

# A Systematic Review of Family Focused Interventions which Address the Needs of Families Affected by Parental Mental Health Problems and/or Substance Misuse

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# Overview of the Presentation

- Context of the review
- Aim of the review
- Definition of Family Focused Practice
- The extent of the issues
- Systematic literature methodology
- Key findings
- Implications for research, policy and practice

# Context of the Review

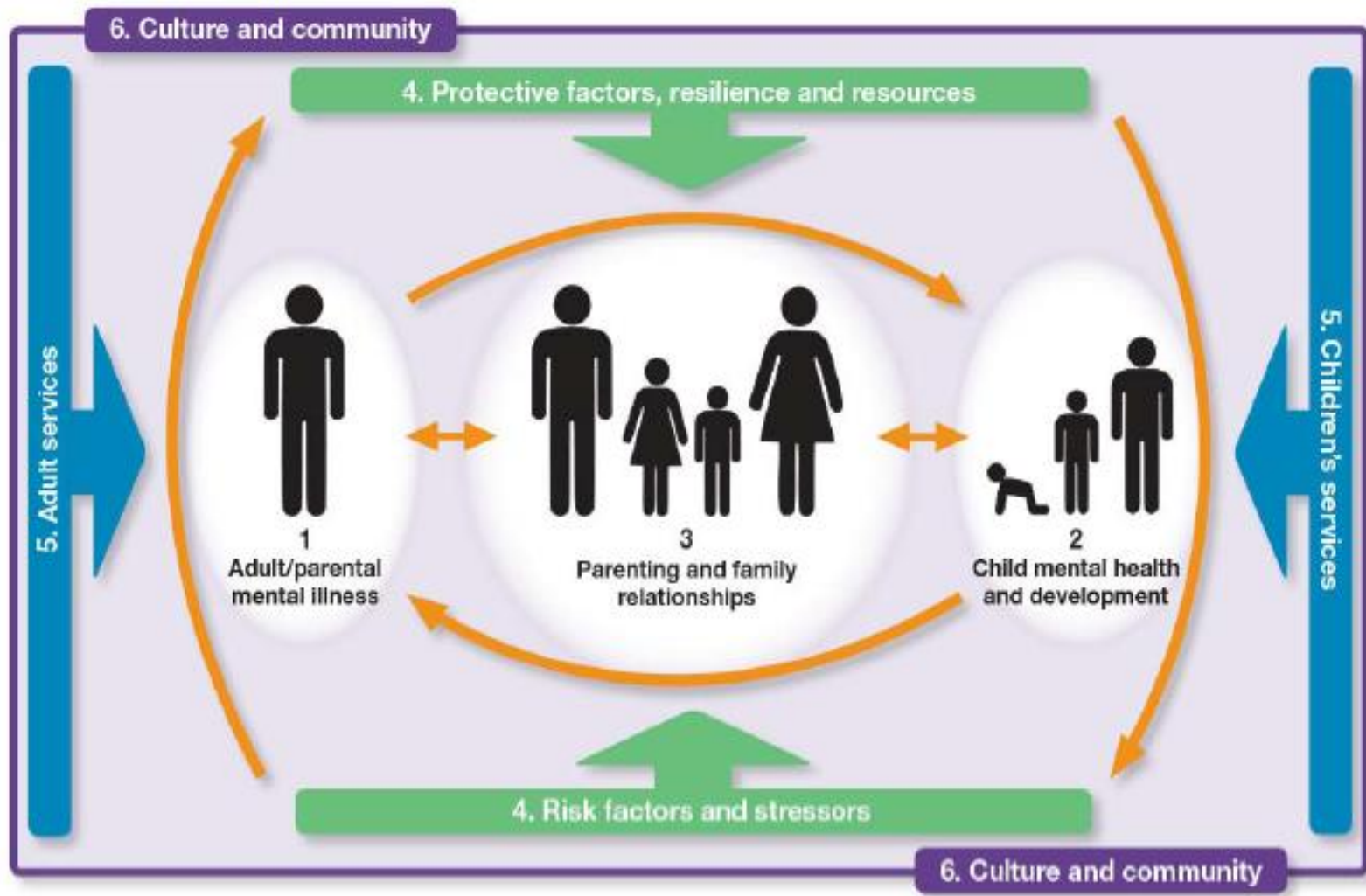
- Completed as part of a wider project exploring family focused practice in Northern Ireland
- Full Team is lead by Anne Grant and consists of Susan Lagdon, Gavin Davidson, Joe Duffy, John Devaney, Karen Galway and Gerry Leavey
- Project was commissioned by Mary Donaghy at the Health and Social Care Board
- One aspect of the ongoing work of Think Family NI, which is lead by the Board and started in 2009

