parent and to listen and give importance to every speaker including the children without taking any particular side. Openness about the illness within the family enhances children’s understanding of the parent’s illness and the family’s and the child’s own situation. Resilient adolescents are characterized by self-understanding, together with a commitment to relationships, school and other activities (Beardslee and Podorefsky, 1988; Werner and Smith, 1992).
2.2 Vertti

Vertti support group model has been developed by “FinFami Uusimaa ry”. It is a peer support group family intervention having ten group meetings. Increasing the children's ability of coping and preventing the subsequent mental illness are the main goals of the intervention. Additionally increasing the wellbeing, a sense of belonging, and connectedness of emotions within the families are the objectives of the intervention. Unlike the earlier interventions model like Beardslee family intervention Vertti model invites many families to participate in the session simultaneously. Children's group size varies form 5-8 depending on the age of the children. The policy is -The younger the age of the children the fewer the size of the group. Children's parents are invited in the parents’ group. The children alone cannot participate in the whole session without the presence of respective parents. (Söderblom & Inkinen, 2005)

The starting point of working is the parent’s illness, not the children's difficulties. It does not mean that the child's problems are undervalued. Approaches of this group model are built upon interactive psych deductive works, not giving therapy. Various forms of activities are the central task in the process especially during child's group and during child and parent joint group meeting. (Söderblom & Inkinen, 2005)

In the children's group it is encouraged to share thoughts, feelings and experiences with one another. Here they discuss about the parents illness and how it affects the everyday life. Another theme is how these children's behaviour is affected by parental mental illness. It is important that parents as well get to know those factors that protects and help children to cope such situation. The experiences of both parents and children are not exclusive since their difficulties or challenges have much in common. Sharing other's experiences help the participants to see the everyday life from a new perspective. (Söderblom & Inkinen, 2005)

In the whole group intervention the parental mental illness is discussed and viewed from the children's perspective. The parents should be aware of which information the children need to know about the condition. Additionally it helps the parents to understand own behaviour and their impacts on children. (Söderblom & Inkinen, 2005)
Parenthood is a challenging task for every parent but for mentally ill parents it becomes even bigger test which can lead to a feeling of guilt and lack of fulfilment. Such feelings of guilt can be very powerful causing attempt to suicide, hospital admission, lack of energy, anger so on. So parenthood is a matter to get learned for such parents instead of achieving naturally. In such group session with parents “parenthood” is the centre of the subject matter. In the group session the parents reflects “what constitutes good parenthood”(Söderblom & Inkinen, 2005)

Thus knowledge and opinions about own, parenthood can be discussed and shared. Many parents are unclear and confused about their own illness and the symptoms so they need to have the disease related information from the parental perspectives. Additionally exchange of information is a very vital experience for the participants besides written materials. (Söderblom & Inkinen, 2005)

Moreover a culture of discussion about the mental illness between the family members is significant. For many this is a difficult step. Parents need to understand why it is important for the children to talk about the illness and what kind of information matters the children. It is important to learn to ask for help and identify the health resources. Parents are informed about the available services for the family and for the children. There is a question and answer session too during the meeting.(Söderblom & Inkinen, 2005)

Since this study exclusively focuses on parental experiences of the intervention so the description of group meeting only covers the contents of the meeting with parents.

**Group Sessions**

**2.2.1 Meeting 1:**

Topic: Getting introduced with each other and setting the ground for a safe group community.
This is a joint meeting of children and parents. It is important to create as much as possible relax and safe atmosphere for the participants. During this meeting various activities are designed to make the participants comfortable and getting introduced each other. At first parents are left sitting in their individual room for a moment. Already the objectives of this group meeting have been discussed with them earlier. Regulations for the participants have been discussed as well. It is good to remind them once again. The most important regulations are as follows-

- If anybody is unable to join he or she has to inform the leader. Group leader and parents will decide what topic to be discussed under the certain themes.
- The whole meeting is a confidential task between the participants and the organizer.
- One has the right to be silent during the meeting
- Everyone has individual opinion.

Parents are appreciated for joining such program together with their children. It is mentioned that the participants shows their interest in their child's wellbeing and future. A short description is also given on how the children's group program was designed. For the security reason it is important that participants know each other including the participating children’s name. Then the parents start introducing themselves. The leaders will mention the name, profession, and the organization they belong to. If the leaders have previous experiences they will also talk about that.

The following questions can be used by the parents group to answer

- How are you feeling in this place?
- What have you discussed today with your children before coming here?
- Give a short description of the latest experiences of your illness.
- Why did you choose to join such group?

Now Participants listen carefully to each other's opinions and experiences when the leaders make sure that everybody has opportunity to speak. Parents receive a handbook called “Hur hjalper jag mitt barn” together with other materials. The session ends with an
opinion sharing round on which emotions and thought the meeting has brought up is discussed.

2.2.2 Meeting 2:

Topic: To know each other, to create a safe group and to establish goal for himself/herself and for children

Now the feedback about the last meeting is received. Did the parents and children discuss anything at home after the meeting? Here again the names of the participants are repeated. Various games are designed to make the participants comfortable. Parents are given an extract describing the events and themes in all group sessions including the children’s. Presentation of Children Group’s program

Now the parents discussed the following questions:

• What and how have they discussed with children about their illness?
• Have the children asked further about the illness? What was the interesting thing in the process?
• Do you think children have talked about this with their teachers and friends?
• How are the parents of the group experiencing the present situation in his/her family?

Goal for myself (parents) and for my Child: Participants are divided in pair or in 3-4 persons. Then they take ten minutes to think on the objectives for themselves and for their children. One of the leader works here as secretary and deliver the objectives in next meeting. According to parents some common goals for children are -

• strong self confidence
• For factual information with understanding and reduce the risk factors.
• To meet and get support from other children who are in similar situation.
• Developing ability to cope with situation and protect himself or herself.

From the parent's perspective they should have the following goals-

• Be able to talk about own situation with children.
• Increasing understanding about self and about the children
• Reducing Guilt
• Getting factual information
• To learn to enjoy in everyday life jointly with family/children.
• Getting support from the peer groups.

2.2.3 Meeting 3:

Topic: My psychiatric illness and how I experience and understand it.

