

## Teachers Supporting Students with Parents Having Mental Health Problems. A Scoping Review

### Author's Details:

**Dr. Dirk Bruland,** <sup>(1)</sup>**Dr. Paulo Pinheiro,** <sup>(1)</sup>**Janine Bröder M.Sc.,** <sup>(1)</sup>**Orkan Okan M.A.,** <sup>(2)</sup>**Prof. Dr. Graça S. Carvalho,** <sup>(3)</sup>**Prof. Dr. Luis Saboga-Nunes,** <sup>(4)</sup>**Prof. Dr. Emma Bond,** <sup>(5)</sup>**Patricia Wahl M.Sc.,** <sup>(1)</sup>**Alexandra Fretian,** <sup>(1)</sup>**Prof. Dr. Ullrich Bauer**

<sup>(1)</sup> Centre for Prevention and Intervention in Childhood and Adolescence (CPI), Faculty of Educational Sciences, Bielefeld University <sup>(2)</sup> Research Center on Child Studies (CIEC), Institute of Education of the University of Minho <sup>(3)</sup> ISAMB, Instituto de Saúde Ambiental, Faculdade de Medicina, Universidade de Lisboa <sup>(4)</sup> Faculty Arts, Business and Applied Social Science <sup>(5)</sup> Institute for health research and social psychiatry (igsp), Catholic University of Applied Sciences of North Rhine – Westphalia

### Abstract:

*Children whose parents have mental health issues respond to associated familial stressors with symptomatic behaviors and are, themselves, at considerably higher risk of developing serious mental health problems. Teachers are the most likely professionals who are able to recognize behavior changes and mental health needs of children. This article aims to provide an overview of the current state-of-the-art research on teachers' mental health literacy including how teachers identify and support these children. A scoping review was undertaken with six databases by using English and German search terms for articles published between January 1990 and July 2017. This review identifies a research gap in mental health (literacy) research for a major cause of mental health issues in children. There is little recognition of students' familial environment in the research undertaken. The founded studies show that identifying affected children is difficult for teachers. If teachers identify those children, they have great uncertainties to work with this situation. Identified teachers' responses are insufficient for children and mostly depends on individual attitudes and experience with mental health issues. Teachers are highly stressed by the child's school situation and need support themselves to support children adequately. Better support for teachers is required in order to prepare them adequately to support children. Based on the results opportunities for teachers' mental health literacy are discussed to expand teachers' ability to promote mental health in children with parents having mental health issues as well as future research activities.*

**Keywords:** *mental health promotion, school teachers, student, mental health literacy, family health.*

## 1. Introduction

### Children whose parents have mental health issues

The importance of mental health is expected to increase in the near future. According to the World Health Organization (WHO), depression will be the most common illness in Western countries by the year 2030 (WHO, 2011). Mental health issues are understood as family disorders because they translate into different amounts of stress in individual family members (Bauer, Driessen, Heitmann, & Leggemann 2012). The term parental mental health issue is used for parents experience a mental illness as it is less stigmatizing. Children whose parents have mental health issues (COPMI) are at considerably higher risk of developing serious mental health problems themselves (Beardslee, Versage, & Gladstone, 1998, National Research Council (US), 2009). For example, children of depressed parents have up to the fourfold higher risk of developing depressive disorders than children in general population (Weissman et al., 2016). The psychosocial burden depends on the child's actual experiences of the impact of the parent's parental health issue - the intensity of the disorder phenomena. It has to point out, that regarding the literature COPMI has special needs to cope with this familial situation in contrast to other familial critical life events like divorce. For example, Ohntrup and collaborators (2011) have shown that in a family with a parent experience a mental illness children often get no adequate attention and affection due to the mental health issue and because of the fear of stigmatization children are not supposed to talk about the health situation. Furthermore, due to the severity of the parents' symptoms, those children tend to assume the tasks of providing care, hence parental tasks and put their own needs aside. They are thus urged into "inverted" role relationships. For children, a mental illness is difficult to understand, and deviation from typical family norms can cause anxiety, shame, and big uncertainties (Lenz, 2014).

Different landscapes of burden and coping mechanisms adopted by these children often manifest in their everyday school lives. Although some children achieve less well academically and may withdraw from school activities, others can become aggressive or display other behavioral

problems (Beardslee, Matthejat, & Lisofsky, 2009). These can impact on school life and academic achievement and may lead to a problematic educational biography and more negative long-term outcomes (Powell, 2009). Matthejat (2008) has suggested that, in Germany, over three million children (about one-quarter of all school-aged children) have at least one parent with mental health issues. Yet, research suggests (see for example Beardslee, 2002) that if an adequate individual, familial and community support are available to accomplish developmental milestones, to engage in positive relationships and to understand their own and their family's situation, then children can cope well. The school setting offers a fundamentally important resource for these children. Therefore teachers' knowledge and awareness about this problem are essential. However, the current scientific discussion provides no information on the extent of teachers' abilities to identify and support COPMI. There is also little evidence available which relates to opportunities for teachers for tailored mental health promotion activities for schoolchildren. This paper, therefore, aims to provide an overview of the evidence based on the results of a scoping literature review (Arksey & O'Malley, 2005; Levac, Colquhoun, & O'Brien, 2010) and discuss approaches for supporting COPMI in schools.

### Research approach: teachers' mental health literacy

Competencies to recognize and deal with mental health issues have been subsumed under the term mental health literacy (MHL). This concept has been defined as:

- “the ability to recognize specific disorders;
- Knowing how to seek mental health information;
- knowledge of risk factors and causes, of self-treatment, and of professional help available;
- and attitudes that promote recognition and appropriate help-seeking” (Jorm et al., 1997, p.166).