# Context of the Review

- Parental mental health problems and/or substance misuse are major public health issues due to the potential negative impact on children and parents
- The Think Family NI Initiative has introduced a series of service developments to promote health and social care professionals' response
- However, multiple barriers to family focused practice exist, and there is a need to prioritise evaluation of the impact of initiatives on health and social care professionals' practice and, crucially, the associated outcomes for parents and children.

# Context of the Review

## Falkov's Family Model



# Aim of the Review

- The main aim of the systematic review was to present an overview of existing research evidence on the effectiveness of family focused practice based interventions, with parents who have mental health problems and/or substances misuse and their children
- The review has also been used to inform subsequent data collection in relation to family focused practice by health and social care professionals in NI.

# Definition of Family Focused Practice

"there is little consistency in how family focused practice is defined, and in particular, a lack of integrated knowledge on family focused practice in mental health services. The lack of conceptual clarity in family focused practice is also reflected in the terminology employed, where family focused practice is used interchangeably with “family-orientated,” “family-sensitive,” and “family-centered.” It is important to note that family focused practice does not refer to “family involvement.” Family involvement refers to how adult family members, generally parents, are engaged with organizations in managing an identified issue or concern for a child." (Foster et al., 2016, p. 1-2).

# Definition of Family Focused Practice

Foster et al., (2016, p16) identified six core and overlapping practices within the range of family focused practice, including:

- Family care planning and goal setting;
- Liaison between families and services including family advocacy;
- Instrumental, emotional and social support;
- Assessment of family members and family functioning;
- Psychoeducation;
- A coordinated system of care (e.g., wraparound, family collaboration, partnership) between family members and services.



# The Extent of the Issues

- Internationally, it has been estimated that between a fifth and a third of adults receiving treatment from mental health services have children and that between 10-23 % of children live with at least one parent with a mental health problem (Maybery et al., 2009)
- Across the UK is estimated that 10% of mothers and 6% of fathers in the UK have mental health problems at any given time (Mental Health Foundation, 2016)
- Between 50% and 66% of parents with a severe mental illness live with one or more children under 18 (17,000 children and young people in the UK) (Mental Health Foundation, 2016).

# Systematic Literature Review

- Focused on primary research reporting the outcomes of adult mental health, substance misuse and children's services to the needs of families in which parent/s have needs related to mental health problems and/or substance misuse.
- This includes responses to the parents, children and family carers but, to be included, the intervention had to focus on the family (at least one parent and child). In other words, an intervention could be provided to only one person but had to address the needs of at least both a parent and a child.

# Methodology

Medical subject heads (MeSH) and text words used to search 16 bibliographic databases, e.g. CINAILL, EMBASE, MEDLINE.

