Psychiatr. Pol. 2016; 50(4): 873–883

PL ISSN 0033-2674 (PRINT), ISSN 2391-5854 (ONLINE) www.psychiatriapolska.pl

DOI: http://dx.doi.org/10.12740/PP/59312

Empowering families with the experience of mental illness. A presentation of the Polish version of CAMILLE training package

Izabela Tabak^{1,2}, Lidia Zabłocka-Żytka¹, Jan C. Czabała¹

¹Institute of Applied Psychology, The Maria Grzegorzewska University, Warsaw ²Department of Child and Adolescent Health, Institute of Mother and Child, Warsaw

Summary

The paper presents the CAMILLE training package prepared in the EU program Empowerment of Children and Adolescents of Mentally Ill Parents through Training of Professionals working with children and adolescents. The training is designed for psychiatrists, psychologists, social workers, teachers and others working with children and adolescents where a parent experiences mental disorders. The project was realized on 4 stages: (1) pre-analyses (quality and quantity) with professionals, family members and people experiencing mental disorders, in regards to the needs, experiences and expectations in education of professionals working with families of parents with mental illness; (2) development of a new pan-European training program for specialists working with these families; (3) pre-pilot implementation and evaluation of the training; (4) preparing of the final version of the training and pilot implementation in 7 countries participating in the project, also in Poland. The training program consists of 9 subjects, divided into 3 main groups: the basic knowledge (mental disorders, child development, attachment), experiences and needs of the families (experiences of parents, children, stigma), methods of family support (talking with children, resilience, successful services). The pilot implementation of the program showed great professionals' interest in the subject and training methods. The evaluation showed significant positive effects of the training in terms of the raise of awareness of influence of the parent's illness on needs of the child, parental abilities and ability of building the child resilience. The CAMILLE training is a valuable program that can be implemented in Poland.

Key words: mental health, family, empowerment

This work was carried out under the project CAMILLE (Empowerment of Children and Adolescents of Mentally III Parents through Training of Professionals working with children and adolescents) financially supported by the European Commission in the years 2013–2015 (JUST/2012/DAP/AG/3336/2011W198/DAPHNEIII2013).

Introduction

Children with parents suffering from mental disorders are much more prone to the potential occurrence of psychological disorders or psychosocial difficulties [1–3]. We have been noticing a rapid increase of mental disorders, both in Poland as well as the whole Europe [4]. We can therefore expect that the number of children in such situations will increase (it is estimated that about half of all adults with a mental illness care for a child) [5]. As the EZOP study conducted in Poland shows, 10.9% of adults in Poland abuse alcohol (2.2% have been confirmed as addicted), 6.2% suffer from panic attacks, 3.4% from specific phobias, 3% from major depression, 13.5% have been described as "completely unable to work and fulfill every day activities" [6]. They are all disorders that can influence the parental functions.

Families of people suffering from mental disorders need professional support and counseling, in coping with the effects of the illness [7]. Researches clearly show insufficient preparation of people working with children and adolescents from families with a parent with mental disorders, as well as the need for knowledge and professional abilities [8]. Poland and other European countries lack the activities devoted to the empowerment of children and adolescents from such families. Psychiatric care facilities are focused on the needs of the adults or children with mental disorders. There is no support for healthy children [8–10]. World Health Organization in the years 2013–2020 pointed to the strong need of changes in the subject, recommending the increase of activities in terms of the wellbeing promotion of the children with mentally ill parents [11].

The need for greater knowledge and the education of the professionals working with children of parents with mental disorders and the lack of adequate help are the main reasons why CAMILLE project was prepared.

CAMILLE (Empowerment of Children and Adolescents of Mentally Ill Parents through Training of Professionals working with children and adolescents) was a project financed by the European Commission, implemented in the years 2013–2015 in seven European countries: Finland, Norway, England, Scotland, Germany, Italy and Poland. The facilities that were responsible for the CAMILLE program were: UTA School of Health Sciences Tampere University (the coordinator of the project), Nordland Hospital Bodø, Middlesex University London, University of Dundee, University of Essen, ULSS Rovigo, Synergia Milano and the Maria Grzegorzewska University in Warsaw.

Aim

The CAMILLE project aimed to prepare a training program for psychiatrists, clinical psychologists, school psychologists, social workers, teachers and other employees working with kids and adolescents of families where a parent (or parents) experiences mental disorders. The training is to prepare them for the work with such kids and their

families, supporting the right development of the children, empowering their physical and psychological health as well as a proper social functioning. The presented work is the first Polish publication of the article series portraying the results of the project. It is to present the project and the training program CAMILLE.