Due to the high lifetime prevalence of mental health issues Jorm et al. (1997) assumed that everyone experiences mental disorders in the course of his or her life, either by being affected themselves or through contact with others who are

affected. In the mid-1990s the focus of mental illness training was on primary (mental) health-care workers and general practitioners, but not of people in the community like teachers (Jorm, 2015). The MHL concept was based on the view to enhancing public awareness as a target for better identification and management of mental health (Jorm, 2012). Therefore, MHL is not limited to one's own person; it is also linked to the possibility of action to benefit others' mental health. Jorm's (2012) understanding of MHL contains support for other people and the aforementioned higher risk for children of developing a mental health problem due to family circumstances. Therefore it is arguably necessary to expand the component of critical familial life events in understanding teachers' MHL.

### **Purpose of the review**

The aim is to examine the literature and provide an overview of the current research in relation to teachers' mental health literacy regarding COPMI. A scoping review was conducted inspired by Arksey and O'Malley (2005) and Levac et al. (2010). Arksey and O'Malley (2005, p.20) explain the difference to a systematic review as follows:

“First, a systematic review might typically focus on a well-defined question where appropriate study designs can be identified in advance, whilst a scoping study tends to address broader topics where many different study designs might be applicable. Second, the systematic review aims to provide answers to questions from a relatively narrow range of quality assessed studies, whilst a scoping study is less likely to seek to address very specific research questions nor, consequently, to assess the quality of included studies”.

In this understanding, the aim of a scoping review is to examine the existing literature, to summarize the results of the literature, and to identify possible research gaps. It will provide insights into teachers' knowledge and skills relating to MHL, with a focus on providing support for COPMI. This review was conducted with following research questions:

1. What is known from the existing literature about teachers' roles and responsibilities regarding COPMI?

2. What is known from teachers' mental health literacy research related to COPMI and their opportunities in a school setting?

### **2. Methods**

To identify relevant studies the literature research was carried out between April and June 2015 in five databases by using English search terms (PubMed, CINAHL, ERIC PsycINFO, Cochrane Database of Systematic Reviews) and one database using German search terms (PSYNDEX). The results were revisited and updated in May 2017. Google Scholar and Google search engines were used for additional searching. Because of the reported limited quality of Google scholar (Mayr, 2009), this database, as well as Google, is listed as a supplement search, but mainly for grey literature. The search terms were generated by examining a general terminology used in current literature about children having parents with mental health issues, teachers' mental health literacy, and school-based research studies. The first search term “teacher” or “school,” further elements addressed the target of parental mental health or mental health in common (for example mental health literacy: children of mentally ill parents; family risk factor, etc. – see Table 1 in Appendix). Due to the small number of relevant hits concerning research studies directly examining the subject of teachers and COPMI the search was extended. These second step included search terms with synonyms to the general search terms and specific search terms with the most likely mental illnesses like depression. Checking one search term to be sure not to miss a study was step three. In order to ensure a more robust approach, relevant studies were controlled for citation in the database Web of Science Core Collection and the authors of included studies were contacted via e-mail to ask for missed studies.

### **Selection Criteria**

For the purposes of this search, the following inclusion criteria were used: a) English- and German-language b) published in the period from January 1990 until April 2015 c) original studies targeting teachers/school AND COPMI d) no restriction to the country. One of the researchers (DB) searched the databases using the above-mentioned search terms. The initial database search returned 10,103 potential studies. In addition, 11 studies were identified via Google Scholar and the generic search engine of Google as well as other sources like hand-searching reference lists of reviews and key papers found through the search and considered likely to satisfy the

inclusion criteria. Titles and abstracts were screened directly by the researcher and subsequently studies excluded that did not meet the search criteria and duplicates also removed. As a result of this selection process, 114 articles remained, which were assessed in detail. A further selection process followed which additionally excluded studies that met the following exclusion criteria:

- no reference to the target group (teacher and / or COPMI)
- studies addressing children’s mental health in school settings, without regarding their familial or social environment
- school programs addressing children’s mental health, without regarding their familial or social environment
- parental mental health as a predictor of school behavior problems, but no further reference to teacher mental health literacy or teachers dealing with this in school
- studies published more than once and contained the same results only the most recent version was included.

This selection process (see figure 1) resulted in three relevant studies which were included in the in-depth analysis.

### 3. Results

#### I. General Characteristics of the Included Studies

The three studies included for deep analysis were Bibou-Nakou (2004); Reupert and Maybery (2007); and Brockmann (2014). For an overview themes of the studies were charted, as indicated in Table 2 (Appendix).

#### II. What is known from the existing literature about teachers’ roles and responsibilities regarding COPMI?

All analyzed studies in common describe the high responsibility for schools to support COPMI. Bibou-Nakou (2004) refers that schools are important for educational needs as well as for the social experience of children, and in general to offer a social environment for children’s (mental) health. As such, due to a number of time children spend in school, this offers an optimum site for

mental health promotion opportunities and inclusive access for families with reduced less stigma (Bibou-Nakou, 2004).

Reupert and Maybery (2007), as well as Brockmann (2014), indicate that the topicality of parental mental health is important for school settings given to the number of children affected (up to 25 percent). They report that COPMI experience more problems with mental health in school or in later life than children of parents who do not have mental health issues. This becomes evident in school, particularly when children cannot cope well with the situation and show behavioral and emotional difficulties. Possible risks of this are the impact on COPMI’s academic achievement and social inclusion, as mentioned by Reupert and Maybery (2007) and Brockmann (2014), and the additional problem of the family mental health situation (Brockmann, 2014). However, all analyzed articles reported that children could cope well if they have a strong relationship with a significant and functional adult.

