

# *Promoting Research and Innovation in Mental hEalth seRvices for fAmilies*



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# Overview



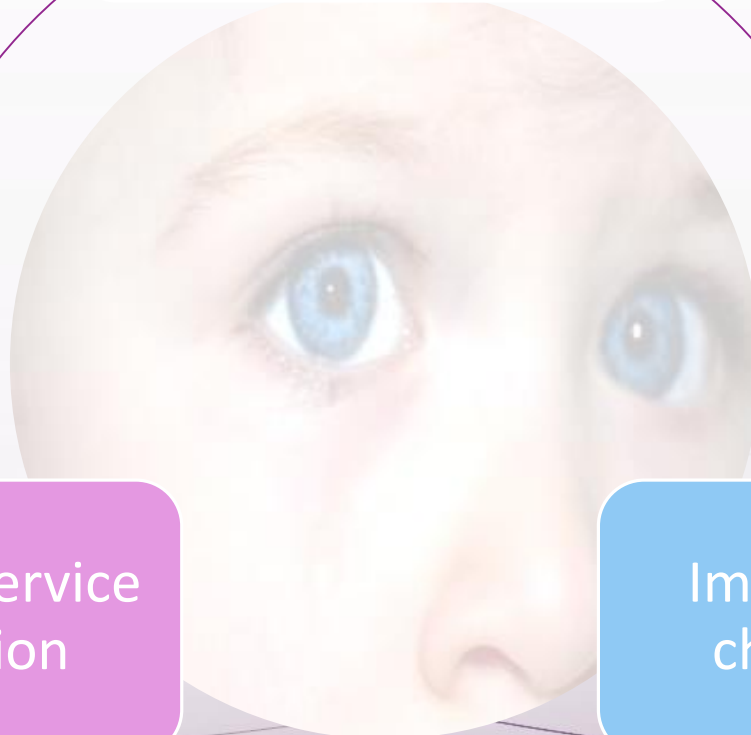
- \* Background to PRIMERA
- \* Multi-strand research programme
- \* Findings
- \* Implications and recommendations

# Background to PRIMERA

Almost 1 in 4 children  
has, or had, a parent with  
mental illness

Gaps in service  
provision

Impact on  
children





# Aims



- Identify, help to implement and evaluate a family-focused intervention for families where a parent has mental health challenges
- Help to promote a 'think family' care delivery agenda in Ireland
- Four work packages

# Work packages



**1. Scoping , installation and implementation phase**

**2. RCT and costs analysis of *Family Talk*  
(N=86 families: 360: 139 parents, 221 children)**

**3. Exploring the experiences of families (n=45) and service providers  
(n=41)**

**4. Exploring the experiences of adult children of parents with mental  
illness (n=18)**



# Family Talk

- Evidence-based 6-10 week intervention
- Strengths-based, psycho-educational programme
- Whole-family approach
- Suitable for all mental health challenges
- Free online training and resources
- Adopted as part of state/national initiatives in US, Australia, Scandinavia



# Eligibility criteria



## Inclusion criteria

- Parent linked in with AMHS / GP
- Children aged 5-18 years
- Parents aged >18
- Parent's symptoms relatively stable

## Exclusion criteria

- Parent/family in crisis and unable to engage. E.g. Active psychosis, substance misuse, custody dispute

# Publications and findings (to date)



## Advances in Mental Health

Promotion, Prevention and Early Intervention

ISSN: 1838-7357 (Print) 1837-4905 (Online) Journal homepage: <https://www.tandfonline.com/loi/ramh20>



### Promoting and implementing family-focused interventions for families with parental mental illness: scoping and installation

Christine Mulligan, Mairead Furlong & Sinéad McGilloway

Furlong et al. *Trials* (2021) 22:243  
<https://doi.org/10.1186/s13063-021-05199-4>

Trials

#### STUDY PROTOCOL

Open Access

Family Talk versus usual services in improving child and family psychosocial functioning in families with parental mental illness (PRIMERA—Promoting Research and Innovation in Mental Health seRvices for fAmilies and children): study protocol for a randomised controlled trial

Mairead Furlong<sup>1\*</sup>, Sinéad McGilloway<sup>1</sup>, Christine Mulligan<sup>1</sup>, Colm McGuinness<sup>2</sup> and Nuala Whelan<sup>3</sup>