The CAMILLE project

The project was realized on four stages:

- Analyzing the needs, experiences and expectations in terms of the education of
 professionals working with families of people with mental disorders, analyzing
 existing programs and initiatives focused on the empowerment of children and
 adolescents whose parents experience mental health disorders;
- Working out a new European wide training for specialists working with families of people with mental health disorders;
- 3) Pre-pilot implementation of the training, developed in two countries (Scotland and Norway) along with the initial evaluation of the training program;
- 4) Working out the final version of the training, the translation and the pilot implementation in seven countries participating in the project.

Each research center participating in the CAMILLE project got its own opinion for the initial research and the project implementation from its proper ethical commission. Such permission in Poland was obtained from the Ethic Commission for Scientific Research at the Maria Grzegorzewska University in Warsaw.

The initial research of the CAMILLE program (stage 1) included the quantity tests (surveys of professionals – social workers, psychologists, nurses, teachers, psychiatrists) and quality tests (three types of focus groups: professionals, people with mental disorders, children and partners of people suffering from mental disorders). The tests included 217 people from 7 countries (121 in the quantity tests and 96 in the quality tests; 29 people in Poland). The pilot implementation (stage 4) had 150 participants from 7 countries, including 25 from Poland. The largest group was the group of social workers (25.3%) and psychologists (18.0%). It is worth emphasizing that the trained professionals included both psychiatrists as well as people who themselves struggle with mental health disorders and they are being prepared to work with clients and their families. Including people with the experiences of mental health disorders into the support of patients with mental illness is one of the elements of the client empowerment strategy [12].

Detailed information regarding the procedure and the results of both research stages will be the subjects of separate publications. The research on the effectiveness of the training will be continued. Increasing the number of the trained people will allow for drawing wider conclusions regarding the usefulness of the program for various groups of professionals.

Based on the conducted researches, it has been determined that the need for professionals' trainings is similar in all countries participating in the project. Professionals need both the knowledge and the skills. In terms of knowledge, the expectations of the largest group of participants regard the support of children with a mentally ill parent, the stress experienced by the family members of mentally ill people and the influence of such illness on the development of the child. The desired skills involve increasing the ability of cooperating with various institutions as well as different forms of working with the family. Workshops are the preferred method of the training, as shown by the majority of the professionals [13]. CAMILLE was designed to meet such expectations.

The CAMILLE training

The training aims at passing knowledge, expanding the awareness in the needs of families where one or two parents are mentally ill, enabling the formation of skills needed to empower children in such families. The training begins with the introduction (including the most important initial research results of the CAMILLE project and the information of conduct and the rules of the training, with particular emphasis on the prevention of stigmatization). The main part consists of 9 subjects, divided into 3 groups: basic knowledge (regarding mental health disorders, development of the child and the attachment), experiences and needs of the family (experiences of parents, children, stigma), methods of supporting the family. Each of the subjects has additional materials available to supplement the training.

The form of the training

The training lasts two whole days, however – depending on the needs – it can be stretched out to a few days and sessions. Dividing the training into modules enables to adjust it to specific professional groups participating in the training, having them choose the most adequate and interesting modules.

The training should be held in a place with Internet and multimedia access as it uses the following:

- Multimedia presentations;
- Films (made especially for the CAMILLE program and those available on the Internet);
- Additional materials to read or to fill in;
- Case studies;
- Questions for discussion;
- The basic methods of work are presentations, films and discussions.

The participants of the training

The CAMILLE training is devoted to various professionals: psychiatrists, clinical psychologists, school psychologists, social workers, teachers and others who work or want to work with children and adolescents where a parent experiences mental health disorders. It is also available to the volunteers. It is advised that each group is made of various professionals, as the help to the family with a mentally ill parent is the greatest if various institutions and different specialists cooperate together. Different professions of the participants allow for establishing professional contacts, it also enriches the discussions due to the encounter of different points of view. The training is versatile due to the module composition, where the trainer can adjust the material to the knowledge and needs of the participants.

Trainers conducting the training

The training can be conducted by different professionals, who have appropriate knowledge and skills. It would be best if the training was conducted by two people, the trainer and the co-trainer. The experience and the knowledge of people having experienced mental illness or being the child or a partner of a person with mental illness has great value; therefore it is recommended that one of the people conducting the training (the co-trainer) was a person with the experience of mental illness or from the family where someone suffers from a mental disorder.