Both Bibou-Nakou (2004) and Brockmann, (2014) express that teachers’ role is to identify children’s problems, respond to family’s mental health issues, and fulfill a gatekeeper role to specialist services. In class, Bibou-Nakou (2004) further says that teachers’ responsibilities include how teachers support COPMI, and how they work with educational and social needs of those children, so that “Providing more support and attention to the children of a distressed parent therefore forms a strategy of selective prevention (WHO, 2002) that helps prevent psychological problems from passing from one generation to the next” (Bibou-Nakou, 2004, p. 43).

#### III. What is known from teachers' mental health literacy research related to COPMI and their opportunities in a school setting?

Only one study (Bibou-Nakou, 2004) asks teachers by using the case-vignette method, which is typically for MHL research. These answers give hints to the dimensions knowledge and beliefs regarding COPMI. The study results show that teachers’ perceive the nature and the severity of the parent’s mental health issue as important determining factors for children’s mental health and behavior in school. They were able to identify and describe general risks and resilience factors. However, teachers are also aware of the complexity of mental health in families and that it

requires supportive networks. Bibou-Nakou (2004) further showed that teachers are able to inform COPMI and make sense of parents' behavior if they get enough training and support to do so.

According to Jorms et al. (1997) definition, studies for all MHL-dimensions were analyzed. All included articles report that most teachers state, that identification of affected COPMI is difficult and claim that an information system is lacking. The information regarding COPMI tends to rely on informal chats with other teachers and by interacting with other persons in the community, such as relatives or friends of the affected family (Bibou-Nakou, 2004; Reupert & Maybery, 2007), and school principals (Reupert & Maybery, 2007). Rarely, they get informed from children and/or parents themselves (Bibou-Nakou, 2004; Brockmann, 2014; Reupert & Maybery, 2007), e.g., children inform teachers after being called to explain themselves for misbehavior (Brockmann, 2014).

At the point when teachers identify that a COPMI may require additional help due to family mental health issues, they are usually concerned with the individual circumstances of the child and the possible impact that parent's mental health may have on that child's social and academic achievement (Bibou-Nakou, 2004; Reupert & Maybery, 2007). According to Bibou-Nakou (2004), teachers feel forced to deliver concrete directives in relation to the teaching curriculum with an academic focus and, as such, there is no clarified responsibility for mental health issues. As a result, how to respond appropriately to a child who is experiencing mental health issues in their family is left to the individual teacher. All the analyzed articles (Bibou-Nakou, 2004; Brockmann, 2014; Reupert & Maybery, 2007) describe a lack of formal structures in school, a lack of a framework for the provision of services from school, a lack of sense for this topic in school life, and a lack of training. It is not surprising that all articles describe that teachers feel uncomfortable with situations supporting COPMI, and, furthermore it is a source of stress for teachers trying to handle it. How teachers respond to students' exposure to such situations depends on the teacher's sensitiveness and individual knowledge. An important reported aspect for supporting COPMI are teacher's own personal experiences with mental health issues, maybe from their own mental health or from their own parents, as well as support from other people around the

teacher. Working with these situations serves as training to deal with those situations – “learning by doing” (Reupert & Maybery, 2007).

Bibou-Nakou (2004) further refers that help from specialists is mostly sought on the teacher's own initiative, with no (formal) involvement of school. In this article, about 75 percent of teachers said that although they knew the specialist areas, they knew nothing about their different policies, practice, and priorities. One in four teachers suggested that, according to their experience, there was no help from other professionals (teachers are often involved with other professionals, but only at the point when difficulties arise). Reupert & Maybery (2007) adds that services usually are too far away. In school, the teachers mainly talk to the school principal, to colleagues (Bibou-Nakou, 2004), or ask school social workers (Reupert & Maybery, 2007).

Reupert and Maybery (2007) further report that children's behavior is seen as a factor influencing the teacher's reaction. For example, siblings get very different support due to their behavior in the same school. Teachers can deal better with internally focused behavior than externally focused behavior (Reupert & Maybery, 2007).

The results of this review highlight the different ways teachers respond to COPMI (Table 3 in Appendix), which range from only noticing children's situations without any further action up to searching for specialists on their own initiative or to contact parents to take their needs into account, but school-home-communication is reported with less success. Overall it depends on the individual school situation and the teacher's individual skills and motivation, as well as his/her knowledge about what might be helpful for the particular COPMI (in school). But all offered support reaches a limit: (a) due to meeting curriculum obligations and in addressing children's welfare needs and the lack of time to do both effectively (Reupert & Maybery, 2007), and (b) equality to rate school performance and give a school mark regarding the special situation (Brockmann, 2014).

#### 4. Discussion

School is a suitable place to reach a high number of children and a setting where children are easily accessible for mental health promotion. The aim of this scoping review was to examine the

literature and provide an overview of the current state-of-the-art of teachers' responsibilities, abilities, and opportunities regarding children whose parents have mental health issues (COPMI) and discuss approaches for supporting COPMI in schools. The identified articles confirm the importance of schools supporting COPMI with two arguments: high number of schoolchildren experiencing familial mental health problems and the high influence of familial circumstances on them, which can lead to behavioral and emotional disturbance observed in school. Especially for children like COPMI where home is possible less supportive "school should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems" (Department for Education (UK), 2016, p.8). For these children, teachers have a key function for their (mental) health, regarding educational needs, social experience and as a gatekeeper to specialized services. It has to be stated that measures and interventions are not adequate and miss the real problems if actions focus only on children's school life not taking the wider social environment into account (Brockmann, 2014). Such a mismatch can result in insufficient support and miss opportunities for children at risk.