The general strategy was mental health problems/illness and/or substance abuse/misuse AND parental AND intervention - with the possible variations for each

So, for example, for mental health problems/illness: ((Mental\* or Psychiatri\*) AND (Health\* or Ill\* or Disorder\* or problem\*))

For substance abuse/misuse: (drug\* or polydrug\* or substanc\* or alcohol\* or \*tranquiliz\* or \*narcot\* or \*abus\* or \*opiat\* or \*street drug\* or \*solvent\* or \*inhalan\* or \*intoxi\*)

For parental: (parent\* or mother\* or father\* or carer\* or care-giv\* or caregiv\* or care giv\* or guardian\*)

For interventions: (train\* or educat\* or promot\* or program\* or skill\* or group\* or support\* or teach\* or learn\* or interven\* or therap\*)

Key word searches were also used within databases where advanced search options were not available.

# Methodology

## **Inclusion Criteria:**

### **Types of participants**

- Parents who have mental health problems or substance misuse, their children, families and adult family members in receipt of adult mental health and children's services.

### **Intervention**

- Family-focused practice, in any setting, for parents with mental health problems and/or substance misuse and their children and family members.
- Includes responses to the parents, children and family carers but, to be included, the intervention had to be focused on the family (at least one parent and child).

### **Design of included studies**

- Any controlled study (RCTs and quasi-randomised, quasi-experimental and controlled observational studies), Cross-sectional and observational studies, Qualitative studies that explored the acceptability and impact of intervention, and any study that asked for participant views.

### **Types of outcome measure**

- Primary: Psychological distress/mental health (depression and anxiety, psychosis, self-harm); depression; social functioning including parenting, attachment and relationships with family and others; substance misuse; treatment adherence
- Secondary: acceptability; quality of life; child welfare interventions; hospital admissions

### **Publication types**

- For practical and resource reasons the review searches were limited to English and to studies from 1998, the year in which Falkov's Family Model was introduced.

# Methodology

- Search strategies identified 3731 articles.
- After title and abstract review 352 full text articles were screened followed by quality appraisal of most relevant articles using CASP
- 40 articles were included in the final review



# Results

## **Where?**

- 15 were conducted in the USA
- 9 in Australia
- 5 in UK
- 4 in Sweden
- 3 in the Netherlands
- 1 in Canada, Denmark, Finland and France

## **Setting:**

- 22 were in Adult Mental Health settings
- 11 in Child Welfare settings
- 7 in Substance Misuse settings (although some of the adult mental health settings were also addressing substance misuse)
- Most Interventions provided in service or clinical settings, including residential and inpatient care

## **For who?**

- The majority of the studies (30/40) considered interventions that were provided to both parents and children although one of these included a direct comparison with a parent only intervention
- Within these some were specifically focused on the mother-baby relationship. Some interventions were only provided to parents. There were six interventions only provided to children.

# Results

## **Main Components of Effective Interventions:**

- Psychoeducation (including increasing knowledge around either mental health problems or substance misuse)
- Direct treatment and support for mental health and/or substance misuse
- Parenting behaviour and child risk and resilience
- Family support and functioning, including family communication

**Additional Component** = Working to improve access to or engagement with community supports and services

## **Measured Outcomes of Interventions:**

- The most common measures of outcome tended to involve aspects of parental mental health and/or substance misuse and family functioning. Studies which addressed increases in family function note positive improvements on the parent-child relationship, parenting skills, parental stress and coping and family communication regarding mental illness and/or substance misuse
- Of those studies reporting on direct improvements in parental mental health and/or substance misuse findings note a reduction in mental health symptoms or cessation of substance misuse among parents taking part in an intervention.
- Most interventions reported some positive impacts on parents' knowledge or awareness of issues associated with mental health and substance misuse and increased knowledge of the needs of children
- Interventions involving children also report that children improved in areas such as behaviour and emotional functioning, stress reduction and better understanding of parental issues



# Results

## **Recommendations from Parents, Children and Researchers:**

- Interventions which incorporate a multi-disciplinary approach and include access to more than one service or area of support are noted as effective among family's
- Opportunities to understand mental health/substance misuse issues and how these impact on the parent and child is an important area to address for parents and their children
- Community based interventions, particularly those which would ordinarily be clinically based, were reported as favourable among parents particularly those associated with addiction issues. That being said this preference for home based treatment was not shared among children who reported that hospitalisation of a parent with a mental health/ substance misuse issue sometimes provided an opportunity for rest bite and reduced their stress and worry surrounding their parent.

