

LET'S TALK ABOUT CHILDREN

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Annexes 1-3 for logbooks for services working
with families of children of different ages

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Food for thought for family members -1



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SHARED UNDERSTANDING AND CO-OPERATION IN THE FAMILY

In Let's Talk about Children approach, shared understanding in the family means that caregivers and children understand each other and have a similar conception of a family situation. **Parents understand their children's experiences and feelings and likewise, children understand their parents' behaviour and actions in the situation.** What happens in the family makes sense to both children and caretakers.

Understanding each other builds a feeling of connection and belonging in the family and lays the foundation for co-operation, for solving difficult issues and a smooth day-to-day life.

Having a shared understanding is important in any family, but especially important in families facing challenges that are difficult to talk about. Examples of this are parental exhaustion, tension caused by stress, disease, mental health and substance use issues, unemployment, financial problems, etc. They will affect the parents' behaviour and family life in a way that often makes children insecure, maybe even fearful, and unsure of how they should be. When faced with difficulties, a shared understanding and co-operation are essential for the family's resilience, ability to manage and go on.

Example. Parents have financial worries. They are under great pressure and argue a lot. Children become scared and lie awake at night, afraid that the family will split up. During the day, their tiredness and worries make them cranky. Parents haven't even considered breaking up, but the tension they feel makes them angry with their cranky children. This leads to a harmful spiral.

Talking about the situation and building a shared understanding is helpful for everyone and puts a stop to the spiralling tension and conflict. The parents learn to understand their children's fears and behaviour, promise to talk in a more constructive manner and assure that although things are difficult at the moment, everything will be all right.

The parents also decide to ask for children's help and ideas in making ends meet. The father says: "Jim you need a new jacket, but we do not have the money to buy the one you really liked in the store the other day. You were sorry and so was I. Do you have any ideas what we could do?" Jim is pleased to be asked but stays quiet for a while. His big sister Lena interferes: "I could take you to a second-hand store, I know one which has pretty good clothes. Many of my friends buy their clothes from that store. What do you think?" Jim nods, although a bit hesitantly.

The children received an explanation for the parents' arguments and tone of voice. They were reassured that the family is not splitting up and, on top of it all, they were invited to be a team with parents to help the family manage in the present situation. They started to sleep peacefully at night. However, sometimes it is very difficult to initiate a discussion with children about problems which are usually thought of as "adults' problems". Annexes no 2 and 3 will help you begin.

Food for thought for family members and professionals -2

TALKING ABOUT DIFFICULT ISSUES WITH YOUR CHILDREN

Every family has hardships to deal with at times. Some hardships and their consequences are really difficult to talk about even among adults, let alone with children. Issues related to caregiver's psychological distress and mental health are among them. However, they have an impact on one's mood and behaviour and hence, on family life and interaction with others. **Family members, including children, are puzzled. The family member facing such problems is often as puzzled and as everyone else.** Everyone in the family needs to be able to make sense of what is happening and what to do. This means that **children need an explanation by caregivers to what they have seen, heard, felt, thought of and feared and a discussion on what to do in different situations.** An open and constructive discussion is needed.

Issues covered in this paper apply to different kinds of hardships in the family. When a family faces difficulties, like severe illness in a family member, unemployment, economic issues, relationship issues, being in exile, it all impinges on caregivers. Caregivers act like a buffer for children, but the situation can become overwhelming also for caregivers and they are likely to become irritable, impatient, depressed and anxious. They might anger easily at others, withdraw and sleep poorly. These symptoms have implications for children in all families, not only in those where caregivers suffer from diagnosable mental health disorders. Therefore, we are talking about us all. There is no "us and them".

It has to be pointed out, that we are not talking about a one-session discussion but a process of talking about difficult issues in the family. It proceeds one step at a time as understanding develops gradually in the flow of days and months. Situations change and children grow older. Caregivers' and children's understanding of mental health and psychological reactions and how to deal with them develop with experience. **It is hoped in LTC that talking about difficult issues, cherishing understanding between family members and searching for solutions together becomes at best a family tradition.**

Open and constructive discussion is needed and we will now ask Why?

'Annex 2 is a shortened version of Annex 3



An open and constructive discussion ...