### Research gap

However, in contrast to the high importance of the mental health problem, only three studies focusing on teachers and COPMI could be found. Teacher mental health (literacy) usually encompasses themes, such as the mental health of teachers or students, but the influence of family environment is not taken into account (see also Reupert & Maybery, 2010). Some other articles (e.g., Anderson & Jimerson, 2007; Heiervang et al., 2007) mention the social environment as a factor for student's misbehavior, with no direct references to parents' mental health status. Conclusively, research in the field of the teacher (mental health literacy) has only focused on the manifestation of children's (mental health) problems but failed to address their social environment like parents mental health issues as a potential cause of children's behavior in a comprehensive manner. COPMI and the abilities/opportunities of teachers working with those school situations is a research gap in spite of the increasing prevalence of mental health.

### Identifying COPMI

Many studies were undertaken on teachers' assessment of children's mental health problems (see review). Therefore, it can be assumed that it is expected that teachers have the ability to identify mental health problems in their students. This is also reflected in political guidelines and documents like the National Service Framework for Children, Young People and Maternity Services from the Department of Health (England) (2004). The teacher's professional role is not and should not involve diagnosing mental disorders, but they should be able to recognize students' behavioral changes and problems (Trudgen & Lawn, 2011). Teachers get to know their students about a long period of time and become familiar with them (depending on the teacher's role as a class teacher) and they also have different strategies to find out information about the family situation (Jancic Mogliacci, 2015). To know about the parental mental health problems is described as a good basis for an adequate reaction to the behavior of the child (Brockmann, 2014). However, it is a challenge to get information about family's critical life events that may have an impact on children's behavior. Teachers emphasize that they would not be able to easily identify COPMI and report that they identify COPMI once or twice during their professional experience (mean number of teaching experience 12 years) (Bibou-Nakou, 2004). As reported in the analyzed studies (Bibou-Nakou, 2004; Reupert & Maybery, 2007), most teachers know about parental mental health issues through informal interactions with colleagues (how these colleagues know is not clear), or with the community (relatives or friends of the family). It seems that 'gossip' is the best strategy to find out about COPMI (Reupert & Maybery, 2007). These results become more remarkable regarding the fact that teachers observe the academic achievement and (social) behavior of children in school, which are highly relevant issues for teacher's classroom management practices. For mental health promotion, it seems to be highly relevant to raise teachers' awareness of the impact of parental mental health issues. At this point an ethical question arises: how much insight should teachers have from students' families and at which point does family privacy begin? According to Bibou-Nakou (2004, p. 45)

“... children’s needs are not seen separately from family needs and legal/welfare or educational intervention is often seen as a threat to families. The problem of protecting the parents’ rights as a parent while at the same time safeguarding the child against the harmful effects of the parents’ mental illness poses complex policy decisions”.

Regarding this issue, no answer can be provided, but the parental perspectives and needs should be taken into account for further research (Reupert & Mayberry, 2007).

### ***Support COPMI and stress for teachers***

How teachers react to children’s exposure to parental mental health issues depends in all analyzed studies on the individual school situation, the teacher’s sensitiveness and skills, and mainly the individual knowledge about what might be helpful for the particular children. Teachers are not sufficiently trained to deal with children who could be negatively affected. The analyzed studies show that teachers feel that they have the whole responsibility for the child in school. When teachers identify a child of a parent with a mental health issue, it is not surprising that they are usually concerned by the situation of and the consequences for that child and highly stressed by the child’s school situation (Bibou-Nakou, 2004; Reupert & Mayberry, 2007). Supporting children with mental health problems and especially COPMI is accompanied by wider problems for teachers to undertake their main tasks, such as teaching in class and associated class management. The most often problems named are not enough time and inadequate training in dealing with the needs of students.

Different studies mentioned that school act when (mental) health problems have a major impact on learning performance and constitute barriers to learning (e.g., Rothi, Leavey, & Best, 2008). But teachers are also very careful not to misinterpret symptoms or dramatize a student’s behavior, partly because of possible negative consequences for children like unneeded contact to youth welfare system and themselves like losing trust (Brockmann, 2014). Furthermore, it seems, that help-seeking has only two extremes: teacher’s suspicion, with no action to seek help, and on the other side serious problems by students which are so apparent, that teachers must intervene with the help of others. Teacher’s suspicion and dealing with the school situation on their own leads to a feeling of insecurity and psychological stress for

teachers. School environments have a highly important role in teachers’ abilities to get support for themselves and children (Sisask et al., 2014). However, all analyzed articles describe a lack of formal structures in school, a lack of a framework for the provision of services from school and a lack of sense for this topic in school life (Bibou-Nakou, 2004; Brockmann, 2014; Reupert & Mayberry, 2007). Such a mismatch can result in insufficient support for teachers and this way in insufficient support for children at risk. Hence, there is a need for more structures in school that support teachers in coping with those situations and to support COPMI. For mental health promotion, a common school approach to work with COPMI and their parents like developing strategies for handling assumptions about familial mental health issues, first interventions strategies, and networking to special services are required.

### **Limitations**

Several limitations of the present study need to be considered. The concept MHL is broadly defined. However, this must be balanced against the feasibility of a search strategy based on the project specification. The main focus lies on teacher’s skills, to identify and support COPMI in school life. Keywords are not standard search terms, e.g., MeSH from PubMed. Nevertheless, a wide range of keywords was used, hand searching of reference lists and contact with all three authors was established, to find studies about the main topic (without any further findings). There is also no further specification of mental health issues. This means there could be a range of disorders from temporary mild mental health to more serious chronic conditions. Because differences in children’s reaction towards a mild versus a chronic condition are unknown, they are not further discussed in this paper. Still, they could have an influence on the way how children cope with these family situations.

