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The FAMILY consortium focuses on mentally-ill persons and their families, and aims to improve their lives. By systematically integrating the family context in the study of mental disorders, families will be considered as an extra source of information beyond only individual information and allow the identification of the risk of transmission of mental illness from parents to offspring. FAMILY aims to better understand the mechanisms of this intergenerational transmission of mental illness and to gain prediction power from the family context. We additionally will address key bioethical and social issues raised by the concept of intergenerational risk transmission and risk prediction.

Advanced insights can fundamentally change the clinical approach to mental illness, by providing new (family-based) risk prediction models for the early identification of adults and children at risk and to deliver ethical guidelines to guide its implementation. This will accelerate preventive and treatment intervention in vulnerable families and help target resilience strategies to prevent the transition from health to disease despite high familial risk.

WHY IT MATTERS

Despite ample evidence that mental illness runs in families, why, how, and when risk for mental illness is passed from parents to children is still poorly understood. To answer these questions, we not only need to identify the underlying risk factors and mediating (biological) mechanisms, but also when these factors operate, e.g. during fetal development, early childhood, adolescence, and into adulthood.

At the same time, resilience factors that counteract existing risks and elucidate their mechanisms of actions need to be identified. Only then can we advance our understanding of the onset of mental illness and uncover new targets for the development of preventive strategies to break the intergenerational cycle of mental illness and to support families' strengths.





OUR APPROACH

FAMILY first tries to better understand the *mechanisms* of intergenerational transmission of mental illness and determine why, how, and when mental illness is likely to pass from parent to child using human and animal data. Second, we will try to gain *prediction* power from the family context by the innovative combination of statistical modelling of genetically informed designs, causal inference, multimodal and multilevel normative prediction using environmental, behavior, clinical, neuroimaging, genetic, and epigenetic information from parents and their

offspring. FAMILY utilises methods from social sciences to map social and ethical consequences of risk prediction models to prepare clinical practice on its future implementation. Specifically, this experimental bioethics approach will enable the development of ethical guidelines for professionals to assist in the clinical use of prediction models, as well as empowerment of patients and their families.

FAMILY will bring together the largest existing human (epi) genetic and neuroimaging datasets from both within-family population cohorts and familial high-risk offspring studies, as well as utilise innovative animal models to shed light on pathways underlying intergenerational risk transmission. FAMILY will focus specifically on risk for mood and psychosis symptoms and diagnoses but our predictive modelling approach, however, will deliver a generic approach that can be implemented to investigate other psychiatric symptoms and diagnoses as well.

PARTNERS



 The FAMILY consortium is a five-year interdisciplinary, multi-site project, involving 16 partners from Europe and the US.

FAMILY IN A NUTSHELL

FULL PROJECT TITLE Running in the FAMILY - Understanding and predicting the intergenerational transmission of mental illness START DATE 1st October 2022 5 years DURATION 16 institutions from 10 countries **MEMBERS** € 10 973 909.75 **EC FUNDING** Prof. Neeltje van Haren (ERASMUS MC) SCIENTIFIC COORDINATOR PROJECT MANAGEMENT Juliane Dittrich (concentris) family-project.eu PROJECT WEBSITE



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