1. **helps caregivers** understand their children, their experiences and behaviour, as well as their own behaviour and its meaning to children
 - a. Why is my child always so angry? Why so quiet and withdrawn? Why does the little one hang onto me all the time? Why is the adolescent never at home?
There can be many reasons for such behaviours, but these examples and many others can also stem from children's worries and uncertainty of what is happening at home
 - b. Caregivers learn to understand their own behaviour and how children's reactions make sense
2. **helps children** understand and make sense of the caregivers' behaviour and family situation, as well as their own reactions and behaviour
 - a. Why does mummy cry so much? Why is daddy so angry all the time?
 - b. Is it because of me? Children's self-blame is addressed
 - c. Children understand their own reactions, how they make sense in the situation at home:
I am not a bad child
3. **helps children and caregivers** understand each other and look for solutions together for everyday encounters, which is needed especially in situations affecting children
 - a. **Being part of creating solutions makes children feel and understand that they are valued and important members of the family.** Children are initiative and often have good ideas!
 - b. Children learn to know what to do in different situations rather than remaining helpless
4. **gives children** an access to the caregiver: the difficult topic is open for discussion and children can ask questions and turn to caregivers when they want to.
5. **makes family relationships** easier, more relaxed, by making it unnecessary to hide things from others and to be ashamed and feel guilty



In short, three main aims of talking with children about difficult issues

1. **to help caregivers understand their children**, children's experiences, reactions and feelings and their meaning for children
2. **to help children understand their caregivers**, their behaviour and the family situation, and understand themselves, their own experiences and reactions in the family situation
3. **to help caregivers, and caregivers and children to support each other and to work out solutions to together**

What to talk about

- **Children need to have a sense that caregivers are there for them** and help them understand what is going on. Children have also their own questions and experiences to bring into the discussion. The aim is for caregivers and children to have a dialogue, rather than an information session. On the other hand, do not put any pressures on children to talk. They might be very quiet to start out with, which is fine.
- **To understand what is happening and to relate to family members, children need an explanation to what they have seen, heard, felt, thought of and feared.** Children do not need an information package of mental disorders to begin with. Time for factual information comes later and depends also on the child's age.
- **Children have many thoughts and questions in their mind.** Children wonder what is going on, what is the matter? Will the caregiver get better, and how, and when? What happens to our family? Will I also get it? They wonder if they have done something to cause it and what they could do to help. They might also feel that they cannot have fun with friends when caregivers are not well. Take up these issues in the course of your discussions even if children do not ask about them.
- **What not to talk about?** is the other important question that caregivers struggle with.

Children do not need to know details of caregivers' problems. Children, no matter what their age is, should **not** be made travel companions for caregivers, someone who is there for sharing the hardships in the caregiver's life. If a caregiver needs such a person for support and to talk to, they should be encouraged to ask for a friend's help or find a professional.

Let's picture that a caregiver has been up for most of the night with horrible nightmares, and is still half asleep at breakfast table. Their mind is occupied by the nightmares, but instead of telling about them, the caregiver says: "I'm sorry about being somewhat out of it now, but I slept poorly.

Don't worry, I will wake up soon!" The caregiver acknowledged the problem, gave an explanation and told how the situation will get solved. **The three key steps in these discussions with children, and why not also with adults.**

Caregivers are advised not to tell children issues that have no relevance in children's lives. For instance, telling children about the miseries of one's childhood and maybe of one's own parents might turn them into burdens also for children, especially if they have a caring relationship with the particular grandparents. If those issues bother the caregiver, they should be discussed among adults.

How to start talking about difficult issues

- **It would be helpful if caregivers, in advance, figured it out together,** what their message was going to be, and how it will be expressed. If this turns out to be difficult, ask help from professional collaborating with you in LTC.
- **Children react to caregivers' problems in many ways.** Be sensitive to their reactions and follow their lead. You can also try to anticipate how each child might react in order to be prepared to support and comfort them, no matter what their reactions are. The reactions can range from one end to another, from desperate crying to anger and blame, or not wanting to hear anything. **Overall, it is important to listen to children, encourage them to continue, comfort them and to try to understand even their hurtful reactions.** There is so much stigma around on psychological and psychiatric problems that especially older children might have been subjected to them.
- **To start out, you can choose a concrete and fairly simple situation** where the child was present and you behaved in a symptomatic way. You will learn by experience how it all goes and can deal with more complex situations later.

