

Introduction

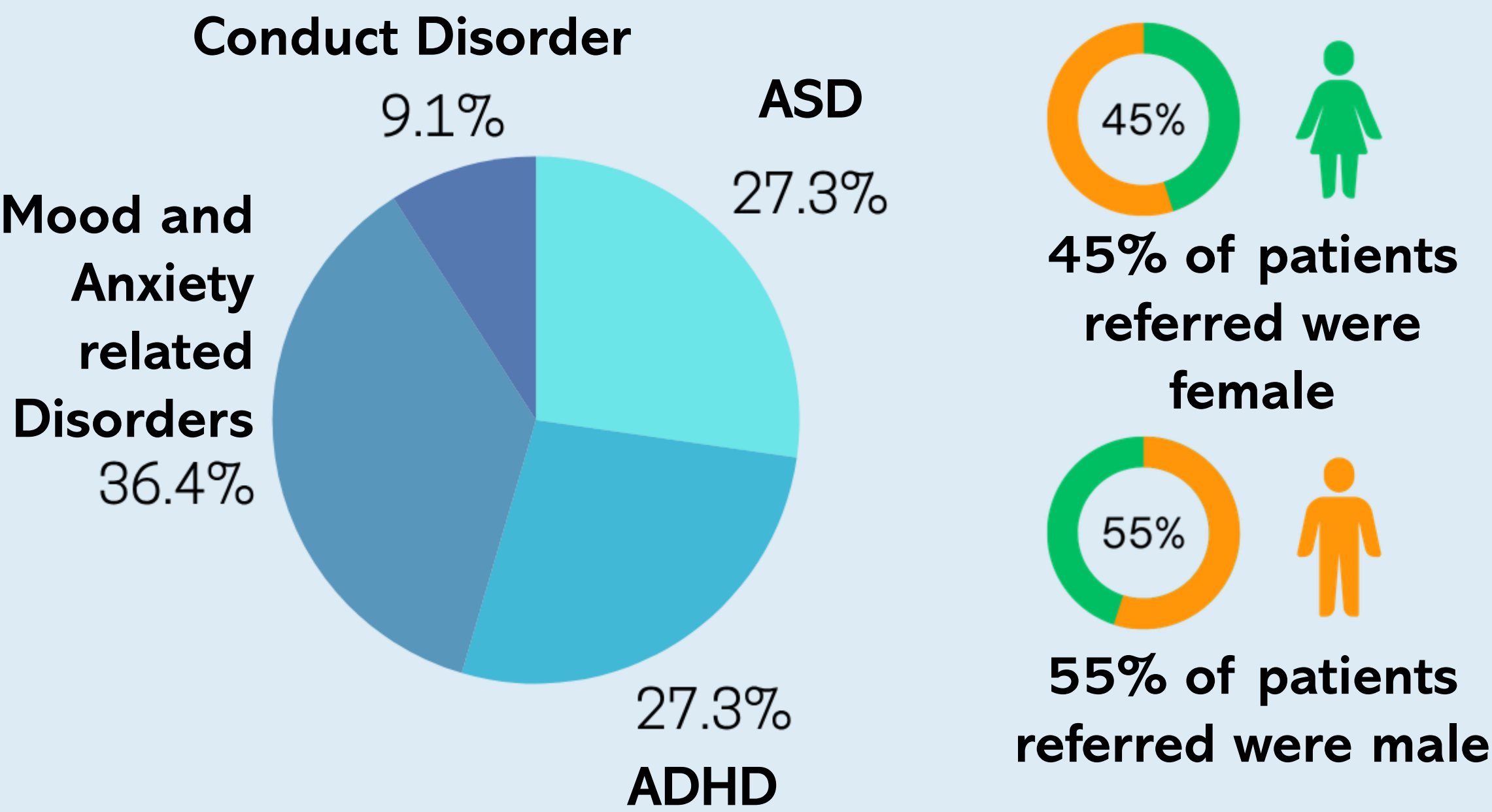
Mental health disorders in children and adolescents represent a significant and growing public health concern. Early intervention is critical, as approximately 50% of all lifetime mental health conditions begin by age 14, and 75% by age 24¹. Treatment approaches have historically focused on the individual, overlooking the role that family systems play in shaping outcomes. The family environment shapes attachment security, emotional regulation, identity development, and coping capacity². Family interactions characterized by high conflict, poor communication, or emotional unavailability can act as significant stressors increasing vulnerability, exacerbating symptoms, and reinforcing maladaptive behaviours in at-risk young people³. Evidence supports the efficacy of family therapy across a range of conditions commonly seen in Child and Adolescent Psychiatry (CAP), including mood disorders, eating disorders, conduct disorder, and early psychosis⁴.

Aims and Objectives of the Programme

The children and adolescents seen by REACH West rarely present in isolation from their families. Family dysfunction, poor communication, couple difficulties, and parental mental illness are frequently present. Individual intervention alone cannot address these factors. As caseload complexity grows, a systemic intervention becomes clinically necessary. REACH West is well-placed to provide this: an existing multidisciplinary team, established relationships with schools, social services, and community providers, and a community-based setting together create the conditions for family therapy to integrate meaningfully into the service — extending the team's capacity to intervene not just on the child's symptoms, but on the relational environment sustaining them.