PERSPECTIVE  
published: 27 July 2021  
doi: 10.3389/fpsyg.2021.567447



### Covid-19 and Families With Parental Mental Illness: Crisis and Opportunity

Mairead Furlong<sup>1\*</sup>, Sinéad McGilloway<sup>1</sup>, Christine Mulligan<sup>1</sup>, Mary G. Killian<sup>2</sup>, Sharon McGarr<sup>1</sup>, Anne Grant<sup>3</sup>, Gavin Davidson<sup>4</sup> and Mary Donaghy<sup>5</sup>



ORIGINAL RESEARCH  
published: 19 November 2021  
doi: 10.3389/fpsyg.2021.783189



### The Family Talk Programme in Ireland: A Qualitative Analysis of the Experiences of Families With Parental Mental Illness

Christine Mulligan<sup>1</sup>, Mairead Furlong<sup>1\*</sup>, Sharon McGarr<sup>1</sup>, Siobhan O'Connor and Sinéad McGilloway



ORIGINAL RESEARCH  
published: 23 November 2021  
doi: 10.3389/fpsyg.2021.783161



### A Family-Focused Intervention for Parental Mental Illness: A Practitioner Perspective

Mairead Furlong<sup>1\*</sup>, Christine Mulligan<sup>1</sup>, Sharon McGarr<sup>1</sup>, Siobhan O'Connor and Sinéad McGilloway



# Findings – Scoping and Installation



Advances in Mental Health  
Promotion, Prevention and Early Intervention



ISSN: 1838-7357 (Print) 1837-4905 (Online) Journal homepage: <https://www.tandfonline.com/loi/ramh20>

Promoting and implementing family-focused  
interventions for families with parental mental  
illness: scoping and installation

Christine Mulligan, Mairead Furlong & Sinéad McGilloway

- Scoping of existing FFP in Ireland
- 100+ site visits (buy-in, set up with 15 sites) plus extensive consultation and support
- Co-produced online training resources
- Hosting of several events
- Media coverage and promotion



# Study flow diagram



**Referrals (n = 102 families)**



Baseline assessments (n = 92 families)



**Randomisation within each site, 2:1**  
(N = 86 families: 360: 139 parents, 221 children)



**Family Talk intervention (n = 56 families)**



6-month follow-up assessment  
(n=34 families)



Qualitative interviews with  
families and practitioners

**Control group (n = 30 families)**  
Wait list – usual services



6-month follow-up assessment  
(n=20 families)



Control group receive *Family Talk*

# Findings – RCT



- Data collected from parents and children (8-18 yrs) at baseline and 6-month follow up for intervention and control groups on key outcomes
- Compared to 'services as usual' group, families who attended Family Talk had statistically significant:
  - Fewer child behavioural and emotional problems
  - Improved parental mental health symptoms, coping and resilience
  - Better mental health literacy
  - Enhanced family relationships / functioning