For instance:

- "Have you noticed that I have been very quiet lately, that I have been very much in bed?"...
- For older children "I have been feeling low for some time. Have you noticed?" The young person nods. "Have you heard of something called depression?" A nod again "What do you know about it?" That people are tired. "That is what I have ... it makes me very tired but often also angry. Have you noticed that?" ...

- **Use expressions familiar to children**

With small children, the caregiver might call the problem by the main symptom. They can have a sleeping sickness, a crying sickness, a crankiness or an anger sickness, or whatever is right for your situation and children.

Young people use the internet and might have read different kinds of information about mental health issues. Depending on the situation, it might be a good idea to go to the net together to see and discuss those contents.

- When the discussion has been started, it often continues spontaneously in situations like doing the dishes, baking, watching Tv, being on a walk, and so on. This is, indeed, the aim, to talk about family issues freely, when they come to mind.

Togetherness, hope and future

Hope and optimism about the future are often compromised, when a family faces severe problems. If difficulties are not shared, the silence creates a distance between family members. It strengthens the sense of hopelessness.

- **First of all, AND THIS IS A MUST: Always**, when you talk about something, that is difficult in the family, **tell children** what is being done and will be done to go forward: **there is a future**. For instance: tell children that the caregiver receives treatment (the caregiver is ill); we can make plans together how to get by with less money (economic problems); both of us, we love you and take care of you, even if we separate (relationship problems), and so on.
- **Furthermore, invite children to search for solutions together with you. It is about making family members into a team and building the road to the future.**

An example: A caregiver says to children: “As you know, I have difficulties getting up in the morning when you leave for school. Do you have any wishes or ideas how we could best arrange the mornings?” There is also **another example in Annex 1**, where a caregiver asks the child’s help to manage with less money. **A third example** could be a situation where one child has become responsible for too much house work and caring for younger siblings. The parents have the family members and also members of the extended family to make a plan together how those tasks could be carried out without burdening the child.

Children turn into team members and actors in such situations, rather than being passive objects – and they have good ideas! **Children learn that they can make a difference and they feel needed and valued.**

- **Make sure that children feel welcome to turn to you any time** they would like to, be it because of worries and questions or simply of getting support or having fun with you.
- **Indeed, talking about difficult issues need not be only sad, but also include fun and enjoyment.** When the child in the family of economic problems gets a new jacket, why not celebrate it with... ice cream? And when everyone gets a breakfast and goes to school in time, wouldn’t that be worth a celebration?

In conclusion

Discussing difficult issues within the family and searching for solutions for day-to-day encounters make caregivers and children feel closer. A sense of togetherness is fostered, as well as a trust and hope in the future. **Open and constructive discussion and solving difficult issues together contribute to resilience in hard time.**

Food for thought for family members and professionals -3

TALKING ABOUT DIFFICULT ISSUES WITH ONE'S CHILDREN

Every family has hardships to deal with at times. Some hardships and their consequences are really difficult to talk about even among adults, let alone with children. Issues related to caregiver's psychological distress and mental health are among them. However, they have an impact on one's thinking, mood and behaviour and hence, on interactions with others. **Family members, including children, are puzzled. The family member facing such problems is often as puzzled and as everyone else.** An open and constructive discussion is needed to create shared understanding and to make it possible to search for solutions. Not talking about problems makes it very difficult to solve them.

'Discussion' is not the right expression here because it is often understood as one discussion session, however it is used here because of its brevity. A better expression would be a process of talking or a process of discussing. Talking about family issues is never done at one go, but it lingers over time and happens in several occasions, passing incidents, encounters, in planned sessions. Situations change, a hardship wanes, something else emerges, children and caregivers grow older and situations are understood in new ways.

Therefore, **it is hoped in LTC that talking about difficult issues, cherishing understanding between family members and searching for solutions together becomes at best a family tradition.**

The first question is why to talk about these issues and what can be gained. Three dots ... means that the discussion continues whichever way the participants like to take it.