## **Comparisons:**

- There is also a range of factors highlighted in the literature on promoting family focused practice by professionals which reflect the important components of what works for families:
  - Education
  - Interventions with parents and children together
  - Importance of support, context and place
  - Facilitating engagement with resources



# Conclusions & Implications

- There is a need for an agreed definition of family focused practice . Of all included articles, only 6 mentioned terminology relating to family focused practice or family centred practice, with no articles providing a definition. Key characteristics and components of family focused practice have been identified in number of reviews but generally from a specific perspective, i.e. adult mental health
- The existing theory base, especially from systemic, life-course and ecological perspectives, could be developed to further inform family focused practice
- The research on the economic evaluation of family focused practice is limited. No studies included in this review provided an economic evaluation.
- There is a need for an agreed approach and protocol that can also be provided consistently across areas
- There is a need for a whole family approach within a whole systems approach

# Next Steps

- Survey of practitioners
- Service user interviews
- Audit of case files
- Champions initiative
- International cooperation



# Thank You For Listening

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# **The Effect of a Wheelchair skills training programme for children: A Pilot Study.**

**Adrienne McCann, Daniel Kerr & Mary Hannon-Fletcher**

[ulster.ac.uk](http://ulster.ac.uk)

# Background

- In 2008, the DHSSPS launched the “Proposals for the reform of the Northern Ireland Wheelchair Service”
- Wheelchair service users identified manual wheelchair skills training for children as a priority issue
- The review highlighted that throughout the region, there was an inequitable provision of wheelchair skills training opportunities for children

# Aim of the Study

- Children using manual wheelchair's were tested using the training programme and skill's level assessed pre and post training
- Review and evaluate a skills training programme developed by the Regional Wheelchair OT (Emma Regan)
- To standardise this manual wheelchair skills training for children across Northern Ireland

# Participants and Ethics

- Ethical approval was obtained from the University Research Governance Filter Committee, ORECNI and governance through the NHSCT.
- Following ethical approval and informed consent 11 participants were recruited, mean age of 10.5 years.
- Recruitment was via local OT service NHSCT.

# Study Design

- The wheelchair skills programme took place over eight months  
March – October 2016
- Two testing days (pre/post) and six monthly training sessions.
  - Wheelchair skills test
  - The Activity Scale for Kids (ASK) (Young et al., 2011)
  - Demographic questionnaire
  - Impact questionnaire
- The training programme was divided into basic, intermediate and advanced skills levels



# Examples of Skills

BASIC SKILLS	INTERMEDIATE SKILLS	ADVANCED SKILLS
1. Wheelchair features	7. Doors	12. Locate balance point
2. Short distant pushing	8. Carry objects	13. Independent back wheel balance
3. Long distant pushing	9. Gradients	14. Self-protection
4. Shift body weight	10. Flicking the castors	
5. Turning	11. Facilitating an attendant going up and down a kerb	
6. Negotiating Obstacles		