Week long experiences of the self and the children: This is the time to have some feedback from the last meeting, remembering the participants name and talking about the experiences at home. The children group have had discussion on my parent's psychiatric illness (depression/bipolar disorder) and how they affect my everyday life. Themes and data are presented at the beginning. Now a set of questions are prepared by the parents to answer by the children and with the children's permission the answers will be discussed in next meeting. Few important questions to parents are how much do the children know about their mental illness? Is there anybody who openly discussed with the children? How do the parents support the children to build up resilience, coping skill?

My psychiatric illness and what is my experience and understanding:

Now the parental mental illness are discussed with the parents. Psychiatric illness brings stigmatization in the form of shame and guilt which prevents from open communication about the illness. As a result the sufferer hides the illness from friends, work mates, and even close relatives. So it is important in the group to think about how the parents can express themselves within families about their illness. The following themes are taken into consideration.

• How much do you know about your illness? Discuss about your mental illness, symptoms, and difficulties.
• Whom did you talk about the illness? How do you feel to talk about it?
• Searching together the words related with the feelings of illness.

If needed the parents can have extra paper written about their illness and symptoms and
medicines. Additional Articles and materials are given to the participants. Such process of discussion will benefit others also in terms of understanding and increasing the knowledge.

2.2.4 Meeting 4:


At the beginning of this meeting all have a reflection on the week long activities after the third meeting. Then there is a discussion on the children's group activities and their working theme. The following questions are the part of discussion-

• Did you observe any behaviour and feelings in your children that is the cause of your mental illness?
• How do children get affected by your mood?
• How does it affect their reaction?

Mental illness and depression often prevents people from socialization and interaction within family. Such parents stay in their own room most of the time in a day making their children worried & confused. Children of such parents often assume parents are too lazy, angry with them, or simply does not like talking with the children. Children's have different reaction to these situation. Children can become very reserved, and withdrawal, burdened with fear, stubborn, having sleeping disorder, aggressive. So it is normal that the children will have such reaction when they will grow up with mentally ill parents.

2.2.5 Meeting 5:

Topic: How can I help my Children?

At the outset of the meeting a discussion is held about the last week’s activities and feedback is received from the participants. In this meeting children's risk and resource perspectives are discussed with parents. The emphasis is given on children's protective
factors. It is important that the parents can understand the importance of resilience and coping strategies for children. It is not possible that the difficulties are eliminated overnight but the protective factors can be supported and strengthened. Parents are often so worried about their children in such situation. They start thinking getting support, help and care for their children but above all it is important too for the parents to understand the reaction and power of resilience for the wellbeing of the children in home settings. Parents in this group further discuss and learn how such children can be supported in their everyday life. The questions addressed here are -

- What are the protective factors in children's everyday life?
- How can parents help children to cope with?

2.2.6 Meeting 6:

Topic: Preparation for question session

After the discussion on week long experiences the children's group activities are presented to parents. Parents are informed that children have the right to say no and they have also rights to agree and disagree. Later the questions from the children groups are answered by the parents group. Some common questions asked by children are -

- How and from where depressions come?
- How does it feel to suffer from depression or other psychiatric disorder?
- How can someone avoid such illness?
- Can someone recover from depression?
- How do the parents feel for their children?
- Why do the parents scream without any reason?
- Why do the parents sleep whole day?

During this session many questions are answered by the parents within the discussion. One parent takes the main role of describing the questions. It is important that the children need not to learn everything about the parental illness rather they only need to learn which affect their everyday life. It is often directed that every parent at least answer one question
even if in few words only.

2.2.7 Meeting 7:

Topic: Question session and Children's support

This is a joint meeting for both parents and children group. It is a challenging task for both parents and children to talk about psychiatric illness together. It is important that the meeting becomes a positive experience for the participants. Various activities or game can be designed to relax the situation and environment. Parent groups notes with questions and answers are hung on the wall. Since everyone is tense, it may take a while before the discussion started. The leaders can help parents through leading questions. Leaders' role is to ensure that.

- all parents participate in the discussion
- nobody ends up in an unpleasant, embarrassing situation
- children are heard and given an opportunity to ask follow-up questions

In this way the interaction between parents and children takes place. If children cannot understand any answer the parents are helped to express the answers in a more easy and child friendly way. Leaders will make sure that the children understand the answers and make follow up questions. It is assumed that this process will continue within family environment in future. It has been shown to the children that they have the permission to talk about parental illness and their concern with their parents in home environment. If needed children are allowed to talk with support services also.

2.2.8 Meeting 8:

Topic: Good parenting and ability to ask for help

At the beginning there is some time allocated for the discussion on experiences at home after the 7th meeting. It is important that the parents play a key role to establish such environment at home. In this 8th meeting with the children the children’s right of asking
for help is discussed. Following questions are discussed with the children’s group

- In which situation Children should call for help?
- Who can they ask for help?
- Was there any situation when the children thought about help from outsiders?

Parenthood is a sensitive topic from various aspects as this is a very personal subject matter as parents. Society has seen parents for ages as most responsible about their children. So generally it is a matter of shame and guilt to those parents who fail to do so. Any intervention should not only focus on child's development rather it should also covers the area of good parenthood despite having parental mental illness. A good parents are well aware of his position and situation and above himself or herself and the children. So the knowledge about the self and children both are required. There is no doubt that the parents cherish child’s wellbeing but such skills are not always available in every parents especially mentally ill parents who should realize that and ask for help from outsiders.

2.2.9 Meeting 9:

Topic: Groups conclusion, activities on the basis of objectives

In this meeting after the discussion on the experiences at home, the parents are reminded about the objectives which were set during the 2nd meeting. Here the following topics are discussed-

- What are the actual target and expectations when group started?
- Are the objectives achieved from the both perspectives?
- Which are not achieved? What are the reasons?
- Have the objectives changed?
- Is there any new objective comes out during later session?
- Did the concern for children increase or decrease?
- Have the parents implement any newly taught lesson at home? Which one?