Instruction materials and content

The program consists of 9 separate modules:

The basic knowledge:

- Mental illness and the abuse of psychoactive substances. The module includes a presentation of the most common mental disorders, the effects of the psychoactive substance abuse and possible consequences of bringing up a child by a parent with mental health problems and/or abusing psychoactive substances. There are attached extra materials for independent work by the training participants;
- 2) Development of children and adolescents. We have included information about the development of children and adolescents and the potential influence on such development by a mental illness of the parent. There are included additional materials to work in small (3–4 people) groups and a link to a film, which should be the start point for discussion;
- 3) Attachment. In this module there is a presentation about the attachment theory of John Bowlby and Mary Ainsworth [14] and the dependence between the behavior of the child and the attachment with the caregiver. The materials

include a link to a film portraying the Strange Situation Procedure and additional materials regarding the attachment theory. What is more, there are also questions for discussion in the group.

The experiences and needs of the family:

- 4) Living with a parent with mental illness or substance abuse. The module shows the situation of a child of a parent with mental health disorders. It also includes a presentation with basic information, as well as a film (with Polish subtitles) showing a history of Stefanie a young woman, talking about the time when she lived with a bipolar mother as a teenager;
- 5) Being a parent. The module shows a situation of a parent with mental illness, based on an example of Elisabeth, a mother, who talks in the film about her experiences. The module includes also two other case studies for group discussion;
- 6) Stigma. The module includes a presentation of various kinds of stigmatization as experienced by the families of those mentally ill. It includes a film with statements of those who present their experiences and opinions.

Methods of supporting the family:

- 7) Talking with children. This module consists of a presentation on how to talk to a child about the mental illness of the parent;
- 8) Resilience. The module and the included presentation explain the mechanism of resilience, gives ideas and tools to empower children and families; it also includes proposals of group exercises;
- 9) Successful services. The module includes clues and recommendations regarding the development of institutions effectively working on the support of families with mentally ill members. The module includes materials for individual work and exercises in small groups.

During the two day training we are suggesting the following order of the materials:

- Day one: Introduction (including the initial evaluation); Mental illness and the abuse of psychoactive substances; The development of children and adolescents; Attachment; Living with a parent; Being a parent;
- Day two: Stigma; Talking with a child; Resilience; Successful services; Final evaluation.

The experience of the pilot researches has shown, that if one wants to realize all modules, use all the prepared materials, an additional day should be added to the training, so as not to limit the possibility of a free flow discussion of the participants and to avoid a possible rush.

All the materials (in 6 languages, including Polish) have been published on a specially designed website, for the use of both the trainers and the training participants. The trainers will find all the materials and the additional texts, everything needed to conduct a two-days training. The participants have been offered not only the training materials, but also the source texts and readings helpful in assimilating and enriching the knowledge. Free registration and more information are available under www. camilletraining.net.

Discussion

The aim of the CAMILLE project is to promote highly qualified activities of the professionals (psychiatrists, clinical psychologists, school psychologists, social workers, teachers and other workers who work with children and adolescents from families, where a parent suffers from mental disorders) as well as the cooperation between various institutions working for children and adolescents where parents suffer from mental disorders. Such activities are devoted to support the development of those children, as well as providing conditions for proper physical, psychological and social health. Working out and implementing such training program in Poland and other European countries gives a chance to achieve those ambitious goals.

The pilot implementation of the program showed great interest of professionals in the subject and the form of the training, it also displayed areas that need correcting. Those areas have been modified in the final version of the program. The conducted evaluation showed significant positive effects on the following: the raise of awareness and knowledge in the influence of a parent's mental illness on the behavior and need of the child, the parental skills, ability to identify certain behaviors of a child that may point to a risk of disorders and building of the resilience. The participants of the training appreciated the meaning of the cooperation between the institutions and the various professions involved. Detailed results of the program evaluation will be portrayed in the next article.

There are no similar trainings available. Therefore there is a strong need to increase the knowledge and the skills stated by the professionals. Therefore making the CAMILLE project widely available in Poland seems justified. Many European and North American countries have implemented programs aimed at empowering children of parents with mental health disorders, with an active participation of the family. The examples are as follows: Meriden Family Programme [15] using psychoeducational approach, family behavioral therapy and the FAST program [16], developed in the USA and based on the family therapy as well as the social learning theory. We must also mention a similar project to CAMILLE, aimed at the professionals (with families participating only in the first stage), that is the Effective Family Programme implemented in Finland [17]. All those mentioned programs however are implemented only locally.

