International Psychogeriatrics (2018), 30:12, 1899–1900 © International Psychogeriatric Association 2018

LETTER TO THE EDITOR

doi:10.1017/S1041610218000248

Introducing a family intervention to elderly with first episode psychosis

Schizophrenia guidelines list family interventions as an efficient means in reducing relapses. Interventions aim to help families cope with their relative's problems more effectively, provide support and education, and reduce levels of distress and improve the family communication (see deHaan *et al.*, 2002).

There are only a few studies available on three-generation mental health, mostly affective disorders, and hardly any including four generations. Including the worries of underage children in the interventions is an important aspect of family psychoeducation and a preventive measure in mental health (Solantaus *et al.*, 2010).

Our study is a sub-study of the Helsinki Old-Age Psychosis Study (HOPS) (Louhija *et al.*, 2017). We aimed at inventorying the needs of families of hospitalized first episode psychosis (FEP) persons over 60 years of age. If the close family included underage children, the patient and the family were offered a brief modeled psychoeducational intervention named "Let's talk about grandchildren" (Solantaus *et al.*, 2010). Out of the five sessions, one was held separately for the patient, two for the family members, and two for the patient and the family together. The families were encouraged to talk about grandparent illness, current problems, and answer children's questions. Psychiatric nurses trained for psychoeducation were responsible for the intervention. The patient's nursing care managers participated in sessions.

A revised version of the Care Burden Scale for relatives (Bergmark and Wistedt, 1989) was applied. The participants evaluated the intervention by a 15-item visual analogue scale.

In total, 17 out the first 50 HOPS-participants met the inclusion criteria. Eight families agreed to participate and four completed the program. Two patients withdraw for medical reasons and two for other reasons. All four patients were females. The family members were one spouse, two daughters, and two sons.

The families had experienced a change in life routines and distress caused by the unpredictability of the patient's behavior. Psychotic behavior caused challenges especially when the patient had no insight about her condition. Risk of inheritance was brought up. No children attended but grandmother's behavior was discussed at home.

The family members felt that the intervention gave them "more words" to discuss the illness. Information concerning patient's mental condition and psychiatric treatment was valued. All families had a positive attitude to medication. The evaluations given by the patients were rather neutral: "it is useful to meet with the experts."

The reluctance of the elderly to reveal about "personal" matters may partly explain the low recruiting level. Family psychoeducation may be most suitable when the need for information is greatest. If introduced too early, the patient may not be able to discuss any family issues; if introduced close to discharge, the patient may not be motivated to any new interventions.

Individual customization and sessions tailored according to one's needs are necessary. The intervention should be integrated to the patient's psychiatric treatment. Intervention approaches suiting the needs of families not used to psychosocial ways of thinking are needed (Leavey *et al.*, 2004) as well as studies looking at the effectiveness of the psychoeducation with FEP patients.

Conflict of interest

None.

Description of authors' roles

T. Saarela formulated the research question, designed the study, coordinated the data collection, analyzed the data, and had main responsibility for writing the article. U. Louhija supervised the identification and selection of the participants and assisted with writing the article. M. Johansson planned and supervised the family interventions and participated in data analysis. B. Appelberg assisted with participant selection, supervised the research process, and assisted with writing the article. K. Juva assisted with participant selection and writing the article.

Acknowledgments

We thank all families who participated in this study and our family therapists Jasmi Jauhonen and Riitta Alopaeus for their contribution.

Downloaded from https://www.cambridge.org/core. IP address: 100.26.182.28, on 16 Sep 2019 at 23:08:45, subject to the Cambridge Core terms of use, available at https://www.cambridge.org/core/terms. https://doi.org/10.1017/S1041610218000248

References

Bergmark, T. and Wistedt, B. (1989). CBS-R: a new scale for burden on relatives, and effects of education. Unpublished report. Psykiatriska Institutionen, Danderyds Sjukhus.

deHaan, L. ***et al.*** (2002). Priorities and satisfaction on the help needed and provided in a first episode psychosis. A survey in five European Family Associations. *European Psychiatry*, 17, 425–433.

Leavey, G., Gulamhussein, S., Papadopoulos, C., Johnson-Sabine, E., Blizard, B. and King, M. (2004). A randomized controlled trial of a brief intervention for families of patients with a first episode of psychosis. *Psychological Medicine*, 34, 423–431.

Louhija, U. M., Saarela, T., Juva, K. and Appelberg, B. (2017). Brain atrophy in first episode psychosis. *International Psychogeriatrics*, 29, 1925–1929. doi:10.1017/S1041610217000953.

Solantaus, T., Paavonen, E. J., Toikka, S. and Punamäki, R. L. (2010). Preventive interventions in families with parental depression: children's psychosocial symptoms and prosocial behavior. *European Child & Adolescent Psychiatry*, 19, 883–892. doi:10.1007/s00787-010-0135-3.

Tuula Saarela,[1] Monica Johansson,[2] Ullamarja Louhija,[3] Björn Appelberg[1] and Kati Juva[3]

[1] Department of Psychiatry, Helsinki University Hospital, Helsinki, Finland

[2] Preventive and Psychoeducational Family Interventions, Functional Child & Family Methods, Heinola, Finland

[3] Department of Geriatric Psychiatry, Helsinki University Hospital, Helsinki, Finland

Email: tuula.saarela@kolumbus.fi

Downloaded from https://www.cambridge.org/core. IP address: 100.26.182.28, on 16 Sep 2019 at 23:08:45, subject to the Cambridge Core terms of use, available at https://www.cambridge.org/core/terms. https://doi.org/10.1017/S1041610218000248