Another limitation is that only one researcher (DB) conducted the database search and coded. To check the themes, another researcher (UB) verified the synthesis. A further limitation is the low representability of the literature review for two reasons: only three studies were included in this review, and each of them has a small number of participants. The included studies have different methodological conditions for research: for example, whether the teacher knew about affected students (degree of topic taboo). For this reason,

the comparability is limited. But, in this way the review can be rated as a first initial overview of the literature on the topic. The review was conducted in 2015 but checked in May 2017. The only change in results found: the doctoral thesis (Brockmann, 2014) was published (Brockmann & Lenz, 2016).

### Conclusion

Based on the results, it can be assumed that there is a training paradox for teachers; there is a high family influence for behavioral and mental health problems in schools, but no adequate training for teachers in supporting schoolchildren, that face critical family life events. One crucial, but the mostly unmentioned result of most studies is teachers' professional role for children at risk, as well as the expectations regarding the duties and responsibilities of the school towards teachers and affected children. Working with children in school, identifying mental health problems, and having a gatekeeper role to special services seems to be a reported professional role in general. However, many details of this role related to a problem, which lies behind the school, but which nevertheless influences the student's behavior has not been clarified yet and might be very individual regarding the different school and family situations (Bibou-Nakou, 2004). Understanding their own professional role and the role of schools from teachers' perspective in mental health issues seems to be highly important for coping with those situations. The following opportunities for teachers' mental health literacy are identified:

- raise teachers' awareness about mental health and COPMI
- a common school approach to work with burdened children and their parents
- developing strategies for handling assumptions about family issues
- if teachers find out about familial mental health problems, first interventions strategies focusing child's special needs as well as for the class management with formulated limitations are needed
- and networking to special services.

### 5 References

- [1] Anderson, G.E., & Jimerson, S.R. (2007). Stressful life experiences of children: The correspondence between professional judgments of teachers-in-training and children's perceptions. *Psychology in the Schools*, 44(8), 807-821. doi:10.1002/pits.20267
- [2] Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International journal of social research methodology*, 8(1), 19-32. doi:10.1080/1364557032000119616
- [3] Bauer, U., Driessen, M., Heitmann, D., Leggemann, M. (2012). *Psychische Erkrankungen in der Familie. Das Kanu-Manual für die Präventionsarbeit*. [Mental illness in families. The Manual of the preventive Kanu-intervention]. Köln, Psychiatrie Verlag.
- [4] Beardslee, W. R., Versage, E. M., & Gladstone, T. R. G. (1998). Children of affectively ill parents: a review of the past 10 years. *Journal of the American Academy of Child & Adolescent Psychiatry*, 37(11), 1134–1141. Retrieved from [https://www.researchgate.net/profile/William\\_Beardslee/publication/13477475\\_Children\\_of\\_Affectively\\_Ill\\_Parents\\_A\\_Review\\_of\\_the\\_Past\\_10\\_Years/links/5582db2308ae6cf036c2f9ab/Children-of-Affectively-Ill-Parents-A-Review-of-the-Past-10-Years.pdf](https://www.researchgate.net/profile/William_Beardslee/publication/13477475_Children_of_Affectively_Ill_Parents_A_Review_of_the_Past_10_Years/links/5582db2308ae6cf036c2f9ab/Children-of-Affectively-Ill-Parents-A-Review-of-the-Past-10-Years.pdf)
- [5] Beardslee, W. R. (2002). *Out of the darkened room: when a parent is depressed; protecting the children and strengthening the family*. 1st ed. Boston. Little, Brown and Company.
- [6] Beardslee, W. R., Matthey, F., & Lisofsky, B. (2009). *Hoffnung, Sinn und Kontinuität. Ein Programm für Familien depressiv erkrankter Eltern* [Hope, meaning and continuity. A program for families with depressed parents]. Bonn: Dgvt-BALANCE.
- [7] Bibou-Nakou, I. (2003). Parental mental illness and children's needs: A framework for collaboration between the family and the school. *Psychology: The Journal of the Hellenic Psychological Society - Special Issue: Issues of school psychology and educational psychology*, 10(4), 497-514.
- [8] Bibou-Nakou, I. (2004). Helping Teachers to Help Children Living with a Mentally Ill Parent. Teachers' Perceptions on Identification and Policy Issues. *School Psychology International*, 25(1), 42–58. doi:10.1177/0143034304041502
- [9] Brockmann, E. (2014). *Kinder psychisch erkrankter Eltern in der Schule: Bedingungen und Konsequenzen der Enttabuisierung der*