Parents are informed that an evaluation will be done after 4-6 weeks. Every families are invited in the evaluation.
2.2.10 Meeting 10:

Topic: What we have learnt and experienced together

In this last meeting besides reminding the key objectives and evaluation day a list of paper having the following questions are distributed-

- The nicest thing in the session…………
- The dullest thing in the group…………
- The most memorable moment ……..
- The most important lesson…………
- I am going to miss…………
- Free comments ……………

The Family intervention as a method has been developed from previous models like Beardslee and Solantus bearing in mind the same objectives which is to secure the wellbeing of children of mentally ill parents and their wellbeing as parents too. However there are differences in the structure of the Vertti model and other previous intervention models in terms of number of meeting. It is important to note that Beardslee family intervention was designed for clients only with the diagnosis of depression while the vertti model has been applied on all the types of clients regardless of diagnosis.

Vertti as an intervention model has been received positively among the most participating group members providing that they are motivated throughout the sessions. It is important to note that the joint meetings as well as the individual meetings have objectives to achieve. The primary objective of the intervention task was to increase the wellbeing within the families and prevent mishaps. There was different feedback from the participating parents regarding the method. Some participants have taken it very positively as a learning tool to further develop a secured and safe home environment while few expressed their concerns as reported about the increase feeling of shame and guilt. But the overwhelming number of parents expressed their views on the method as helpful and educational.
In general the feedback from the parents was positive and encouraging. A session with parents is arranged only to discuss the outcomes and fill out a form with few questions for the purpose of development and evaluation. Below The questions and answers are discussed in general -

• Where did you get information about the group
From various sources the parents are informed about such group work, like from children's school teacher, from psychiatry outpatient clinic, social service department, family association.

• What do you think about the framework/structure of the group activities
There are several things in the structure like ten meetings, meeting once in a week; the ninety minutes time for each meeting and the afternoon period for meeting were convenient for the participants. Group activities have satisfied most of the parents. Many parents would have appreciated longer time in the group meetings if they had free times.

• What makes you to decide to join the group with your children?
The most common answer was it will be helpful for the children to know about their parent's mental illness like depression. It is helpful for parents also to learn how to start talking with children about their own illness. It is important for the children perspective to realize they are not the once who have cause the illness. It is also good to meet other parents in similar situation.

• How did you experience the group activities?
Most of the participants experience has been positive, while many express the activities as difficult. In general the parents enjoyed the sessions. Some have received more information than their expectations. Some parents might be so worried that they will not discuss the matter at home any more. Off course this is not the objective of these activities to increase the concern, guilt, and fear among parents. Moreover some participants seem to be overwhelmed with information.

• How does the experience affect you as parents?
Participants respond that the guilt feelings have reduced when the self-esteem has been increased. They believe they have received good support, tools, ideas related with parenthood. However Many parents also reported that guilt feeling have actually increased among them. One needs to ask himself/herself if they have perceived guilt feeling due to past actions toward their children. Some parents also reported that it has
not affected their parenthood to a larger extent.

• Do you think you have implemented anything that you have learnt during the group working session?

Many parents reply that the interaction and communication within families have increased. Some of them ask for support from different social services for children, some asked for personal support service. Parents stressed the importance of the relation between the children and school, hobbies, friends.

• Do you have any wishes regarding the group activities?

Many parents wish to have similar joint meetings between parents and children in future. Some demands more time for the answer and question session, more written materials and stronger theme to work.

• What have the children said about the group work?

One of the common response is children have enjoyed and interested to join the meeting. The family environment becomes much easier. The children have started talking about their emotions, even negative emotions which they did not do earlier. Most parents reported that the children are having more humour than before. In other words the family environment becomes friendlier.

3 THEORITICAL FRAMEWORK

A conceptual framework based on general system theory was proposed to provide a comprehensive view of the three dynamic interacting systems that form the environments which influence individual’s growth, development, work, and death. The Figure 2 in the appendices illustrates the interaction of these three systems

• The personal
• Interpersonal
• And Social

One purpose of this framework is to identify concepts that are essential knowledge for nursing as a discipline. The concepts identified in nursing literature cut across many disciplines. A second purpose of this framework is to construct and test theories from
the perspective of a specific discipline which in this instance is nursing. Five essentials elements of each system are goals, structure, function, resources and decision making. (Parker, 1990)

“Dynamic life experiences of a human being which implies continuous adjustment to stressors in the internal and external environment through optimum use of ones resources to achieve maximum potential for daily living” (king, 1981). The functions of these three systems (personal, individual, and social) are identified in the reciprocal relations of the individuals as they interact in groups such as families and communities. (Parker, 1990) “Nursing is a process of human interactions between nurse and client whereby each person perceives the other and the situation, and through communication they set goals, explore means, and agree on means to achieve goals” (King, 1981)

Since the components of theory of goal attainment relate to two or more individuals interacting in a nursing situation, specific assumptions about nurse and client interactions are explicated as follow:

1. Perception of Nurse and of client influence the interaction process.
2. Goals, needs, and values of nurse and client influence the interaction process.
3. Individuals have a right to knowledge about themselves.
4. Individuals have a right to participate in decisions that influence their life, their health, and community services.
5. Health professionals have a responsibility to share information that helps individuals make informed decisions about their health care.
6. Individuals have a right to accept or reject health care.
7. Goals of health professionals and goals of recipients of health care may be incongruent .(King,1981)
4 AIMS OF STUDY

The aim of the study is to examine the literature regarding the parental experiences of the family intervention program.

5 METHODOLOGY

Methodology is the cornerstone of any study. This study is a literature review. In this study firstly data are collected and later will be analysed according to the Bryman four stages qualitative data analysis process (Bryman, 2012).