The first training aimed at empowering children with mentally ill parents, which included the professionals from several European countries was the KIDS' STRENG-HTS (http://www.strong-kids.eu) – project funded by the European Union in the years 2009–2011. It included 9 countries, unfortunately not Poland. The CAMILLE project is the first project in this area implemented in our country. Children of parents with mental health disorders should be individualized and the help should be based – as stated by the resilience theory – on strengthening the strong sides [18]. The proposed training of the professionals fulfills all these assumptions.

The CAMILLE training program is a proposition of extending the knowledge, the awareness and the abilities of various professionals creating teams and working with families experienced by a mental disorder. It is based on the guidelines of The World Health Organization [19] pointing to the need of working in multi-professional teams. In recent years, the advantages of team and interdisciplinary approach have often been emphasized in literature, mainly due to the possibility of the mutual exchange of experiences [20, 21]. However, the preparation of such training for various professionals (such as CAMILLE) has proven to be difficult and associated with certain limitations. The contents presented during the trainings (particularly in the forms of presentation) are only basic, adjusted to be suitable for people who do not have the knowledge in the particular area. Due to that fact, a number of supplement materials have been prepared. Trainers were also sensitized to treat the tools of the program as a starting point for discussion and not a single source of knowledge. It was also possible to select different contents and particular modules, depending on the needs and the professional background of the training participants.

CAMILLE assumes that the key condition for successful empowerment of families experienced by a mental disorder is a proper preparation of the professionals who will serve as their support. Hence the direct recipients of the program are psychologists, psychiatrists, social workers and other professionals working with children and families of people with mental disorders, where the family members are considered as indirect recipients. Most of the family empowerment programs are directed to the children, parents or the whole families which – as numerous researches show – has proven to be highly effective [22, 23]. The approach of the CAMILLE project, however, is compatible with the guidelines of the World Health Organization which calls for professionals trainings to be prepared in tight cooperation between people dealing with education and clinical work [19]. The research of interdisciplinary teams working in psychiatry point to the wide need of professionals training: starting with the communicative skills, through clinical diagnosis and therapeutic skills [24, 25]. The professionals training programs implemented in other countries seem to have measurable effects [26].

Due to the severe consequences in child development resulting from the mental illness of the parent, regarding the emotional, behavioral and social sphere, a professional help for such children is highly needed [27, 28]. There are no European wide

guidelines regarding the empowerment of children with mentally ill parents. Therefore a common use of specialists from many countries who work out a common training program is advisable.

Conclusions

The CAMILLE training is a valuable program. Its availability allows for the implementation in Poland during the training of employees of welfare services, mental health centers, teachers and students of the psychological, pedagogical, nursing or medical departments.

Acknowledgments

We would like to thank all the coordinators and the researchers of the CAMILLE project from Finland, Norway, England, Scotland, Germany and Italy for their enormous input into the creation of the expert training program for professionals working with the families of people with mental health disorders. We would also like to thank all people participating in the initial research, the pilot program and the CAMILLE project evaluation in Poland without whom the project would not have been possible.

References

- 1. Mattejat F, Remschmidt H. *The children of mentally ill parents*. Dtsch. Arztebl. Int. 2008; 105(23): 413–418.
- 2. Maybery D, Reupert A, Patrick K, Goodyear M, Crase L. *VicHealth Research Report on Children at risk in families affected by parental mental illness*. Melbourne: Victorian Health Promotion Foundation; 2005.
- 3. Mowbray CT, Bybee D, Oyserman D, MacFarlane P, Bowersox N. *Psychosocial outcomes for adult children of parents with severe mental illnesses: demographic and clinical history predictors*. Health Soc. Work 2006; 31(2): 99–108.
- Mąka E, Wojtyniak B, Moskalewicz B. Zaburzenia psychiczne i zaburzenia zachowania.
 In: Wojtyniak B, Goryński P, Moskalewicz B. ed. Sytuacja zdrowotna ludności Polski i jej uwarunkowania.
 Warsaw: National Institute of Public Heath National Institute of Hygiene; 2012. p. 173–194.
- 5. Kiejna A, Piotrowski P, Adamowski T, Moskalewicz J, Wciórka J, Stokwiszewski J. et al. *The prevalence of common mental disorders in the population of adult Poles by sex and age structure an EZOP Poland study.* Psychiatr. Pol. 2015; 49(1): 15–27.
- 6. Pitman E, Matthey S. *The SMILES program: A group program for children with mentally ill parents or siblings.* Am. J. Orthopsychiatry 2004; 74: 383–388.
- 7. Reedtz C, Lauritzen C, van Doesum KTM. Evaluating workforce developments to support children of mentally ill parents: implementing new interventions in the adult mental healthcare in Northern Norway. BMJ Open 2012; 2: e000709.
- 8. Ramchandani P, Stein A. *The impact of parental psychiatric disorder on children*. BMJ 2003; 327(7409): 242–243.