- elterlichen psychischen Erkrankung im schulischen Kontext auf die Beziehung zwischen Eltern, Schülern und Lehrern – eine qualitative Studie.* [Children of mentally ill parents in the school setting: Conditions and consequences of stopping tabooing of parental mental illness in school on the relationship between parents, schoolchildren and teachers – a qualitative study] Technische Universität Dresden, Dresden. Retrieved from <http://d-nb.info/1069092843/34>
- [10] Brockmann, E., & Lenz, A. (2016). *Schüler mit psychisch kranken Eltern. Auswirkungen und Unterstützungsmöglichkeiten im schulischen Kontext.* [Schoolchildren with mentally ill parents]. Göttingen: Vandenhoeck & Rupprecht.
- [11] Department of Health [England]. (2004). *National Service Framework for Children, Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People.* Retrieved from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/199959/National\\_Service\\_Framework\\_for\\_Children\\_Young\\_People\\_and\\_Maternity\\_Services\\_-\\_The\\_Mental\\_Health\\_and\\_Psychological\\_Well-being\\_of\\_Children\\_and\\_Young\\_People.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199959/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_The_Mental_Health_and_Psychological_Well-being_of_Children_and_Young_People.pdf)
- [12] Department of Health [England]. (2016). *Mental health and behaviour in schools. Departmental advice for school staff.* Retrieved from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/508847/Mental\\_Health\\_and\\_Behaviour\\_-\\_advice\\_for\\_Schools\\_160316.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf)
- [13] Heiervang, E., Stormark, K. M., Lundervold, A. J., Heimann, M., Goodman, R., Posserud, ... Gillberg, C. (2007). Psychiatric Disorders in Norwegian 8- to 10-Year-Olds: An Epidemiological Survey of Prevalence, Risk Factors, and Service. *Journal of the American Academy of Child and Adolescent Psychiatry.* doi:10.1097/chi.0b013e31803062bf
- [14] Isaksson, P., Marklund, B., & Haraldsson, K. (2013). Promoting mental health in Swedish preschool–teacher views. *Health Promotion International.* doi:10.1093/heapro/dat084
- [15] Jancic Mogliacci, R. (2015). *Teachers' capability-related subjective theories in teaching and learning relations.* Bielefeld University, Bielefeld. Retrieved from <https://pub.uni-bielefeld.de/download/2730720/2730721>
- [16] Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). 'Mental health literacy': a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia,* 166(4), 182-186. Retrieved from <https://www.mja.com.au/journal/1997/166/4/mental-health-literacy-survey-publics-ability-recognise-mental-disorders-and>
- [17] Jorm, A. F. (2012). Mental health literacy: empowering the community to take action for better mental health. *American Psychologist,* 67(3), 231–243. doi:<http://dx.doi.org/10.1037/a0025957>
- [18] Kutcher, S., & Wei, Y. (2014). School mental health literacy: a national curriculum guide shows promising results. *Education Canada,* 54(2), 22-26. Retrieved from <http://www.ceace.ca/education-canada/article/school-mental-health-literacy>
- [19] Lenz, A. (2014). Kinder psychisch kranker Eltern [Children with parents having mental disorders]. Hogrefe, Göttingen.
- [20] Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation Science,* 5(69). doi:10.1186/1748-5908-5-69
- [21] Mattejat, F. (2008). Kinder mit psychisch kranken Eltern. Was wir wissen und was zu tun ist. In F. Mattejat & B. Lisofsky (Eds.), *Nicht von schlechten Eltern. Kinder psychisch Kranker* [Not from bad parents. Children of mentally ill parents] (pp. 68–95). Bonn: BALANCE.
- [22] Mayr, P. (2009). GOOGLE Scholar als akademische Suchmaschine. *Mitteilungen der Österreichischer Bibliothekarinnen und Bibliothekare,* 62(2), 19-28.
- [23] National Research Council (US). (2009). *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention.* Washington, D.C.: National Academies Press.
- [24] Ohntrup J.M., Pollak E., Plass A., Wiegand-Grefe S. (2011). Parentifizierung – Elternbefragung zur destruktiven Parentifizierung von Kindern psychisch erkrankter Eltern. In S. Wiegand-Grefe, F. Mattejat, A. Lenz (Eds.). *Kinder mit psychisch*

- kranken Eltern. Klinik und Forschung [Children with parents having mental disorders. Clinical practise and research] (pp. 375-398). Göttingen: Vandenhoeck & Ruprecht.
- [25] Powell, J. J. W. (2009). Von schulischer Exklusion zur Inklusion? Eine neoinstitutionalistische Analyse sonderpädagogischer Fördersysteme in Deutschland und den USA. In: S. Koch & M. Schemann (Eds.), *Neo-Institutionalismus in der Erziehungswissenschaft. Grundlegende Texte und empirische Studien* [Neoinstitutionalism in educational science. fundamental texts and empirical studies] (pp. 213-232). Wiesbaden: Springer VS..
- [26] Reupert, A., & Maybery, D. (2007). Strategies and Issues in Supporting Children Whose Parents Have a Mental Illness within the School System. *School Psychology International*, 28(2), 195-205. doi:10.1177/0143034307078098
- [27] Reupert, A., & Maybery, D. (2010). Families affected by parental mental illness: Australian programs, strategies and issues. The (missing) role of schools. *International Journal for School-Based Family Counseling*, 2, 1-16. Retrieved from [https://www.researchgate.net/profile/Darryl\\_Maybery/publication/268371334\\_Families\\_affected\\_by\\_parental\\_mental\\_illness\\_Australian\\_programs\\_strategies\\_and\\_issues\\_The\\_missing\\_role\\_of\\_schools/links/55162fa90cf2f7d80a3672db/Families-affected-by-parental-mental-illness-Australian-programs-strategies-and-issues-The-missing-role-of-schools.pdf](https://www.researchgate.net/profile/Darryl_Maybery/publication/268371334_Families_affected_by_parental_mental_illness_Australian_programs_strategies_and_issues_The_missing_role_of_schools/links/55162fa90cf2f7d80a3672db/Families-affected-by-parental-mental-illness-Australian-programs-strategies-and-issues-The-missing-role-of-schools.pdf)
- [28] Rothi, D. M., Leavey, G., & Best, R. (2008): On the front-line: Teachers as active observers of students mental health. *Teaching and teacher education: an international journal of research and studies*. 24(5), 1217 – 1231. doi:<http://dx.doi.org/10.1016/j.tate.2007.09.011>
- [29] Sisask, M., Värnik, P., Värnik, A., Apter, A., Balazs, J., Balint, M., ... Wasserman, D. (2014). Teacher Satisfaction with School and Psychological Well-Being Affects Their Readiness to Help Children with Mental Health Problems. *Health Education Journal*., 73(4), 382-393. doi:10.1177/0017896913485742
- [30] Trudgen, M., & Lawn S. (2011). What is the Threshold of Teachers' Recognition and Report of Concerns about Anxiety and Depression in Students? An Exploratory Study with Teachers of Adolescents in Regional Australia. *Australian Journal of Guidance and Counselling*, 21(2), 126-141. doi:<https://doi.org/10.1375/ajgc.21.2.126>
- [31] Weissman, M. M., Wickramaratne, P., Gameroff, M. J., Warner, V., Pilowsky, D., Kohad, R. G., Talati, A. (2016). Offspring of Depressed Parents: 30 Years Later. *American Journal of Psychiatry*, 173(10), 1024-1032. doi:10.1176/appi.ajp.2016.15101327
- [32] World Health Organization (2011). Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level. Retrieved from [http://apps.who.int/gb/ebwha/pdf\\_files/EB130/B130\\_9-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB130/B130_9-en.pdf)