## STUDY PROTOCOL

Open Access

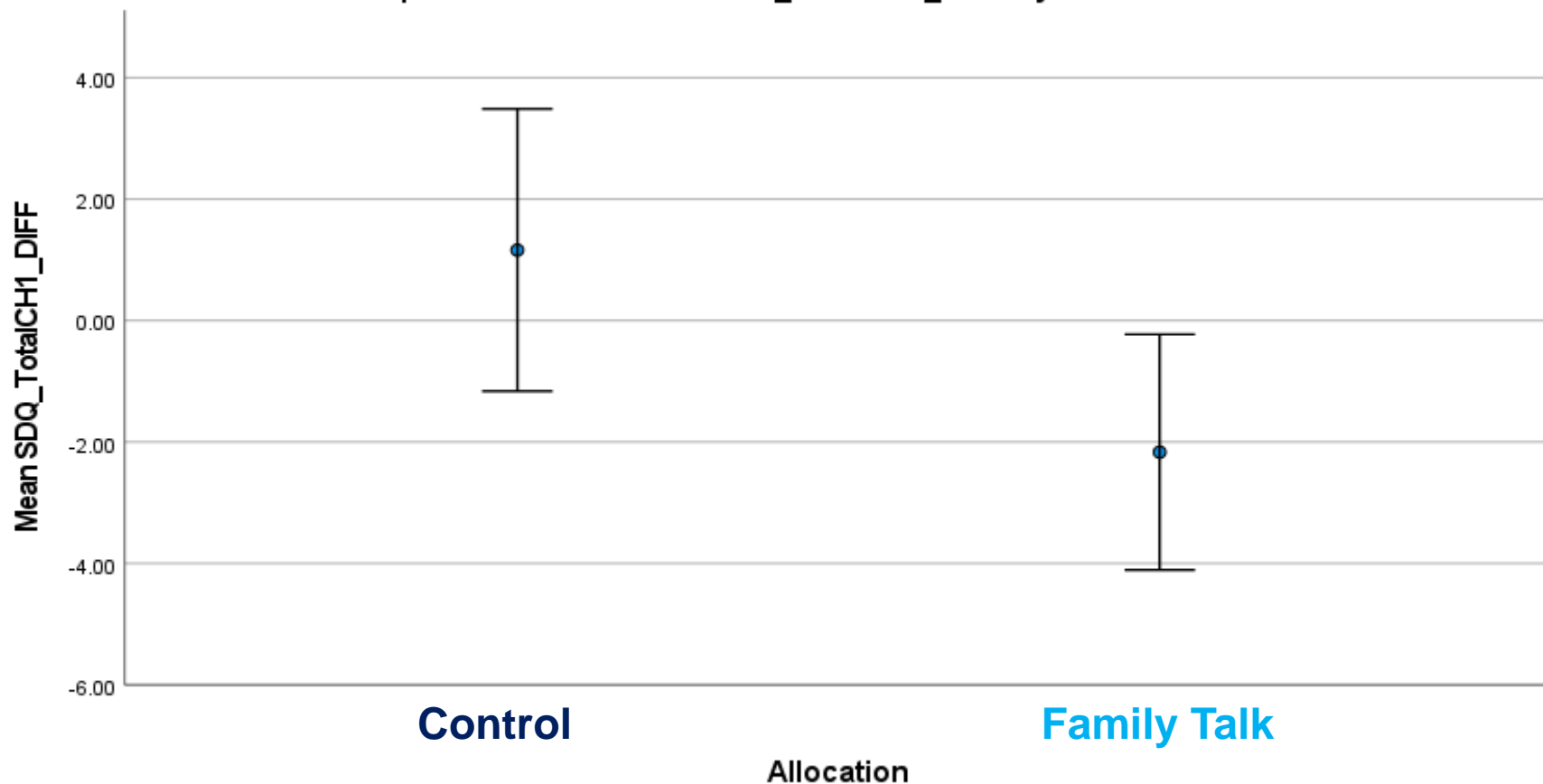
Family Talk versus usual services in improving child and family psychosocial functioning in families with parental mental illness (PRIMERA—Promoting Research and Innovation in Mental Health services for Families and children): study protocol for a randomised controlled trial

Mairead Furlong<sup>1</sup>, Sinead McGilloway<sup>1</sup>, Christine Mulligan<sup>1</sup>, Colm McGuinness<sup>2</sup> and Nuala Whelan<sup>3</sup>