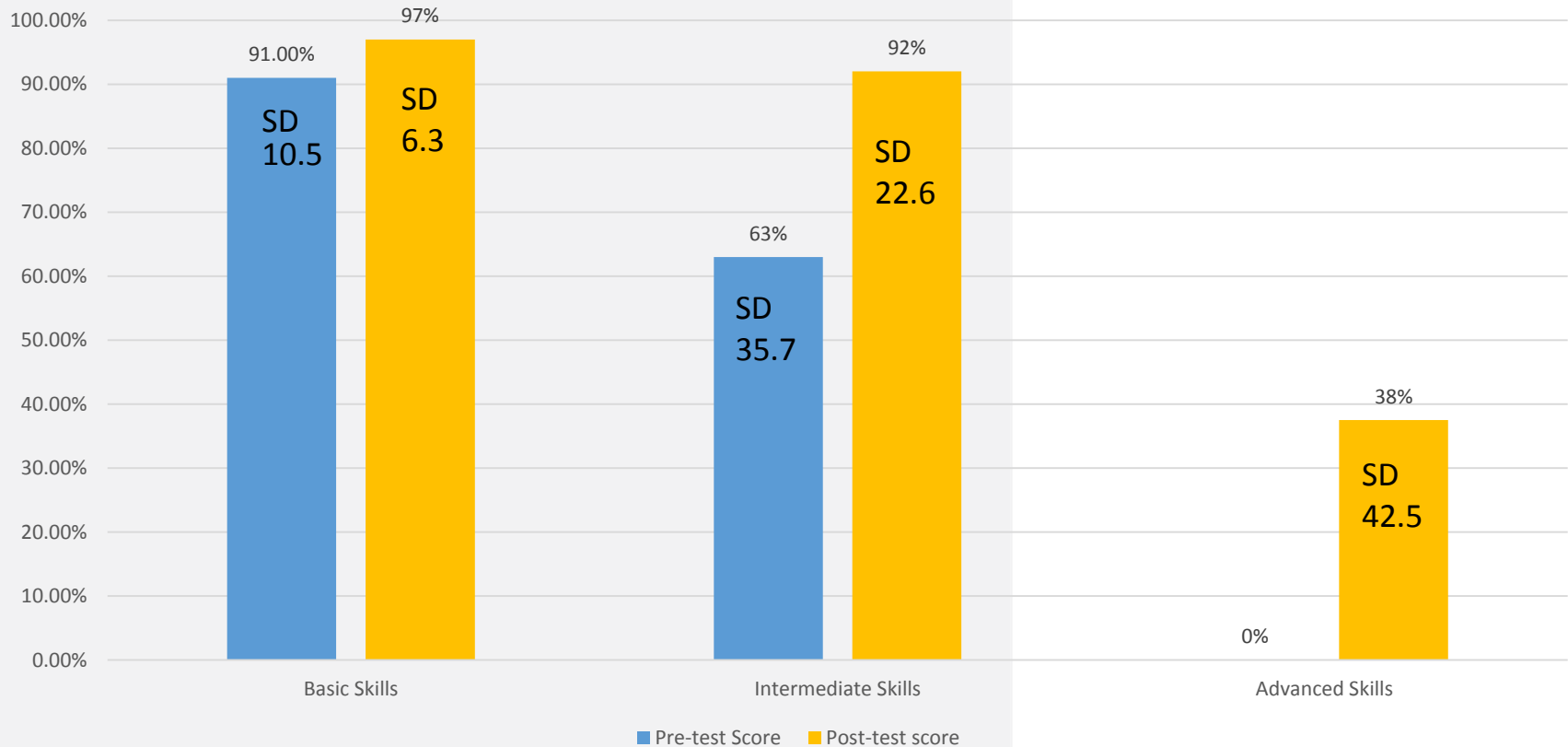
# Results

- Of the 11 participants recruited 8 completed the full programme

## Wheelchair Skills

- All participants showed a significant increase in the Wheelchair skills test:
  - Basic Level - 6% ( $p = 0.083$ )
  - Intermediate Level - 29% ( $p = 0.17$ )
  - Advanced Level - 25% ( $p = 0.042$ )

# Average Pre and Post Test Skills Results



# Analysis of the Training Programme

- We noted that some questions were not suitable for example:
  - Wheelchair features
  - Back wheel balance
  - Road safety
  - Break down of the wheelchair

# Results Continued

- The Activity Scale for Kids' (ASK) questionnaire showed little to no increase in performance, post skills training (1%)
- Participant's feedback was generally positive via the impact questionnaire, reporting improved confidence and independence
- Feedback from parents/carers was very good and they would welcome more of this type of training for their children
- Parents/carers reported a real improvement in their child's well-being and social engagement

