

Improving the outcomes for families affected by parental mental illness

Scott Yates and Lina Gatsou, De Montfort University Leicester, United Kingdom

Summary

Our work demonstrates the need and the potential for multi-agency frontline services, mental health services, and schools to work collaboratively with children, parents, and whole families to improve mental health outcomes.

Training based on our Think Family-Whole Family Programme can help services to identify families needing support; work with families to improve mental health literacy; intra-family communication and family relationships; and develop supportive environments that reduce stress and the burdens of their illness.

Key recommendations

- **1. Improve awareness of parental mental illness (PMI) in education, health, and social services.**
- **2. Train frontline workers in collaborative whole-family work.**
- **3. Ensure services support such whole-family work around PMI.**
- **4. Improve resources and information for schools, parents, children, and young people.**

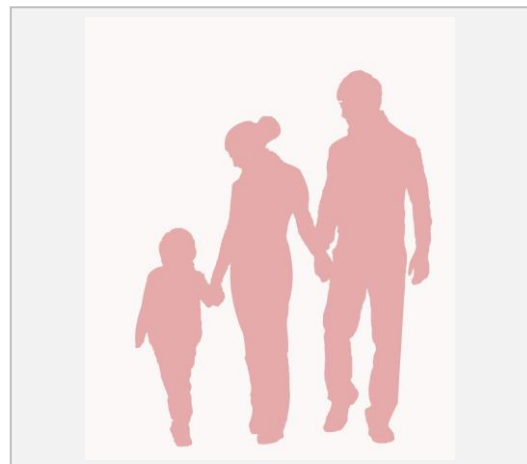
Introduction

Parental mental illness (PMI) is a significant but under-recognised public health issue in the UK and across the world. Approximately 68 per cent of women and 57 per cent of men with mental health problems are parents¹, and 23 per cent of children in the UK have a mother with a mental illness, with the incidence being higher in more deprived areas².

Most families where a parent has a mental illness cope quite well, but for a significant number, especially those facing other sources of stress, the illness can make family life more challenging and raise the risks of negative outcomes. Children of parents with PMI are overall more likely to develop mental health problems of their own, and to experience other emotional, social, and academic difficulties³.

There is also a significant population of young carers who care for a parent with a mental illness. The demands of this caring role allied with the unpredictable progress of mental illness can bring additional burdens and uncertainty⁴. Unwell parents are also more likely to find parenting more difficult and to report difficulties in their relationships with their children⁴.

Despite the significance of these issues, PMI is still not well understood, identified, or supported in frontline services that work with children, parents, and families⁵. There is an urgent need to improve practice in this area.



About the study

The Think Family-Whole Family Programme was initiated as a collaboration between De Montfort University and Leicestershire Partnership NHS Trust (LPT), with the input of world-leading external advisors, stakeholders, and service-users, to transform practice in frontline services and improve outcomes for families who had a parent with a mental illness.

Beginning with NHS funding in 2011, this programme set out to address two key gaps in knowledge and mental health service provision - the lack of research establishing the means by which PMI has a negative impact, and the lack of practice-focused research, reflected in the lack of family-focused interventions for working with PMI.

This initial phase saw the development of our research-based Think Family-Whole Family training intervention, comprising:

1. A programme of awareness-raising, education, and training for multi-agency professionals into the nature of PMI and its impacts on families;
2. An eight-session intervention protocol;
3. Research into how PMI affects families in contact with health and social care services, how current practice works with these families, what families need, and how practice can be improved.

This programme was refined based on emerging evidence and delivered to all Early Help Service workers and Support Families workers in the Leicester City and Leicestershire County local authorities. In 2018, we adapted it to train teachers and pastoral staff in schools to improve how they identify and respond to the needs of pupils with a parent with mental illness. To date, training has been delivered to more than 250 professionals who work with families, including staff at more than 70 schools. This gives the project a potential reach of 3,000 families and more than 24,000 school pupils. We also audited local mental health services to explore how PMI was recorded and assessed.



Findings from our research and evaluation were fed back to services to improve their practice and their impact on families' lives and were presented to strategy forums and meetings across LPT that led to changes in operational strategy and staff training. A Think Family steering group was constituted by LPT in June 2014 - a cross-departmental group to raise awareness of PMI and ensure support for families across the trust's services. Principles underpinning TFWF were incorporated into LPT's 2014 Families, Young People and Children Divisional Action Plan, and changes were implemented to embed PMI support across the trust's services.

TFWF principles were embedded in mandatory training for LPT's health visitors and school nurses from September 2013. This was expanded in summer 2014 to include multi-agency training for all staff. This allowed staff to carry out targeted visiting for families needing support around PMI. From 2019, our evidence was incorporated into mandatory safeguarding training for LPT's mental health services, GPs, consultants and registrars, and doctors. We collected quantitative data and qualitative testimonies from professionals and families to monitor the impacts of the programme and the needs for future development.