An open and constructive discussion

1. **helps caregivers** understand their children, their experiences and behaviour, as well as their own behaviour and its meaning for children
 - a. Why is my child always so angry? Why so quiet and withdrawn? Why does the little one hang onto me all the time? Why is the adolescent never at home?
There can be many reasons for such behaviours, but these examples and many others can also stem from children's worries and uncertainty of what is happening at home
 - b. Parents understand their own behaviour and how children's reactions make sense
2. **helps children** understand and make sense of the caregivers' behaviour and family situation as well as their own reactions and behaviour
 - a. Why does mummy cry so much? Why is daddy so angry all the time? Is it because of me?
 - b. Even scary situations can be explained and clarified
 - c. Children's self-blame and feelings of guilt are expressed and addressed
 - d. Children understand their own reactions, how they make sense in the situation at home
3. **helps children and caregivers** understand each other and look for solutions together for everyday encounters, which is needed especially in situations affecting children
 - a. Children are initiative and creative and often have good ideas
 - b. Children learn to know what to do in different situations rather than remaining helpless
 - c. **Being part of finding solutions makes children feel and understand that they are valued and important members of the family**
4. **gives children** an access to the parent: the difficult topic is open for discussion and children can ask questions and to turn to the parents when they want to
5. **makes family relationships** easier, more relaxed, by making it unnecessary to hide things from others

In conclusion, discussing difficult issues within the family and searching for solutions for day-to-day encounters make caregivers and children feel closer. A sense of togetherness is fostered, as well as a trust and hope in difficult times. **Open and constructive discussion and joint problem solving contribute to resilience in hard times.**



What to say, what to talk about?

Children need help to understand what is happening in the family. It is important for children – and all family members - to be able to make sense of what is going on and to know what to do. Furthermore, parents are worried about their children and children are worried about their parents, often alone without sharing their worries with anyone and getting comfort. Children do not need an information package of mental disorders to begin with. Time for factual information comes later and depends also on the child's age.

In the LTC approach, we hope that children can discuss their feelings and experiences with caregivers and get an explanation for what they have heard, seen, experienced, thought and feared. Furthermore, caregivers understand their own reactions and behavior and what they mean for their children. Shared understanding, understanding one another develops in the family.

What not to talk about?

Children do not need to know the details of caregivers' problems. Children, no matter what their age is, should **not** be made travel companions for caregivers, someone who is there for sharing the hardships in the caregiver's life. If the caregiver needs a person for support and to talk to, they should be encouraged to ask for a friend's help or find a professional.

Do children need to know the causes of caregivers' mental health problems? An important question with two responses.

Example No 1. Children's caregiver suffers from severe depression. Children have a well-functioning and close relationship with a grandparent. This grandparent was not interested in their own child, the caregiver as a child, and left their family quite early. The process was traumatic for the caregiver and might have contributed to the present depression. The grandparent re-established the contact only when grandchildren started to come, whom the grandparent learnt to love. The caregiver has now fallen ill with depression and childhood memories have come to mind.

Should the caretaker tell the children about their childhood experiences with the grandparent? Children will of course be curious and ask Why are you feeling so bad?

A caregiver does not need to tell children such issues that have no relevance in children's lives. Telling children about the miseries of one's childhood and negative experiences of the children's grandparent might turn those issues into burdens also for the children and certainly have an impact on the grandparent-child relationship. If those issues bother the caregiver, they should be discussed among the adults and grandparent.

On the other hand, if the grandparent's behaviour is still negative and hurtful towards the caretaker and it affects family life, it is likely that children sense the tension. If it continues despite adults' efforts to solve it, it would be good to talk about it with children, but again, children do not need to know the details.

However, as always in real life, there are hardly ever simple answers to important questions.

Example No 2. This is a family with a single mother and two children. The dear maternal grandmother has fallen ill with a severe, maybe lethal disease. The mother decides not to tell the children, wishing to spare them from the worry. The mother herself is feeling low and also desperate. The grandmother has been very dear to her and also of great support. She calls her mother often, goes to see her in the hospital and tries to hide all this from the children.

The children do not know what the matter is but they feel and see from the mother's looks that something bad has happened. They respect the mother's silence and do not ask about it. They lie in bed awake during the night, it is difficult to focus on school homework, they do not go out with friends.

It is a sad moment, when the mother tells her children about the grandmother's illness. However, it is also a moment when the parent and children can share the sadness and are able to support and comfort each other. A little later they start making plans how they could all go and see the grandmother in the hospital and what might cheer her up. The mother also says to the children that it is fine for them to go out with friends and have fun: "Grandmother would really like it!"

A well-known wisdom tells us that a shared joy is doubled, a shared sorrow halved.