5.1 Data Collection

Collection of Data is one of the crucial stages of any research. Here the author choose the key words to find the data from the vast amount of sources. It is important to remember the purpose of the study during the collection stage of the data. Primarily data are scattered and huge in number. In addition to the articles there are other sources of literature, books which are taken into consideration for the purpose of the study. Most of the journals have been searched with the key words like Vertti, family intervention, parental mental illness, Beardslee family intervention. The book has been collected from the Family Association promoting Mental Health, Uusimaa Regional Associations library and other library. All articles are collected using different search engines while few of them downloaded from other sources. The database which are used to search are PubMed, sage, science Direct. Arcada’s Nelly portal was in use for the searching purpose. Two articles have been collected via external assistance of different libraries abroad. Inclusion and exclusion criteria have been chosen quite uniquely based on the subject matter of the research. The whole question of reliability of data has been taken
into consideration while choosing the data from a vast sources. Below is the list of inclusion and exclusion criteria of the study-

<table>
<thead>
<tr>
<th>Inclusions</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articles published in English and Swedish</td>
<td>Articles Published in other languages</td>
</tr>
<tr>
<td>Studies relevant to the purpose of this study</td>
<td>Studies Irreverent to the purpose of this study</td>
</tr>
<tr>
<td>Articles in pdf full text format</td>
<td>Articles which are not in pdf format</td>
</tr>
<tr>
<td>Articles which are Free of charge</td>
<td>Articles which are not Free</td>
</tr>
<tr>
<td>Articles published after 2006</td>
<td>Articles published before 2007</td>
</tr>
</tbody>
</table>

The table below contents the list of the chosen articles, year, Author and the name of the publishing Journal

<table>
<thead>
<tr>
<th>Title of the Articles</th>
<th>Name of the Author</th>
<th>Year &amp; Journal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. The needs of parents with a mental illness who have young children: An Australian perspective on service delivery</td>
<td>Alakus Carmel, Conwell Rebecca, Gilbert Monica, Buist Anne &amp; Castle David</td>
<td>2007, Int Journal of Social Psychiatry</td>
</tr>
<tr>
<td>Family Intervention for Mentally Ill Parents with Children</td>
<td>Brenda A. LeFrançois</td>
<td>2010, International Journal of Social Psychiatry</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
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<td>-----------------------------------------------</td>
</tr>
</tbody>
</table>

### 5.2 Data Analysis

Qualitative content analysis is one of numerous research methods used to analyze text data. Other methods include ethnography, grounded theory, phenomenal-
ogy, and historical research. Research using qualitative content analysis focuses on the characteristics of language as communication with attention to the content or contextual meaning of the text (Budd, Thorp, & Donohew, 1967; Lindkvist, 1981; McTavish & Pirro, 1990; Tesch, 1990).

Researchers regard content analysis as a flexible method for analysing text data (Cavanagh, 1997). Content analysis describes a family of analytic approaches ranging from impressionistic, intuitive, interpretive analyses to systematic, strict textual analyses (Rosengren, 1981). The specific type of content analysis approach chosen by a researcher varies with the theoretical and substantive interests of the researcher and the problem being studied (Weber, 1990).

Studying the past literature related theories are the key to any study. Conducting a literature review is a means of demonstrating an author’s knowledge about a particular field of study, including vocabulary, theories, key variables and phenomena, and its methods and history. Conducting a literature review also informs the student of the influential researchers and research groups in the field. Finally, with some modification, the literature review is a “legitimate and publishable scholarly document” (LeCompte et al., 2003).

Inductive content analysis is carried out to minimize the large quantity of data from relevant literature and scientific journals. A systematic review is a review of the evidences based on clearly formulated questions in the beginning of the study and such questions may be adjusted to fit the study as the research goes on (Callaghan & Waldock 2006). Here in the procedure of content analysis the materials are paraphrased which means less relevant passages are skipped (first reduction), then similar passages with relevant meanings are grouped (2nd reduction), and in the 3rd or final level higher level of abstraction is performed. A systematic literature review is adopted to control high volume of data in a consistent manner. It uses a logical review and method to find main points and analyse them in a functional form (Calloghan & Waldock, 2006).

Methods for data analysis have to be systematic, disciplined, able to be seen as in
transparent and described (Punch 2005). In the phase of organizing the data, the researcher becomes familiar with the data by reading it through over and over again (Marshall & Rossman 1995). Certain categories or themes emerge as more essential than others and therefore become central to the analysis (Pickering 2008). After the application of the inclusion and exclusion criteria the data is significantly reduced. Collected data were first categorized into different Sub categories, 2ndly generic category and finally main category.

Thus the primary raw data has been transformed into concept, words, phrase with high similarities were chosen as the raw data. At this stage the amount of data was huge and to reduce the data into subcategories author has to focus on relationship and common themes among the data. Generic theme is the most precise kind of category. Finally the result or the core outcome of the research is reflected in the main category. It is important to note that in qualitative content analysis, the abstraction process is the stage during which concepts are created. Usually, some aspects of the process can be readily described, but it also partially depends on the researcher’s insight or intuitive action, which may be very difficult to describe to others (Elo & Kyngäs, 2008; Graneheim & Lundman, 2004)

Flow Chart showing the raw data, Subcategories, Generic category and the main Category
5.3 Ethical Concerns

Ethics is one of the key areas in any research. In a qualitative research it is very likely that the author’s own understanding, opinions and emotions coming into effect in the written work. So the author must remain vigilant to avoid all sort of biased information throughout the process. The authors of the research articles plus books possessed both the clinical and scientific background have been chosen. The articles were published through legitimate institutions, approved journals are the roots of ethical clarification and validity of the data. All the data have been stored in a safe place. A proper procedure is maintained to avoid any sort of plagiarism. In addition to protecting the research subjects’ rights and anonymity the researcher also needs to consider maintenance of high standard of integrity and avoid research misconduct. The study question was pre-selected so that the whole task could be well guided from the beginning to the end. The subject matter of this study has been chosen after the discussion with the commissioning party. Most of the articles are from database system which are allowed to access by the school. In addition to this there are materials collected from commissioning organization and public library as well. The privacy of the informants have been highly maintained throughout the work so as to avoid any kind of chance to trace back to the original participants. Throughout the work the author has refrained himself from own judgments, preconceived ideas and opinions.

6 RESULTS

Vertti peer support group family intervention has positively affected the target group parents. A sense of belonging has been created among the parents who were earlier confused about themselves and their roles as parents. Such parents have greatly developed and learned caring about himself/herself in first place. Learning about their own illness gave them a clear meaning to avoid shame and guilt and replace that with security and confidence. On the other hand the structure, timing and the subject matters of the intervention were clear, simple and flexible for the most parents. However there are few parents who think their feelings of guilt have increased. There are two major categories which have been developed from the concepts which are as “Confidence” and “Security”.
There are other subcategories too which are described below-

### 6.1 Confidence

Finding confidence in both in themselves and in professionals were the key in the family intervention process. At the end of intervention parents have had instruments which help to boost confidence. The alliance is the most important single common factor in all psychotherapy, having a strong correlation to treatment outcome (Wampold, 2001).