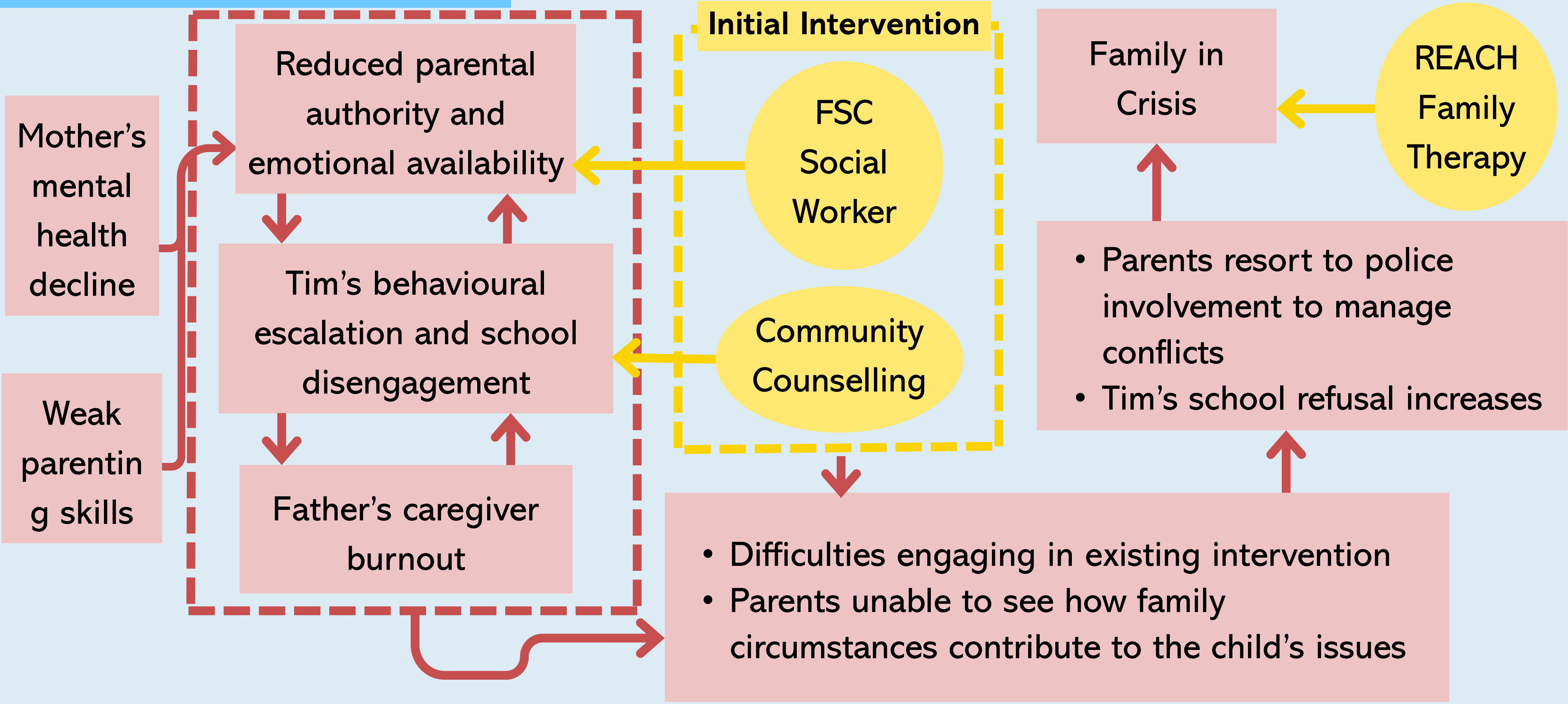
Methodology/the service

Presenting Difficulties and Gender Demographics of Children referred to the REACH Family Therapy Service



case study illustration

*Tim is a pseudonym to protect the patient's identity.



Tim* was referred by school to REACH at age 11 for gaming addiction concerns accompanied by increasing school disengagement. His difficulties started to emerge about 2 years prior to his referral, coinciding with his mother's significant mental health deterioration. Despite coming from an intact family, multiple caregivers in the home were themselves experiencing mental illness, creating a layered environment of stress and reduced parenting capacity.

Discussion

What the case illustrates:

01

Reframing the unit of treatment

Behavioural symptoms can be understood as adaptive responses to family disruption: children might lack the verbal and emotional sophistication to articulate distress, and might enact it instead. Their behaviours may serve a homeostatic function, unconsciously attempting to stabilise or draw attention to a family system in crisis.

02

Complementary nature of family therapy

Despite involvement from multiple service providers, Tim's trajectory worsened. Introducing family therapy is particularly valuable in CAP as it addresses the relational and systemic context while individual work addresses the child's internal world. Externalising the problem from any one individual helps families to engage honestly and commit to change

03

Treating Children of Parents with Mental Illnesses

Caregiver burnout and parental psychopathology greatly reduce their capacity to implement recommendations, maintain boundaries, and provide emotional scaffolding. As these are one of the strongest predictors of treatment outcome, it should be addressed as a primary treatment target rather than alongside the child's care plan.

Conclusion

The establishment of a family therapy service within REACH West helps us to better understand and respond to the mental health needs of children and adolescents. By engaging both children and their families within a shared clinical formulation, the service can directly intervene on factors — caregiver burnout, disrupted attachment, inconsistent parenting — that individual disciplines can identify but have limitations in addressing. Equally, systemic thinking equips the team to coordinate more meaningfully with schools, social services, and community providers around a shared understanding of the child's needs.

Acknowledgements
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Related literature
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