# Reduced child behaviour & emotional problems



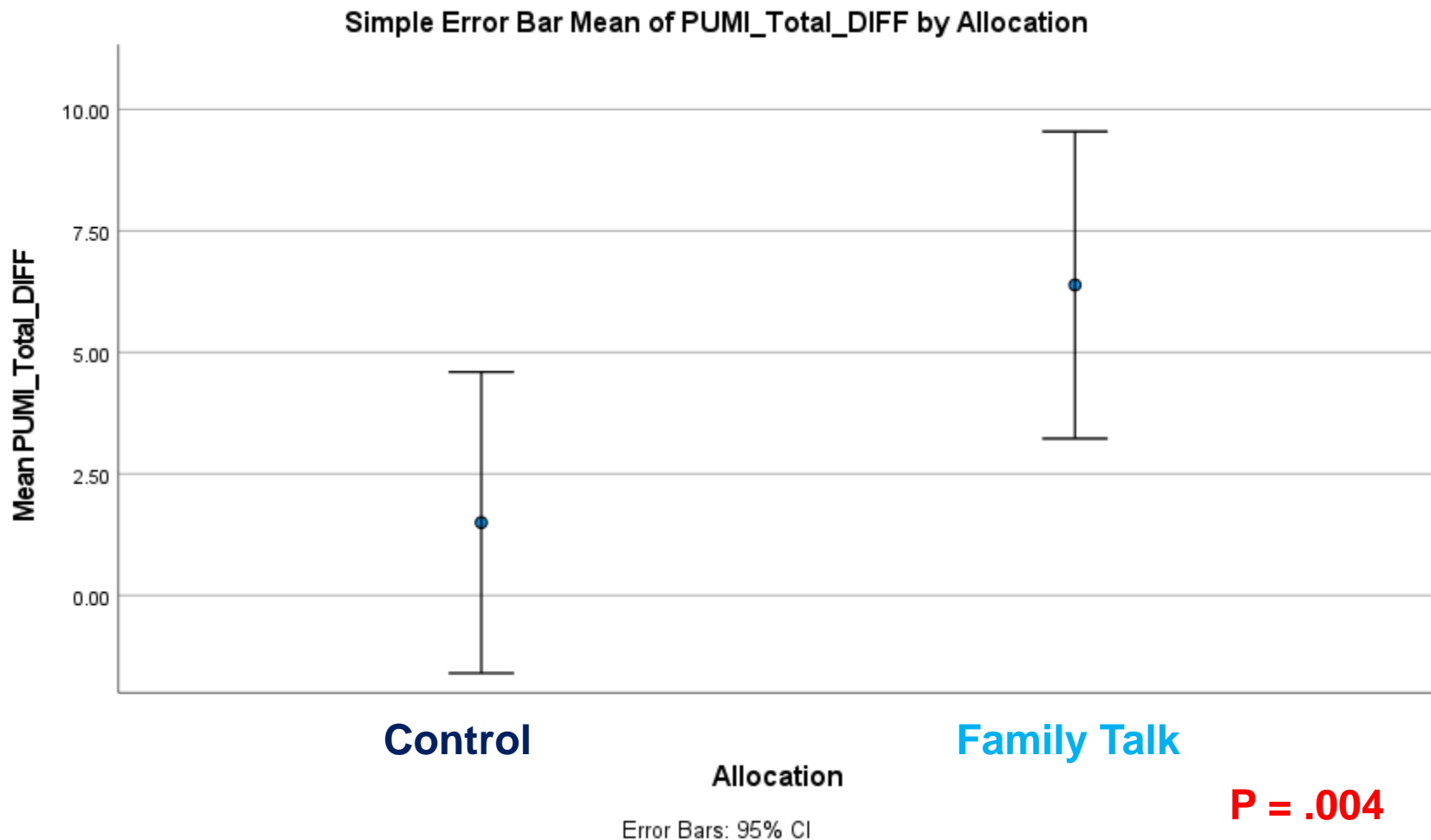
Simple Error Bar Mean of SDQ\_TotalCH1\_DIFF by Allocation



Error Bars: 95% CI

**P = .022**

# Improved mental health literacy





# Impact of Covid-19

- Recruitment and retention rates – attrition doubled (45% vs. 23% pre COVID-19)
- Capacity of clinicians to deliver *Family Talk*
- Capacity of researchers to collect data
- Secured a no-cost extension and additional HEA COVID Extension funding



## Value for money:

- Cost diaries of recurrent and non-recurrent costs
- €683 per family, approx. half (55%) of which includes non-recurrent costs
- €307 per family if only recurring costs are included



# Family experiences

➤ In-depth interviews with parents, partners and children (n=45)

## Benefits

- Reduced stigma
- Giving children and partners a voice
- Improved family relationships

*“There was nobody out there for me or the kids... I can't compliment it enough. It's just the best thing that happened.” (Partner)*

*“I did not realise my eldest was being bullied for two years. He kept it to himself because he worried about me killing myself.” (Parent)*



**The Family Talk Programme in Ireland: A Qualitative Analysis of the Experiences of Families With Parental Mental Illness**

Christine Mulligan<sup>1</sup>, Mairead Furlong<sup>2\*</sup>, Sharon McGarr, Siobhan O'Connor and Sinead McGilloway