The alliance could be shown as follows

Attributes such as being flexible, honest, respectful, trustworthy, confident, warm, interested and open were found to contribute to the alliance (Ackerman and Hilsenroth, 2003). The respond from the parents group were mostly positive. However there are parents too who complained as confused or difficult to remember the discussion. The timing, framework and subject matter were flexible for parents. The goal of the family intervention was well attained. Mutual respect was one of the key issues which was upheld throughout the process. So greater confidence among parents are found in their perception towards professionals and towards themselves like when it comes to parenthood and being open about mental illness. According to the parents the professionals have led the discussion in an objective and diplomatic way.( article 1, 3,6,7)
6.2 Security

During the intervention process it is very common that the parents tend to feel insecure and hesitate to become candid especially with the presence of their spouse. It was the duty of professionals to keep the matters under control and to show respect to individual. For most parent’s mental illness perceived as a shameful and embarrassing as parents. However meeting a group of people and listening to each other having similar issues help to understand and accept the reality. Prevention of future unwanted situations were one of the strong motives among the participants to participate in family intervention. Security was a major concerns among most parents.(1,3,6,7) As one says (article 1,)

“‘Deepest in my mind I was scared that you could take my children from me, I had that fear when I was a child. You Maybe see that there is something wrong with my son and I’ve been a bad mother because I’ve been ill.’”

Besides social insecurity it was the perceived insecurity of the parents which causes a barrier in having an open conversation. A feeling of “shame and guilt” was one of the most painful issues for the mothers. As one of the participants said in article 1

‘It is a painful situation with your own shortcomings and there You are in a vulnerable situation and you are supposed to open up and what will you face, what is coming up, you are scared that the children might say something terrible ... you are so vulnerable and thin-skinned.”

The parents consider the professionals as secured means to communicate or opening up about their illness in front of the children. So the issue of security is closely related with the professional’s competence and predictability, flexibility of the family intervention process as a method. As mentioned in Article (1) many parents regard the presence of professionals as a security.

There are other key concepts too which are the important findings of the study. These are outlined below-
Education

Increase of knowledge is one of the significant findings among the parental groups. There are materials and handouts which are provided during the meetings. From the educational point of view parents learned about their own illness, how they affect themselves and family environment, how to create a safe family environment especially in presence of children in families. Parents realize that it is not wise to inform the children about every aspects of the illness since it will confuse them and affect their development. (1, 2, 3, 5, 6, 7)

Self-Awareness

Shame and guilt together with social stigma are some issues prevent parents to open up and talk about mental illness. According to the collected article number (6) and (1) to start talking about the illnesses like depression help to break the barriers and build up a strong well informed surrounding. Moreover remaining silence creates a confusing atmosphere as often children perceive such behaviour as angry mom or dad or just as lazy parents. As mentioned in the article number (2) there are fears among the parents about the children’s future if they are taken away by some other authorities. These issues involving close family members are sensitive since a wrong use of word can affect the whole process. Fear for dialogue among the parents are also well noticed and discussed with the parents. There are families as mentioned in Article Number (2) being diagnosed with illness affect their independence however the home visits by professionals may help to relieve and gain confidence later. It is absolutely clear that the participants have increased their knowledge by joining the intervention process which ultimately leads to have strong parental skills (7). (fig 1)

Motivation
Motivation among the participating parents over a course of time period found as a principal force to attend the meeting and learn something new and develop themselves. In all articles (1,2,3,4,5,6,7) where the parents were the informants were found motivated. Parents are mainly interested in few different things like how their illness affect family members like children, many want to recover from this situation which effectively a “health seeking behaviour”. Showing up in follow up meetings and giving important feedback are also part of strong motivation among the parents. During the family sessions abiding by the rules like mutual respect among other participants are the outcomes of being motivated. An interest of further co-operation with the professionals found in the evaluation and feedback session of the parents group. There are parents who were not so interested at the beginning but later become enthusiastic in different topics in later meetings. From the parental perspective the concept of alliance which have been discussed earlier is founded on the principle of motivation too.( 1, 3, 6, 7)

**Family intervention as a method**

The intervention method has been found as flexible as the timing was important for all participants. There are participants who are employed too so for them it was important to manage the time for effective participation. As mentioned in Article (6) in some cases timing was the main matter on decision whether to participate or not. Parents appreciated the flexibility by the professionals as it helps them to return to the meetings later on at their convenient time with the similar discussion. Besides timing the structure of the family intervention as taken as easy to follow, predictable. As mentioned in the Article number (1) According to them it has been described as “well thought” “Educational” “Ordinary” “educational” “predictable” “logical” “solid”. At the end having a feedback session and a home visit helps to evaluate and make sure everything in family going well.
7 DISCUSSION

Vertti peer support group family intervention has been successfully developed and implemented in various parts of Finland. It is an intervention program which involves both parents and children in different groups. It is evident that before the intervention the parents were confused, wrongly perceived by others, less aware, prone to different causalities which ultimately made them much vulnerable or insecure. However there are cases too where the parents reportedly afterwards became more confused with much information and having an increase feeling of guilt. Parenthood is one of the skills what the parents have reportedly developed throughout the process. Many parents wish that over the time they should not forget the information or skills they have learned from the intervention. It is absolutely a fact that the model helps to develop a certain level of confidence and security among the parents.

At the end of the intervention process the parents tend to have more knowledge not about only themselves but also about their children which helps to have a strong parent child relation and greater family cohesion. The issue of confidence on themselves and on the professionals have increased together with a sense of security and a sense of belonging. Self-awareness and motivation among the parents have increased which helps to understand and come to terms with their present situation.