#### Author Profile



**Dirk Bruland** works since March 2015 as a research assistant at the Health Literacy in Childhood and Adolescence Consortium (HLCA) – subproject Teacher Mental Health Literacy (Teacher MHL). He completed his doctorate in Educational Science at the Bielefeld University in 2017. The M.Sc. degrees in Public Health from Bielefeld University was received in 2009, and he is a certified social pedagogue since 2007.

## 6 Appendix

Figure 1: Flow chart of search process

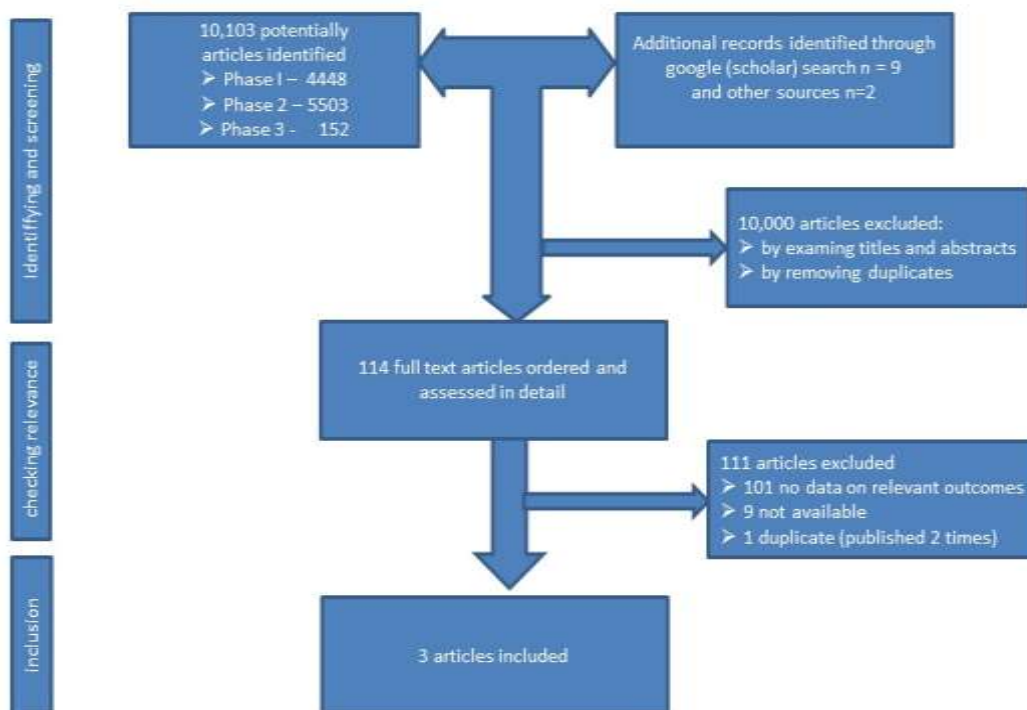


Table 1. Search terms sorted by examination phase

Examination Phase I 08/04/15 – 16/04/15		Cochrane Database of Systematic Reviews
<b>PubMed, CINAHL, ERIC PsycINFO</b>	teacher AND mental health literacy school AND mental health literacy teacher AND children AND mental health AND parent* „children of mentally ill parents“ AND teacher school AND „children of mentally ill parents.“ teacher AND critical life event* teacher AND awareness AND mental health teacher AND recognition AND mental health, teacher AND identify* AND mental health teacher AND "family risk factor." teacher AND awareness AND "mental illness." teacher AND family AND „mental distress.“ school AND family AND „mental distress.“	school teacher „children of mentally ill parents.“ mental health literacy
<b>PSYINDEX</b>	Lehrer AND psychische Belastung Lehrer AND psychische Störung Lehrer AND psychische Erkrankung Lehrer AND Kinder psychisch kranker Eltern Schule AND Kinder psychisch kranker Eltern Lehrer AND familiäre Belastung Lehrer AND Familie AND Risikofaktoren Schule AND Familie AND Risikofaktoren	
Examination Phase II 04/20/15 – 04/23/15		Cochrane Database of Systematic Reviews
<b>PubMed, CINAHL, ERIC PsycINFO</b>	teacher AND mental health promotion, school AND mental health promotion teacher AND parents with mental illness school AND parents with mental illness teacher AND parent* AND depression school AND parent* AND depression teacher AND parent* AND anxiety school AND parent* AND anxiety teacher AND „psychological health“ AND parent* school AND „psychological health“ AND parent* parent* AND „psychiatric illness“ AND teacher parent* AND school AND "psychiatric illness." teacher AND "psychological illness" AND parent* school AND "psychological illness" AND parent* parent* AND school AND "chronic illness." parent* AND „chronic illness“ AND teacher parent* AND „chronic disease“ AND teacher parent* AND „chronic disease“ AND school	mental health promotion
<b>PSYINDEX</b>	Lehrer AND Prävention AND psych* Lehrer AND Gesundheitsförderung AND psych* Schule AND Elter* AND psych* AND Gesundheitsförderung Schule AND Prävention AND psych* AND Eltern Schule AND Eltern AND Depression Lehrer AND Elter* AND Depression Lehrer AND Elter* AND Angststörung Schule AND Elter* AND Angststörung Schule AND Elter* AND chronische Krankheit Lehrer AND Elter* AND chronische Krankheit	
Examination Phase III 05/15/15		
<b>PubMed, CINAHL, ERIC PsycINFO</b>		<b>PSYINDEX</b>