*“I felt like the course has helped quite a lot. Family life has got a lot easier. We're not arguing as much, we're not shouting. It's just easier to talk to people now.” (16 year-old child)*

# Family experiences



## Enablers

- Competent, non-judgmental clinician
- Family readiness to engage
- Whole-family approach

*“Everyone could just say how they saw things and people would put in their input without any kind of blame or upset about it.” (14-year-old child)*

*“I think more sessions with the family... and more time with the children would have really helped.”  
(Parent)*

## Challenges

- Stigma
- Family crises/relapse
- Service constraints & Covid-19
- Need for follow-up supports

*“We had the full support of a trained professional who had seen this before-it was in a way normalised...I can't tell you how good she was.” (Parent)*

# Practitioner experiences



## ‘Drivers’ of successful implementation

- Managerial support
- Interagency collaboration
- Building clinician skill
- Structured intervention
- Benefits to families and service
- Part of research programme

“Bringing them [AMHS, CAMHS, Tusla and primary care] all together for supervision every five weeks... The work was seen as important.” (Manager, AMHS)

“I thought the training was really good and accessible...I see the children and the parents get a lot from it...The structure is invaluable.” (Clinician, AMHS)

“The research supported us to do it in a systematic way, the fact it was multi-site and part of a broader ‘Think Family’ agenda appealed to us.” (Manager, CAMHS)



## A Family-Focused Intervention for Parental Mental Illness: A Practitioner Perspective

Mairead Furlong<sup>1\*</sup>, Christine Mulligan<sup>1</sup>, Sharon McGarr, Siobhan O'Connor and Sinead McGilloway

ORIGINAL RESEARCH  
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## Implementation barriers

- Engagement difficulties
- Resource and ideological barriers
- Impact of Covid-19
- Sustainability

*“Due to the pandemic, I was unable to recommence Family Talk. It had been going very well so it’s a real shame.”*  
(Clinician, AMHS)



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*“Mental illness is still a massive stigma in Ireland, especially for parents.”* (Manager, AMHS)

*“Some will say that's not our job, it's a luxury... Most disciplines are trained just to work with an individual and not the family.”* (Manager, CAMHS)

## Key themes

- Relationship with parent with mental illness
- Relationships with other parent and siblings
- Community and service supports
- Long-term impact into adulthood





# Conclusions and recommendations



- *Family Talk* is beneficial for approx. two thirds of families across different mental health settings and diagnoses
- *Family Talk* should be implemented as part of a suite of lower and higher intensity family-focused interventions
- First endeavour to systematically implement and evaluate FFP in Ireland
- One of the first RCTs of *Family Talk* in Europe