7.1 An analysis from the theoretical Point of View

Kings Theory of goal attainment talks about three systems of every human being which are the prime factors behind the fulfilment of the objectives. Firstly human being as an individual. The Confidence, security, self-awareness, and motivation are the results of the study which reflect the individualism of a person as an active player. The issue of individualism does not affect all the same way as each person is different by personality, traits and thus the development and growth takes place in their life. Thus the individual creates the functional capability by developing resilience in themselves besides having the risk factors. The three factors interact with each other to come a decision or to successfully implement any goal oriented intervention. There are certain assumptions
regarding the human being which are at the centre of the discussion which are as follows-

1. Individuals are Social beings
2. Individuals are Sentiment beings
3. Individuals are rational beings
4. Individuals are reacting beings
5. Individuals are perceiving beings
6. Individuals are controlling beings
7. Individuals are controlling beings
8. Individuals are purposeful beings.
9. Individuals are action-oriented beings
10. Individuals are time-oriented being (king 1981)

Secondly Individuals as an interactive agent with the groups and fellow members. It is important to keep in mind that the greater interpersonal skills are essential to break the silence associated with the psychiatric illness. Such qualities of a person help to attain the goal moreover help to become functional both in the society and as an individual. Interaction capability also covers the ability to interact with the nurse as a client to reach the objective. Goals, needs, and values of nurse and client influence the interaction process. The dialogue between individuals at home with the family members and with the peer help to achieve a sense of confidence and security. According to the king “Nursing is a process of human interactions between nurse and client whereby each person perceives the other and the situation and through communication they set goals, explore means, and agree on means to achieve goals”. When two individuals come together in any situation each is perceiving the other, making mental judgements, taking some mental actions, and reacting. One cannot directly observe these behaviours but one can directly observe verbal and nonverbal behaviour and record the interactions to analyse for transections. Nurse patient intersections can be classified into the following categories –

1. Action
2. Reaction
3. Disturbance
4. Mutual Goal setting
5. Exploration of means to achieve goal
6. Agreement on means to achieve goal
Thirdly as appears in the king’s conceptual system and her theory society plays a role too in the process of goal achievement. The concept of being functional is always linked with the social participation as well. For instance the social meanings of parenthood conveys a stronger feeling of guilt and shame as a parent which force the ill parents to think differently with low self-esteem. Human being in a broader sense are social actors or it is the environmental factor which plays part for successful intervention attainment.

7.2 Critical Reviews & Recommendations

The author has tried his best to collect as much information as possible on the subject matter from different related sources however, it might be possible to get more information on the topic from other vast sources published in Finnish language. One of the biggest limitations of the study was the unavailability of much data or literature as the subject matter is relatively new and its implementation is based on certain geography.

It is worth to mention that there is no such model as absolutely perfect. On the matter of effectiveness of the family intervention it would be interesting to see how in the long run the parents are affected by the intervention in other words a focus on the long term effectiveness could be taken into consideration. It could be further observed in future that whether the participants would need additional support social services or not. There are more research need to be performed on the effectiveness of programs over a period of time when more data appears. One of the strengths of this work is the investigation of contemporary writings. The feasibility of the method could be studied further to investigate the successful implementation of a new method in various settings.

Vertti peer support group family intervention was designed with the help of previous models which are Beardslee and Solanus. However the objective of the all interventions
were the same which are to make sure family cohesion and prevent negative impacts of parental mental illness on children and on themselves within a family environment. The main aims of this study were to find out the learning outcomes of the parental group after the family intervention and its feasibility when it comes to the subject matter, structure, timing and others. Most participants described the intervention process as convenient and the information they received as clear and well documented. The parents group further reported increased parenthood skills and less negative attitudes within the home environment.

The success of any family intervention hugely depends on the motivation of the participants so it is vital that the participants co-operate thoroughly with the professionals and attend all the meetings properly. A proper follow up meeting at home near the end of the intervention is carried out only to evaluate the wellbeing in the family after the intervention. However, it would be interesting to evaluate the effectiveness of the intervention in the long term too.
References


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Appendices

Table: 1

The example of Bryman’s four stages Content Analysis applied on the selected chosen literature by the author. The corresponding numbers within the bracket (*) refers to the analysed articles reviewed by the author.

<table>
<thead>
<tr>
<th>Indexing/raw data</th>
<th>Sub-categories/ perceived meaning</th>
<th>Generic Categories or concepts</th>
<th>Labelling the categories / Central Category/ themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Hoppas den goda tanken inte glöms bort i vardagens stök” (8)</td>
<td>Health seeking behavior</td>
<td>Motivation</td>
<td></td>
</tr>
<tr>
<td>“We had an extra session because we had so much to talk about, “I was so ashamed I do not want my children to be ashamed of me”” (6)</td>
<td>Learning new skills, Learning coping mechanism( This is a continuous process however there might be the case of both positive and negative learning outcomes described by the participants)</td>
<td>Security and increase of knowledge</td>
<td>Confidence and Security</td>
</tr>
<tr>
<td>I got the opportunity to learn how to explain to my son that now I am tired, you don’t need to worry about me. I didn’t know what to do before. (family 7, IP-mother, depression) (1) ‘I have learned to focus on the children when they are with me.’ (IP father, bipolar syndrome) (7) “It demands that you can reflect,( 8 female)” ( 6)</td>
<td>Family Intervention as a process ( Effectiveness, subject matter, flexibility and themes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I did not feel control, it was relaxing” “ Jag fick ut mer än jag väntat mig””(8)</td>
<td></td>
<td>Sugar and increase of knowledge</td>
<td></td>
</tr>
<tr>
<td>“They were so professional, really skilled at their job”(1)</td>
<td></td>
<td>Motivation</td>
<td></td>
</tr>
<tr>
<td>“It was not a bad thing to have talked with them (the professionals) first (before the child interview). I was able to get a sense of security in myself. (family 2, IP-father, depression) (1) It may not have become so big, so serious if they [professionals] had not been with us.’ (family 5, IP-mother, depression) (1) “Early parent-based intervention reduced child antisocial behavior” (5) “Jag vågar samtala om svåra saker med mitt barn” (8)</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Self-Awareness</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>“Hon/han har inte pratat mycket om gruppen men jag tror att den var till nytta. Hon/han har varit på gott humör efter gruppen”(8) ‘The relationship between me and my husband has been strengthened, we now know that our children feel OK. The understanding of each other in our family has increased.’ (NIP mother) (7)</td>
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<tr>
<td>Creating cohesion in the family (creating a family environment where the members understand and support each other given the fact of the presence of member’s illnesses)</td>
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<td></td>
</tr>
<tr>
<td>“I think I told them (the professionals) what I wanted to say to the children and they gave me some ideas for key words.” “They were kind of mediators… they could ask the right questions… without them it would not have happened (1 male)” (6) “I had no relationship with my children at all…..and I could not explain it (depression) by myself” (6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help to express or talk by the professionals (With this approach professionals help to channel out the concerns and feelings of</td>
<td></td>
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</tr>
</tbody>
</table>
“When this was about to be explained to the children, I needed someone who really master this… I was scared and worried about questions I should not be able to answer … I felt safe to have the professionals (4 male)(6)