Results and conclusions

Prior to our intervention, services were not identifying or working with PMI consistently, and were not including all family members in their work. Most commonly, younger children were left out. Our results show that positive impacts on individual and whole-family well-being can be made where services work with whole families to promote understanding of mental health and mental illness, and foster communication and goal setting within the family. However, many frontline staff lacked confidence and skills to work with whole families and to engage with PMI, and services worked to narrow targets and were not configured to undertake work that includes whole families. Awareness-raising and training for both frontline staff and service managers was shown to enable changes in the focus of work and working practices to support effective work with families with PMI to improve their wellbeing.

Recommendations

1. Improve awareness of PMI in education, health and social services

Improving services' awareness of PMI and their understanding of its impacts had positive effects on how well it was assessed and incorporated into their working practices (see graph below).

2. Train frontline workers in collaborative whole-family work

When professionals who work with those in families with PMI it facilitates collaborative and supportive whole-family work using the Think Family-Whole Family programme, both professionals and families themselves reported improvement in family relationships, well-being, and mental health. The evidence base for whole family psychoeducation and family therapy supports its wider implementation.

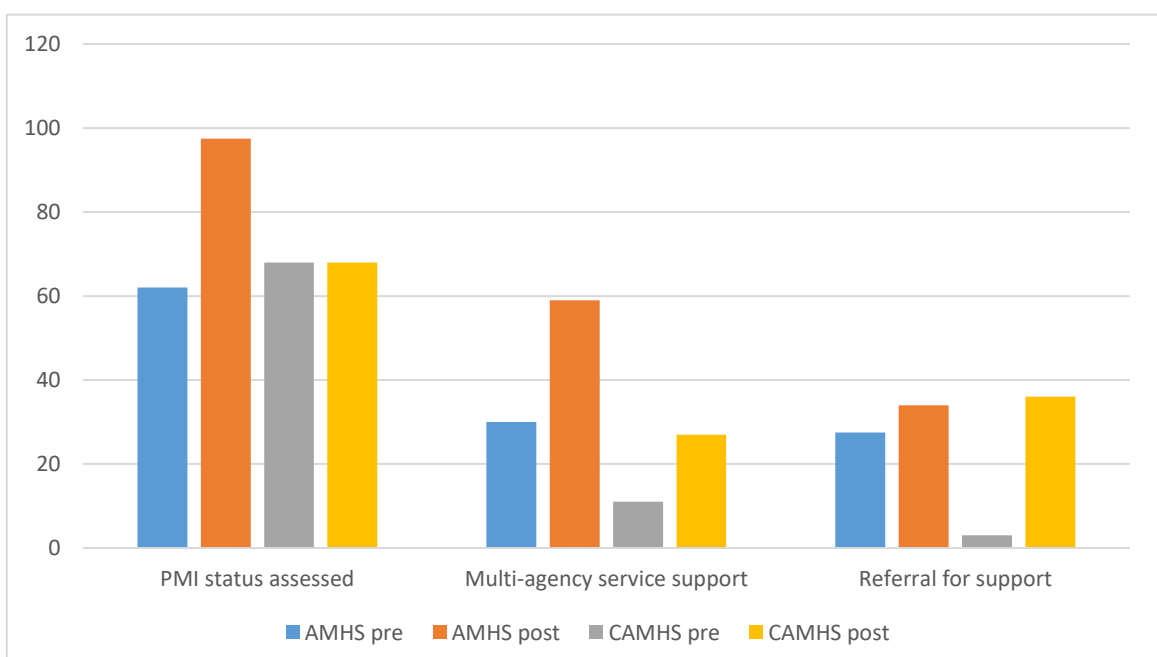
3. Ensure services support whole-family work around PMI

Services often work to specific targets that do not include family mental health, and pressures on client throughput can undermine engaged whole-family work, even where this would have positive benefits for families and knock-on impacts related to services' core targets.

4. Improve resources and information for schools, parents and children & young people

Whilst there has been recent emphasis in schools on pupil's mental health, the impacts of PMI on their lives and their education is still not well-addressed. Schools can play an important role in the support of children and young people and their families and the provision of information and resources to enable a better understanding of PMI and improved help-seeking.

Assessment and support for PMI in mental health services audited pre- and post-training



About the authors

Scott Yates is an Associate Professor in the Division of Social Work and Youth & Community Development. He has researched and written widely on health and illness, disability, and education and employment, especially as they affect young people and their families. His most recent research focus is on mental health and mental illness in families.



Lina Gatsou is Honorary Professor and Consultant Child and Adolescent Psychiatrist and Psychodynamic Psychotherapist for Children and Adolescents. Her special clinical interest is mood disorders, particularly child and adolescent depression, personality disorders, attachment disorders and safeguarding of children and families. Her academic interest is in developing interventions for prevention of mental illness and early intervention with children, young people, and families, especially in families with parental mental illness. She has written specialised CAMHS and safeguarding reviews, protocols and procedures, policy and strategy papers, clinical audits, and papers in peer reviewed journals.



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