How to start a discussion

It is common to refer to a recent situation where the caregiver behaved in a symptomatic way and the child was present. Before approaching the child, it would be helpful if the caregivers or the caregiver with their support person discussed different situations and chose an easy one to begin with. More complicated situations can wait for a later time. It would be important for children and also to the caregivers themselves to do this together.

Some starters:

- "Have you noticed that I have been very quiet lately, that I have been very much in bed?" ...
- "I got very upset with you this morning, but it wasn't about you, and I did not do it on purpose, I am sorry." The child looks up surprised." It has happened before, too. It must be hard for you, when I am angry like that, all of sudden, without a reason?"
- For older children "I have been feeling low for some time. Have you noticed?" The young person nods. "Have you heard of something called depression?" A nod again "What do you know about it?" That people are tired. "That is what I have ... it makes me very tired but often also angry. Have you noticed that?"

Talking often continues quite spontaneously, once it has been started, for instance during a walk, playing a game, doing the dishes, baking. These discussions are often brief, but important parts of the continuum.

Example No 3. A caregiver behaves in a symptomatic way. The child looks puzzled and does not know what to do. If the caregiver is ready for it, they can respond to the child immediately: “You look puzzled ... Do you wonder why I did (this)?” The child says Mmmm. “I will try to tell you what it was... although it is a bit difficult to explain ... this is why I ...”

Symptoms of distress are a concrete way to start the discussion. The more difficult part comes when the child asks: “Yes, you stay in bed, but why do you do it, why are you tired all the time?”

How to explain mental health disorder to a child

Mental health and mental health disorders and problems are difficult to understand and explain, also for adults. However, the explanations that caregivers give to their children do not need to be professional. The aim is to help children understand the parent and their own experiences, rather than provide a professional or medical explanation. A parent can also say that I do not know all of those things and add: “Let’s try to sort it out together.”

Young people use the internet and might find different kinds of information about mental health issues. Depending on the situation, it might be a good idea to go to the net together to see and discuss those contents.

Overall, it is important to use simple and concrete language, to listen to the child and go on with their guidance. If the child tells you with words or restless movements that this was enough, say yes, this was fine, we can continue later.

Example No 4. The caregiver is afraid of germs and wipes the plates several times before setting the dinner table. Later to the child: “I am sure you wonder why I wiped the plates ... I thought that there were germs on them and I needed to wipe them out. But there were no germs, I know it now. However, when I am setting the table, it always comes to me: I believe there are germs and I have to wipe the plates – I bet you have noticed this, right? It might even be a little scary, to have your mom do something strange like that?”
...

“Why do you do it?”

“It is my mind that does not function ok. You know, when you have stomach flu, you throw up. Your stomach does not function well and makes you throw up. One’s mind can be like that. One of the jobs of the mind is to observe what is happening and to create thoughts. But when the mind is ill, it can create wrong thoughts. My mind tells me that there are germs on the plates even though there are no germs, and that I have to believe it and wipe the plates. Then, later, I realize that this was not true. But it might still happen when I am setting the table.” (Continues later)

Example No 5. With small children it is important to use expressions that arise from their experiences. Some parents have named their problem according to the main symptom. A caregiver can have a sleeping sickness, a crying sickness, a crankiness or an anger sickness. Children understand immediately what the caregiver is talking about.

The aim is to have a discussion also with small children. Don’t dismiss their expressions as immature, wrong, or funny. The words reflect how the child struggles to understand what they are experiencing. A child may also not wish to say anything, and that is fine.

Childrens' reactions

The situation when caregivers tell their children about their problems for the first time is very sensitive for all participants, no matter what the problems concern, mental health issues, economic troubles, caregivers' relationship issues. Everyone is fragile and on guard in their own ways. Children's reactions can range from one end to the other, from settling into the discussion and asking to know more, crying and searching comfort from you, demanding you to stop talking, closing up and leaving the room, all the way to anger and blame towards the caregivers.

Children's reactions can be painful for caregivers, and yet, caregivers should be able to let children talk without critique. Before talking with children, it is recommended that caregivers agree on what they would like their message to be, how they would like to express it and also, to make a plan how to support children afterwards. These issues are relevant even though everything might go in a totally different way from expectations.