“It would never happen without the professionals, there was such a hostile atmosphere” (10 female) (6)

“I have been worried for her …but I have not always wanted to tell how bad it really has been…. I have been afraid that she would not be allowed to stay with me (6 female)” (6)

“You are different and you are ashamed of it and you do not talk about it.(8 female)” (6)

“I was afraid the children would feel different abnormal, and insecure If I started to talk about all this”(6)

‘It was hard to talk about myself and my illness and how it affected the children. In the end there can be a good result and I hope to be able to talk about the illness without shame.’ (IP mother, bipolar syndrome)(7)

“It was good that someone from outside could talk with them (4 male)” (6)

‘Now I have the courage to talk about my illness.’ (IP mother, psychosis)(7)
“Parents’ fears that their children will be removed may also be exacerbated during an acute episode of parental mental illness, as childcare becomes a major concern for all involved.” (2)

“Some parents might feel that being diagnosed with a mental illness restricts their independence.” (2)

“I had never said to her that it was because of my anxiety I was yelling at her but I had only said….well I had said nothing actually” (6)

“It was necessary that the professionals were there, otherwise I would not have had the strength to do It. I knew what to say, but I didn’t have the ability to say it.”

‘It became easier to communicate. My feeling of Being a bad mother was reduced.’ (IP mother, depression) (7)

“It was so hard to talk with the children. Being a father who was supposed to be the stable man of the house and crying there in the family session. It was good that we had met him [the professional] before the family meeting so he knew what I wanted to say, so he could help me if I needed it.” (1)

“I felt foolish, it was not easy, but it was good. (family 17, IP-father, ADHD)” (1)

‘It was very important for my recovery to get to know how
the children had experienced my illness. It was also important that a 'neutral expert' talked with them and saw if they needed help to go on.' (IP mother, eating disorder)” (7)

“Jag skulle vilja kunna samtala bättre med mitt barn, så att vi förstod varandra…. skulle vilja ha en bättre vardag.” (8)

“Improvements in child behaviour were maintained over time with no loss of effectiveness, as shown by non-significant differences between follow-up one and subsequent follow-ups, 12 and 18 months after baseline” (5)

“These changes in parenting skills were accompanied by reduced child deviance and parental stress and depression.” (5)

“This Family intervention could save me from feeling this bad from many years” (6)

“The family intervention as a process ( structure, design, objectives, ) and its effectiveness

Family intervention as a Method

Confidence & Security

Motivation

Health seeking behaviour
( It is a self-motivational instinct of one self to remain healthy or become healthy, sometimes as mentioned by Beardslee external environment helps to become self-resilient and develop despite the present of the risk factors)

Table:2
Description Of the selected Articles are as follows-

1. Title of the Article: Initiating Communication about parental mental illness in families: An issue of confidence and security, searched by Sage Journals

Author’s Name: Pihkala Heljä, Sandlund Mikael and Cederström Anita

Aim of the Study: The aim of the study was to investigate the parent’s experiences participated in the Family intervention.

Year and Method: 2011, Qualitative Study (25 parents were interviewed in the study on their experience of family intervention)

Results: Confidence and security among the parents is found one of the major findings in Family intervention. The process of intervention is described as solid, logical, predictable, and flexible. The option of visiting home was considered as a prerequisite for better outcomes. Parents described the method as easy to comprehend and the professionals were friendly. Informal environment during the process has been appreciated as it leads to more flexibility and caring attitude towards the participants. Because of the environment created by the professionals the participants found themselves confident in sharing and learning. The professionals have been regarded as competent by the parents who are just glad to see their children like to talk about their concerns on parental illness. As far as the structure is concerned the process was is to anticipate and predict by the participants. According to them it has been described as “well thought” “Educational” “Ordinary” “educational” “predictable” “logical” “solid”. Many parents revealed that they have come closer in terms of decision making about their children. For many it was a crucial step to help to find the right word to express themselves.

Key Concepts: “Assurance” and “knowledge” among the participating parents have increased. Ability to talk or express among the parents have been achieved. The Trust upon the method have increased due to its framework, process and competent professionals.
2. Title of the Article: The needs of parents with a mental illness who have young children: An Australian perspective on service delivery, searched by Sage Journals

Author’s Name: Alakus Carmel, Conwell Rebecca, Gilbert Monica, Buist Anne & Castle David

The aim of this Study: The aim of this study is to assist the clients to deal with stresses of mental illness as parents.

Year and Method: 2007, Qualitative Study, Focus group Workshop

Results: The study shows that there is a fear among the parents of being detached from the children while restricting their independence due to mental illness. Many parents are not satisfied due to the lack of information usually provided to them before and after the hospital stay regarding different social services after the hospital stay regarding different social services.

Key Concepts: After receiving the services “Self-awareness” is the key concept found among the parents. “Fear” could be another concept found in the article as the mentally ill parents are afraid of losing their children by child protection authorities in some countries.

3. Title of the Article: Beardslee Preventive family intervention for mentally ill parents with children published by Umeå University

Authors Name: Pihkala Heljä

Language: Swedish

Aim of the Study: The aims of the study is to explore safety and feasibility of the method, perceived impact for the families, and the process of the family intervention from the perspective of the ill parents and their children.