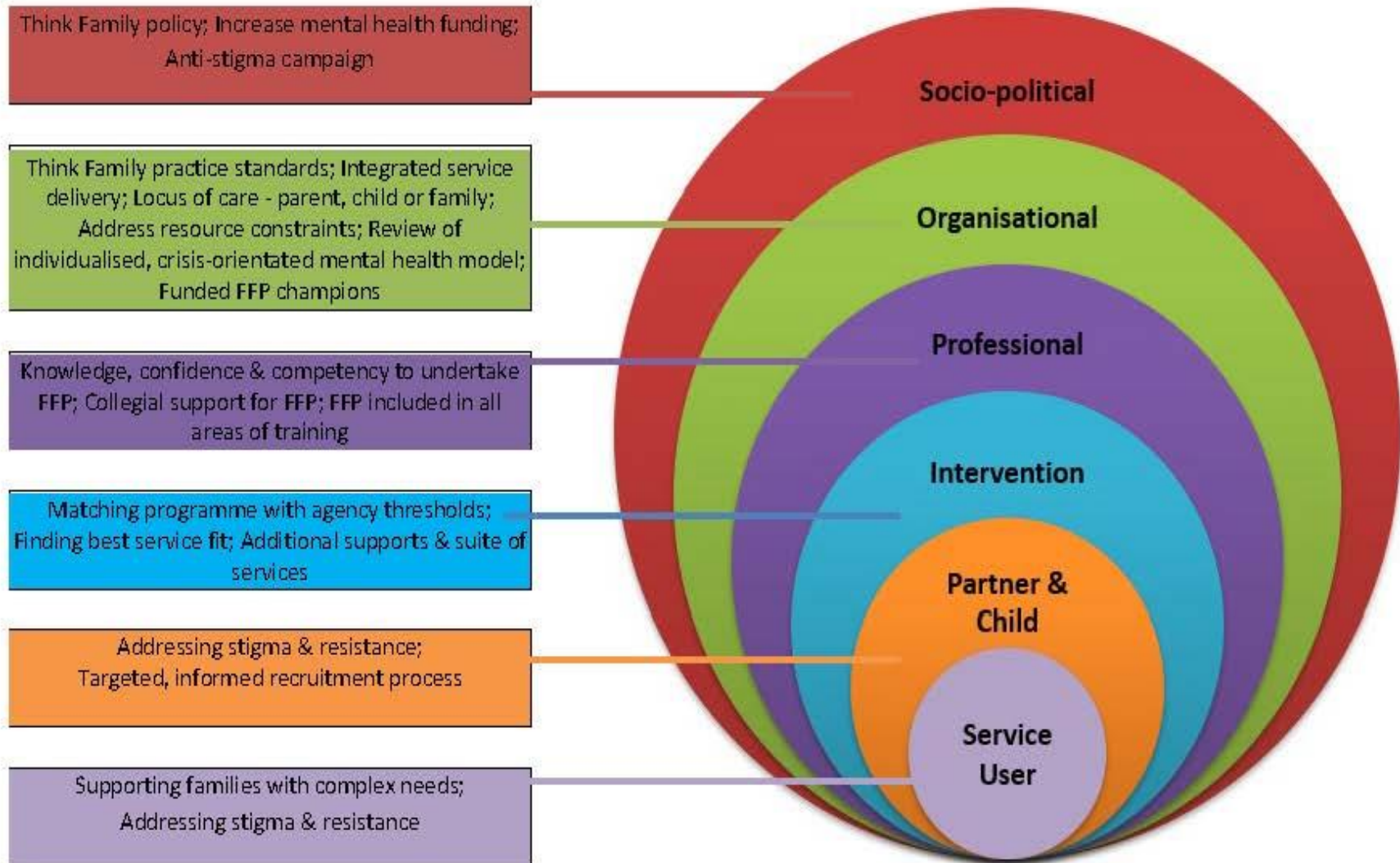
# Conclusions and recommendations

- First cost analysis of *Family Talk*
- Second qualitative study of *Family Talk* ever conducted
- Addressing sustainability barriers
  - A multi-level, public-health response, e.g. ‘think family’ policy/practice standards, dedicated funding for family-focused practice





# A multi-level, public health response





# Acknowledgements

- \* Practitioners and managers in HSE, Tusla and St. John of God
- \* Family participants (WPs 2 and 3)
- \* Adults with lived experience (WP4)
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- \* Consultants

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# Thank you

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PRIMERA



Think Child, Think Parent, Think Family



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**[www.cmhcr.eu/primera-programme/](http://www.cmhcr.eu/primera-programme/)**



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# Titles and links of published papers

- \* Furlong, M., Mulligan, C., McGarr, S., O' Connor, S. & McGilloway, S. (2021). A family-focused intervention for parental mental illness: A practitioner perspective. *Frontiers in Psychiatry*, 12. DOI=10.3389/fpsyt.2021.783161. Access paper [here](#)
- \* Mulligan, C., <sup>†</sup> Furlong, M., <sup>†</sup> McGarr, S., O' Connor, S. & McGilloway, S. (2021). The Family Talk programme in Ireland: A qualitative analysis of the experiences of families with parental mental illness. *Frontiers in Psychiatry*, 12. DOI=10.3389/fpsyt.2021.783189. Access paper [here](#)

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- \* Furlong, M., McGilloway, S., Mulligan, C., Killion, M.G., McGarr, S., Grant, A., Davidson, G. & Donaghy, M (2021). Covid-19 and families with parental mental illness: crisis and opportunity. *Frontiers in Psychiatry*, 12: 567447. Access paper here [here](#)
- \* Mulligan, C., Furlong, M. & McGilloway, S. (2020). Promoting and implementing family-focused interventions for families with parental mental illness: scoping and installation. *Advances in Mental Health*, 18 (3): 202-216. Access paper [here](#).