<p>teacher AND mentally ill parents  teacher AND mental ill parents  school AND mentally ill parents  school AND mental ill parents</p>	<p>Eltern AND psychisch Lehrer</p>	
<p><b>Additional Search</b></p>		
<p>Google</p>	<p>Google scholar</p>	
<p>04/16/15  teacher „mental health literacy.“  school „mental health literacy.“  school and „children of mentally ill parents.“  teacher and „mentally ill parents.“</p>	<p>04/16/15  school „mental health literacy.“  teacher „mental health literacy.“  teacher „children of mentally ill parents.“  school family „mental distress.“  teacher family „mental distress.“  Schule Kinder psychisch kranker Eltern  Lehrer Kinder psychisch kranker Eltern</p> <p>04/24/15  school AND parents with mental illness  teacher AND parent* AND depression  school AND parent* AND depression  teacher AND parent* AND anxiety  school AND parent* AND anxiety  teacher AND „psychological health“ AND parent*  school AND „psychological health“ AND parent*  parent* AND „psychiatric illness“ AND Teacher  parent* AND school AND "psychiatric illness."  teacher AND "psychological illness" AND parent*  school AND "psychological illness" AND parent*  parent* AND „chronic health“ AND school  parent* AND „chronic health“ AND teacher  parent* AND school AND "chronic illness."  parent* AND „chronic illness“ AND teacher  parent* AND „chronic disease“ AND teacher  parent* AND „chronic disease“ AND school</p>	

Table 2. Overview of included studies

Author	Year of Publication	Country	Research Type	Methods and Number of Participants	Research Question (Aim of Research)
Bibou-Nakou I. (Study S1)	2004	Greece (European pilot project)	qualitative	15 focus groups of 8 primary teachers (68 female and 52 male), and individual responses to a case-vignette	<ul style="list-style-type: none"> <li>To establish the degree of which the COPMI are identified in the school setting.</li> <li>To explore the ways in which the school setting has developed, or needs to develop, in order to identify and help those children.</li> <li>To discuss with teachers how they understand and appreciate the roles and responsibilities of other professional groups involved in the care of children living with a distressed parent.</li> <li>To establish concerns, questions, and issues for teachers and assist in setting multi-agency agendas for dealing with parental mental health and children's well-being.</li> <li>To establish teacher perceptions of the impact of mental illness on the children's behavior.</li> <li>To evaluate formal/informal mechanisms for bringing together teachers and all concerned professionals to plan proactively for the needs of the children.</li> </ul>
Reupert A., Mayberry D. (Study S2)	2007	Australia	qualitative	9 semi-structured interviews, including 6 teachers, 2 school counsellors and 1 high school principal (anonymously nominated by affected families)	<ul style="list-style-type: none"> <li>How was the situation of the child identified?</li> <li>What training, support, and information were useful?</li> <li>What did they do in terms of teaching and/or counseling practices?</li> <li>How did they work with the child's family?</li> </ul>
Brockmann E. (Study S3)	2014	Germany (doctoral thesis)	qualitative	12 semi-structured interviews with teacher from secondary schools (3 male and 9 female), also 12 parents and 10 children	<ul style="list-style-type: none"> <li>What reasons are crucial for parents to inform the teacher about their mental health issues?</li> <li>In what situational context do parents inform teachers about their mental health issues?</li> <li>Which aspects promote breaking the taboo of parental mental health problems in school?</li> <li>What aspects are a hindrance to breaking taboos about parental mental health problems in school?</li> <li>What support of the child and the burdened parent themselves are expected from parents after informing the teacher?</li> <li>What impact has teachers' knowledge of mental illnesses regarding the contact between teacher and child or teacher and parent?</li> <li>Is reporting familial mental health problems limited to a teacher or expanding to other teachers, school social workers, and classmates?</li> <li>Will the topic "parents with mental health problems" be discussed in children's class?</li> <li>What conditions have teachers to work with COPMI?</li> </ul>

Table 3: Overview of how teachers work with affected students and their frameworks?

S1= Bibou-Nakou, 2004; S2 = Reupert &amp; Maybery 2007, S3 = Brockmann, 2014

I) Absence of school supportive structures	III) Dealing with school situation	IV) Evaluating the success of interventions
no formal structure in schools (lack of policy) (S1,S2,S3)	notice it (if parents tell) or discuss it with children (S3)	With regard to the child: behavior in school (S1)
no report to outside service (several reasons: distance, lack of knowledge about services, e.g., policy, negative experience in the past) (S1,S2)	educational management (S2,S3) adapt teaching and tasks to children's needs	With regard to the parents: frequent of communication and service using (S1)
lack of training and knowledge (S1,S2,S3) (intervention based on personal experience and learning by doing)	non-educational management (S2,S3)emotional and physical needs (like offering breakfast), engage children in school life	With regard to the intervention: mutual trust between teacher and schoolchild and parents (S1)
not all teachers are sensitive to mental health issues (S2)	class management (high level of uncertainty) (S2,S3) dealing with mental health issues (programs like MindMatter mentioned as useful)	
<b>II) structural challenges</b>	school-home communication (less success reported) (S2,S3)	
structural system (teacher under pressure to produce results – curricula) (S1,S2,S3)	inter-agency planning (school principal, colleagues, school social worker, a specialist on own initiative) (S1,S2,S3)	
feeling responsibility (children need is teachers responsibility, but no problems with the school like family mental illness) (S1)		