Year and Method: 2011, A Qualitative Study (Interview was taken by the professionals in different stages to investigate the perceived impact of the family intervention among both parents and children)

Results: A majority of parents perceived family intervention positively when asked about its impact on their understanding of children, their feelings of guilt and shame towards the children, in their concern for the children and for their own wellbeing. Seventy-four
percent of the answers to the above questions indicated a positive effect, four percent (N = 18) of a negative effect. For example indicated 76% of parents that their understanding of the children had increased, 98% reported less concern for the children and their own wellbeing experienced as improved by 78% of respondents. Feelings of guilt towards the children experienced decrease of 66% and shame for the 50% of parents who had reported that they had guilt or shame before the FI. Eighty-four percent of parents reported that they had felt guilt towards the children, 78% said they had had feelings of shame and 89% said they had been worried about their children before family intervention. The response pattern was similar when it came to perceived effects with regard to the feeling of being a good enough parent, confidence in the future of their children, the parents' acceptance of self and of relationships with the partner and the children. A majority of replies indicated a positive change.

Key Concepts: Family intervention has been taken as a positive tool to change lives for the purpose of self-wellbeing and family environment. Most participants express their satisfaction about the method and professionals which clearly speaks about the strong effectiveness among the parental groups. Among the participants a sense of “Confidence” in the method and professionals are found.

4. Name of the Article: Distressed fathers and their children: A review of the literature searched by sage journal

Name of the Author: Brenda A. LeFrançois

Year and Method: 2010, A qualitative Study (literature from four countries are reviewed)

Aim of the Study: To review the impact of the fathers with their mental illness upon their children.

Results: Strong parent child relationship is one of the outcomes of this study. The study does not come to a conclusion that mental illness like depression is transferable to children. Poor parenting is found among the fathers with mental illness although it is not well established. The quality of parenting practices of fathers with mental health problems may be poorer than the parenting practices of other fathers, which may increase the risk of their children developing mental health problems as adults (Spector, 2006). Although some literature suggests that depressed parents cope more poorly with their parenting role
than parents who are not depressed (Greene et al., 2008), other researchers indicate that a specific diagnosis (like depression or psychosis) is not useful in predicting parenting difficulties and that not all parents with mental health problems have the same degree of difficulties in parenting (Reupert and Maybery, 2007). This research is not conclusive in terms of determining whether poor paternal mental health is associated with some risks for mental health problems in children in the short term. In the long term, there appears to be an increased risk of developing depression (Spector, 2006) and a range of other mental health problems (Ramchandani et al., 2008) in children when adults.

Key Concepts: “Importance of parent – child relationship” is the main theme found in the study. Apart from the mental illness other factors like poverty, social isolation, racial discrimination and sigma affects healthy relationship and smooth family environment. Initiatives that provide home support for parents may be most effective in minimizing the impact of the parent’s mental health problems on the entire family (Smith, 2004).

5. Name of the Article: Long-term effectiveness of a parenting intervention for children at risk of developing conduct disorder, searched by PubMed

Name of the Author: Bywater Tracey, Hutchings Judy, Daley David, Whitaker Chris, Seow Tien Yeo, Jones Karen, Eames Catrin and Edwards Rhiannon Tudor

Year and Method: 2009, “the incredible years”, basic intervention program was used among the parents n=104 with two terminal follow up.

Aim of the study: The study is to explore if the effectiveness of short term interventions last long term. To observe trends, and costs, in health and social service use after intervention.

Results: There are two findings of the intervention one is short term another is long term. It has a positive impact on the parents which is found in the short term findings. Parents are observed showing more positive behaviour and less negative behaviour towards children. These changes contribute to less parental stress and depression. Much of these behaviour have been observed without providing further social service support even in the long term if the intervention has taken place at early stage of the illness. It is found that the health costs after such intervention decreased in the long term too.
Key Concepts: Improved parent-child relationship is the principal outcomes of the study even in the long term. Effectiveness of the Family intervention as a method has been achieved. It is established here that the Family intervention can be a positive tool to create better living conditions.

6. Name of the Article: Longing and fearing for dialogue with children: Depressed parents way into Beardslee’s preventive family intervention searched by Taylor & Francis online

Name of the Author: Pihkala Heljä, Johansson Eva E.

Aim of the Study: The study aims at exploring what depressed parents considered as obstacles and facilitating factors for accepting Beardslee’s family intervention

Year and Method: 2008, A qualitative Study (Semi structured interviews of ten parents was conducted, nine of them participated in the family intervention)

Results: The process of opening up for dialogue is challenging for parents. However parents are the key players for the preventive approach in the family intervention. The timing for the family intervention was important for the parents. The timing was a factor behind the participation decision and the successful outcomes of the intervention. According to the parents it would be hard to focus on parenthood and children without recovering from depression. Fear of exposure to guilt and shame was commonly found in the study among the parents. There was a huge motivation among the parents about how depression affect their children.

Key Concepts: “Motivation” and “Self-awareness” among the parents are the central theme of the article. The parents used the role of the professionals as “security” to open up their concerns in front of their children.

7. Name of the Article: Beardslee’s Preventive Family Intervention for Children Of Mentally Ill Parents: A Swedish National Survey, published in International Journal of Mental Health Promotion

Name of the Author: Pihkala Heljä, Cederström Anita & Sandlund Mikael
Aims of the Study: To consider the introduction and implementation of the family intervention in Sweden, its safety and its feasibility in clinical services.

Year and Method: 2010, a questionnaire study, number of participating families 103 regardless of diagnosis.

Results: Most parents have taken the intervention as a positive tool to enforce on parent child relationship. According to the parents the method addresses the parental concerns of own feelings, wellbeing and the relationship with the children. There are 74% of the total respondents gave positive answer when the 4% gave negative (N = 18). The sense of being good enough parents, Confidence in children’s future, the parent’s acceptance of him or herself, the relationship with the partner have increased or improved. Out of the total number 93% of the participating parents regards the family intervention as helpful while only 1.5% having negative opinions.

“One parent reported that the FI had been too demanding for his partner at the beginning. Another NIP parent reported that their teenage daughter had begun to use knowledge about the illness as an ‘argument’ against the IP parent”

Key Concepts: Family intervention has been perceived as important resources for improving living conditions within home environment and for “self-wellbeing”. 
Appendices 2

Fig: 1

Parents Considerations of pros and cons in opening up a dialogue about their illness and in participating in Beardslee’s family Intervention. (Pihkala, Heljä & Johansson, Eva. 2008)

Fig: 2 Dynamic Interacting systems of king (King 1981)