Promoting Research and Innovation in Mental hEalth seRvices for fAmilies

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Background

Almost a quarter of all families (23%) have at least one parent who has, or had, a mental health disorder. We know that this vastly increases the lifetime risk (44%-77%) for children of developing serious mental illness themselves, as well as physical illness, and impairs educational and occupational outcomes. This also places a substantial burden on partners and children who act as caregivers, and multiples five-fold their utilisation of health and social care services.

Unfortunately, these vulnerable families often remain 'invisible' and are not identified or supported by mental health professionals due to:

- A lack of policy/practice guidance;
- Little or no collaboration between Adult Mental Health Services (AMHS) and Child and Adolescent Mental Health Services (CAMHS);
- An individualised, crisis-oriented approach to assessment/treatment;
- Competency and confidentiality concerns amongst mental health professionals who may feel ill-equipped to undertake family work; and
- Parental stigma/fear of social services and losing custody of their children.

What was the study about?

The PRIMERA research programme (**P**romoting **R**esearch and **I**nnovation in **M**ental h**E**alth se**R**vices for f**A**milies and children) – funded by the Health Service Executive (HSE) from 2017-2022 - enabled us to identify/develop, implement and evaluate family-focused practice for families with parental mental illness in Ireland. In consultation with practitioners, families and HSE management, an intervention called *Family Talk* was selected to be implemented and evaluated across a number of adult, child and primary care mental health services in Ireland. *Family Talk* is a whole-family, 7-session approach designed to improve family communication and resilience when a parent has a mental illness.

This multi-strand research programme included: (1) a scoping study of existing family-focused practice in Ireland and a subsequent installation of the *Family Talk* programme within sites; (2) a randomised controlled trial (RCT) evaluation and costs analysis of *Family Talk* compared to usual services on key outcomes; (3) a process evaluation/analysis of family and service provider experiences of *Family Talk*; and (4) a separate analysis and longitudinal perspective of the experiences of adult children of parents with mental illness (1970s-2020). The key findings are outlined below.

(1) Family experiences of *Family Talk*

Participant profile and methodology

This study included 86 families (360 parents and children in total) across 10 sites in Ireland, including adult, child, and primary care mental health services, and Tusla child protection services. Families were randomly allocated to receive the *Family Talk* intervention or a 'usual service' control group, and assessed at pre-intervention and at 6-month follow up on key outcomes. We also conducted in-depth interviews with 45 parents, partners and children.

Two thirds of parents in the study had depression/anxiety (others had bipolar disorder, borderline personality disorder, psychosis or post-traumatic stress disorder). Forty per cent of children were attending CAMHS or another psychology/family support service.

Findings

Results from the randomised controlled trial

The results from the randomised controlled trial (RCT) showed that, when compared to the 'services as usual' group, children in *Family Talk* (FT) families had significantly fewer behavioural and emotional problems (including lower levels of depression) at 6-month follow up, while parents reported improved mental health symptoms, greater resilience/better coping capacities and better mental health literacy. General family relationships/functioning also improved in those who had completed the FT programme.

Costs analysis

The cost analysis showed that *Family Talk* can be delivered for only €307 per family if one-off, non-recurrent costs are excluded (e.g. training in Family Talk, time in gaining buy-in from management). It costs €683 per family when non-recurrent costs are included. This is a very small investment relative to the potential benefits in the short, medium and longer term.

Findings from the qualitative interviews

Over two thirds of families who took part in interviews (across adult, child and primary care mental health settings, and with different mental health diagnoses) also reported the benefits reported in the RCT, along with other positive outcomes including:

- Reduced stigma
- Giving children and partners a voice (e.g.a space to disclose hidden concerns and burdens)
- Increased confidence and wellbeing in the service-user parent.

Families believed that *Family Talk* worked best: (1) when delivered by a competent, non-judgmental clinician; (2) when the family was ready to engage; and (3) when the perspectives of all family members were heard and valued.

About one third of families experienced some barriers to engagement, including:

- Parental stigma
- Family crises and relapse in parental mental health (which meant that the family couldn't continue with *Family Talk*)
- Service constraints, especially due to the disruption in delivery caused by COVID-19; and
- Some families may need further child, family and follow-up sessions/supports.

(2) Practitioner experiences of *Family Talk*

Very little research, to date, has investigated the experiences of clinicians in delivering *Family Talk* within community mental health settings.

Participant profile and methodology

We conducted in-depth interviews and focus groups with 41 clinicians and managers who had been involved in the PRIMERA programme of research. More than 80% of practitioners were employed with the adult and child mental health services, including mainly social workers but also social care workers, clinical nurse specialists and psychologists.

Findings

Similar to our family participants, service providers reported benefits for approximately two thirds of families across different diagnoses and mental health settings, including reduced worry and stigma, a greater understanding of the impact of parental mental illness on family members, and improved family communication.

Perhaps not unexpectedly, sites varied in their capacity to successfully embed *Family Talk*, with key enabling factors such as:

- Adequate managerial and organisational support and resources
- Clinician skill and interest in family-focused practice, and
- Establishing interagency collaboration across adult and child mental health settings.

Implementation challenges included:

- Recruitment difficulties, due to parental stigma, concerns about discussing the topic with their children, and relapse in parental mental health and family crises
- There was a resistance to family-focused practice from some clinicians/managers due to resource constraints and because it was different to their usual more individualised and crisis-orientedway of working
- Also, there was extended disruption in delivery due to COVID-19.

(3) Implications and recommendations

The findings show that *Family Talk* was beneficial across different mental health settings and diagnoses, indicating a "no wrong door" approach to identifying and supporting families. The results also illustrate several resource-related and ideological barriers that could undermine the longer-term sustainability of family-focused practice, particularly in the absence of appropriate policy guidance. A multi-level public-health response is required to address these, including in particular, 'think family' policy/practice standards and dedicated funding for family-focused practice, as has been done elsewhere

These standards might include:

- Auditing of the parenting status of adult mental health service users
- Balancing the priority given to patient confidentiality with unmet family needs
- Equipping clinicians with the time and resources to undertake family-focused practice.

- Increasing collaboration between traditionally segregated adult and CAMHS services.

The PRIMERA research was the first endeavour to systematically implement (and evaluate) family-focused practice for families with parental mental illness in Ireland. It is also one of the first randomised controlled trials and costs analyses of *Family Talk* in Europe and internationally, and only the second qualitative study ever conducted to explore practitioner and family experiences in implementing Family Talk. Our findings illuminate the successes and complexities of implementing Family Talk in a country without a "think family" infrastructure, whilst highlighting a number of important generalisable lessons for the implementation of *Family Talk*, and other similar interventions, elsewhere.

More information

Further detail on the family and practitioner experiences of *Family Talk* can be found in our papers published in *Frontiers in Psychiatry.*

The family paper can be accessed here:
https://www.frontiersin.org/articles/10.3389/fpsyt.2021.783189/full

The practitioner paper can be accessed here:
https://www.frontiersin.org/articles/10.3389/fpsyt.2021.783161/full

More detail on the PRIMERA research programme and access to our full list of publications can be found here: https://cmhcr.eu/primera-programme/

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