# Discussion

- Overall, the participants showed a significant improvement at the basic, intermediate and advanced skills levels
- Limitations:
  - Duration of study
  - Regression of skill level after illness
  - Sample size

# Discussion Continued

- This type of training was warmly welcomed by parents, carers and children
- In order to maintain the skills level, the training would need to be on-going as when children become ill their skills regress
- Parents & carers enjoyed the social aspect of the training, meeting other parents, exchanging ideas and solutions
- Children also enjoyed the training and some were very boisterous!

# Conclusion

- The training was positively received by children, parents and carers
- All participants improved in the wheelchair skills test
- This type of validated training should be implemented across Northern Ireland
- The training programme should be revised in line with our findings
- Training should be ability matched and on-going



# Acknowledgements

- The DEL for a PhD studentship for Adrienne McCann
- The Northern Trust Discretionary Fund for support
- The OT's who assisted with the training sessions
- All participants, parents & carers



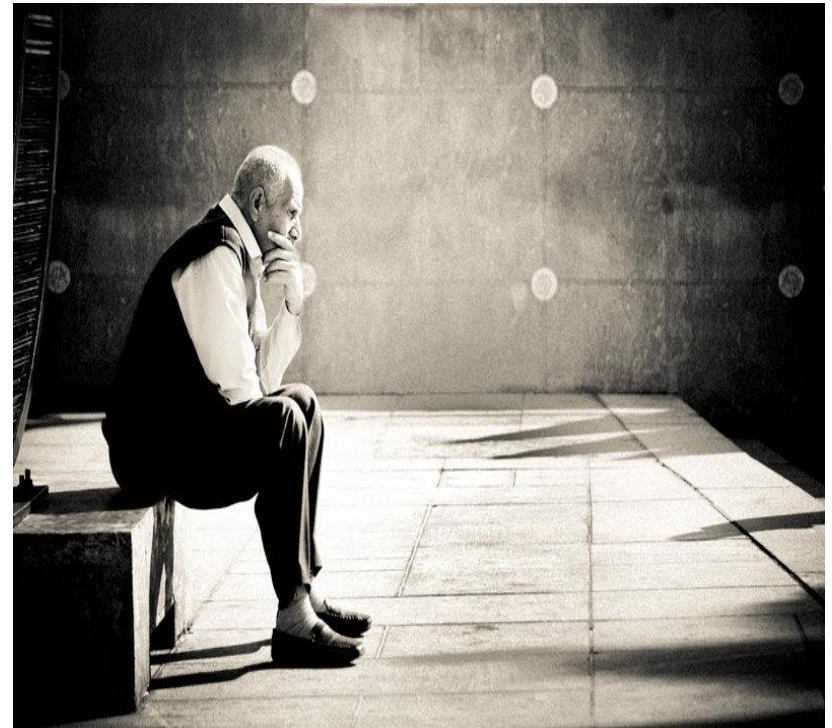
# CONNECTED TECHNOLOGY PROJECT: SURI CHANGED MY LIFE

Dr Paula McFadden, Dr Caoimhe Ni Dhonail, Colin  
Dickenson (GMNIN)

[www.qub.ac.uk  
/cesi](http://www.qub.ac.uk/cesi)

# Connected Technology: Social Impact Study

This study has a focus on older people and social exclusion, considering the potential health impacts that isolation and loneliness can have on individuals as they age, and the potential benefits of inclusion regarding these same





**Impairments are  
at particular risk  
of social isolation  
compounded by  
restrictions  
related to  
impaired vision  
that can  
compromise the  
benefits of social  
connectivity using  
technology.**



**Collaborative research project with Good Morning Northern Ireland Network and RNIB.**

**Funded by HSCB, RNIB NI (Big Lottery Fund) and supported by Belfast City Council**

**This paper presents findings from a pilot study in Northern Ireland that measured the impact of introducing technology using iPad Air to 10 older**