Caregivers know their children and have a hunch on what to anticipate. Older children and adolescents might have been subjected, for instance in their peer culture, to negative attitudes towards people with mental health problems and those living in poverty: abusive language, laughter, jokes, bad talk to peers with mental health problems or poverty, etc. If this is the case, the young person's own reaction could be fierce:" So you are mad! Get out of here, go to a madhouse!" This is very painful to hear and it is good if caregivers had prepared themselves to something like this. It tells about the young person's fear and fright, it is a panic reaction. Stay by the youngster, they need you and will gradually realize that you are there for them, no matter what. You can also say, if this was the case, that you, too, were terribly frightened when you realized what the problem was, but now, here I am.



Children's questions

There are a lot of issues in children's minds. Here are some common and important ones. It might be difficult for children to put some of them into words. In that case, caregivers are encouraged to initiate the respective discussion.

Will you get better? When? When will you be like you were before?

Why are you so angry? Why are you afraid of going to the shop? Why do you cry all the time? Why... (concerning caregiver's symptoms)

Will you hurt yourself... do you want to die? (a caregiver has talked about doing harm to themselves, has done it, does not eat, etc.)

Have I caused it? It would be good if caretakers spontaneously tell the children that they are not to blame, they are not the cause of caregivers' problems.

What happens to your family?! Will you get divorced? What about us? (There is tension in the family)

What can I do to help you? Note: children can be of great help in situations where caregivers' distress reactions interfere in everyday encounters. **Their question opens the door to solving such situations together. See Example No 4.**

However, children cannot cure the caregiver, if that is what the child means. Therefore, **the caretaker is encouraged to tell that they receive help from others, they are seeing a doctor and they get medication.**

Will I also get it (mental health problems)? Do I already have it?

Can I go out with my friends, leave you alone? (If the child has cut down activities and meeting friends, this is an issue which needs caregivers' attention, even if the child does not ask about it. This is crucial to discuss and solve, because friendships are important for children in many ways and especially when life is difficult)

As you can see, there are many big issues on children's minds. Sometimes you might not know how to respond, and that is fine. You can say that you need to think a bit, or that maybe you could try to find an answer together. There is time for it all.

We will turn now to a very important if not crucial part of the discussion, how to cherish hope for the future.

Opening the door to future and hope

When children are told something that is difficult in life, it is important to always explain what is being done to go forward. Let children know how the caregivers are taking care of themselves and dealing with the situation, and even better, that children can also be involved in solutions. It is soothing for the child to know that they can do something to help, and that the parent is being taken care of. **This builds up hope for the future.**

Our research has shown that parents' optimism about the future of their children and family was strengthened with LTC intervention*, which was a wonderful and important finding.

With a baby, one can speak in a gentle voice saying, "Mummy is feeling low. I'm not smiling like before, but I can hold you dearly in my lap and I'm getting help".

The mother wiping the plates in Example No 4 says to the children:

"My mind is ill and I have visited a doctor. The doctor has given me medicine to help me get better. I also can talk about my wellbeing. You do not have to be worried about me and any time you feel like it, come and talk to me."

Children ask: "Could we do something to help you when you are wiping the plates?" The caregiver tries to remember some occasion when the wiping had stopped and remembers a situation when something had interfered and stopped it. "Yes, I wonder... we could maybe try ... if you could somehow catch my attention to something else, the wiping might stop. Should we try, what do you think?! But remember, it might not do it or it takes several efforts. "

The next day at dinner time, the children leave the room to do some thinking. Finally, they come back. They present a sketch so funny that the mother bursts out laughing forgetting all about germs.

If the caregiver has tried suicide, it is very natural for children to worry about it even if the caregiver has recovered. To the child: "You know I had miserable thoughts and took pills, but I have received help. I am not going to do it again and even if such thoughts came again, I have people to turn to for help. Would you tell me, always, if you start worrying about it again and we will sort it out together."

Remember that the first discussion is a beginning. If it does not work out the way you expected, do not worry. It is important that you have opened the discussion. It is like sowing a seed, which will grow with time. You will see, situations emerge, often unexpectedly. **Creating a shared understanding is a long process, and every family proceeds their own way.**

The booklet **How Can I help my children?** (Solantaus, illustrations Ringbom) talks more about this and gives further advice on talking with children.

*Solantaus T, Toikka S, Alasuutari M, Beardslee WR, Paavonen EJ. (2009) Safety, Feasibility and Family Experiences of Preventive Interventions for Children and Families with Parental Depression. International Journal of Mental Health Promotion 11 (4):15-24.

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