- 9. Cooklin A. *Children of parents with mental illness*. In: Combrinck Graham L. ed. *Children in family contexts*. New York: Guildford Press; 2006. p. 265–291.
- 10. Katz I, Hetherington R. Co-operating and communicating: a European perspective on integrating services for children. Child Abuse Rev. 2006; 15: 429–439.
- 11. World Health Organization. *Mental health action plan 2013-2010*. Geneva: World Health Organization; 2013.
- Anczewska M. O umacnianiu pacjentów w procesie zdrowienia. In: Anczewska M, Wciórka J. ed. Umacnianie – nadzieja czy uprzedzenia. Warsaw: Institute of Psychiatry and Neurology; 2007. p.45–82.
- 13. ASE. *Quantitative and qualitative study (focus groups) protocol*. http://www.camille project. info/ [retrieved: 06.03.2015].
- 14. Bowlby J. Przywiązanie. Warsaw: Polish Scientific Publishers PWN; 2007.
- 15. Fadden G, Heelis R. *The Meriden Family Programme: lessons learned over 10 years*. J. Ment. Health 2011; 20(1): 79–88.
- Kratochwill TR, McDonald L, Levin JR, Scalia PA, Coover G. Families and Schools Together: an experimental study of multi-family support groups for children at risk. J. Sch. Psychol. 2009; 47(4): 245–265.
- 17. Solantaus TY, Toikka S. *The Effective Family Programme: Preventative services for the children of mentally ill parents in Finland.* Int. J. Ment. Health Promot. 2006; 8(3): 37–44.
- 18. Pretis M, Dimova A. Vulnerable children of mentally ill parents: towards evidence-based support for improving resilience. Support Learn 2008; 23(3): 152–159.
- 19. World Health Organization. *Mental health: facing the challenges. Building solutions. Report from the WHO European Ministerial Conference, 12–15 January, Helsinki.* Geneva: World Health Organization; 2005.
- 20. McHugh P, Byrne M. *The teamworking challenges of care planning*. Ir. J. Psychol. Med. 2012; 29: 185–189.
- 21. Twomey C, Byrne M, Leahy T. Steps towards effective teamworking in community mental health teams. Ir. J. Psychol. Med. 2014; 31: 51–59.
- 22. Reupert A, Cuff R, Drost L, Foster K, van Doesum K, van Santvoort F. *Intervention programs for children whose parents have a mental illness: a review.* MJA Open 2012; 1(supl. 1): 18–22.
- 23. Siegenthaler E, Munder T, Egger M. *Effect of preventive interventions in mentally ill parents on the mental health of the offspring: systematic review and meta-analysis*. J. Am. Acad. Child Adolesc. Psychiatry 2012; 51: 8–17.
- 24. Clinton C, Pereira S, Mullins B. *Training needs of psychiatric intensive care staff.* Nurs. Stand. 2001; 15(34): 33–36.
- 25. Moschovopoulou A, Valkanos E, Papastamatis A, Giavrimis P. *Training needs of psychiatric nursing staff in acute wards. An empirical study in the psychiatric hospital of Thessaloniki, Greece*. Int. J. Acad. Res. Bus. Soc. Sci. 2011; 1(3): 367–373.
- 26. Tchernegovski P, Reupert A, Maybery D. "Let's Talk about Children": An evaluation of an elearning resource for mental health clinicians. Clin. Psychol. 2015; 19: 49–58.

- 27. Reupert A, Maybery D, Kowalenko N. *Children whose parents have a mental illness: prevalence, need and treatment.* MJA Open 2012; 1(supl. 1): 7–9.
- 28. Trondsen MV. Living with a mentally ill parent: exploring adolescents' experiences and perspectives. Qual. Health Res; 2012; 22(2): 174–188.

Address: Izabela Tabak The Maria Grzegorzewska University 02-353 Warszawa, Szczęśliwicka Street 40