# Methodology

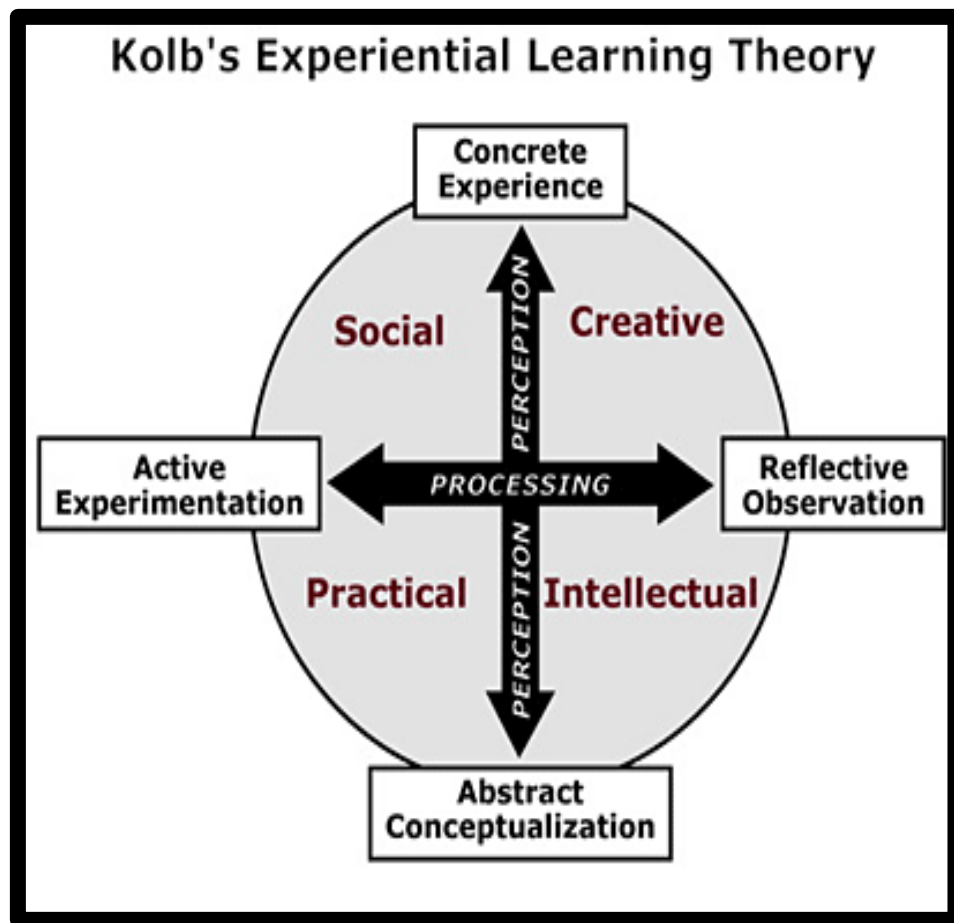
- Qualitative focus groups and before and after interviews with participants.
- Volunteers (QUB social work students) were trained in specific technology and provided weekly home visits to assist those with visual impairments to maximise the use of technology and socially connect with family and friends as well as each other





# Important Findings including SURI

- Suri – music, random answers, voice responses
- Results include increased confidence in the use of the device (adult learning theory)
- Volunteer visits and hands on learning
- Back up technical support
- Practice opportunities



# Intergenerational and Global Connections

Older person previously felt 'outside' of situations due to not knowing what younger generations were using the devices for

As knowledge and understanding of 'Suri' and 'Facebook' and 'Skype' increased, confidence in using these also increased

An ability to engage across generations and feeling like they were included was very important to participants

Increased conversations with grandchildren and younger family members as a result of using the device

Connecting with family abroad who had emigrated was stimulated by using the

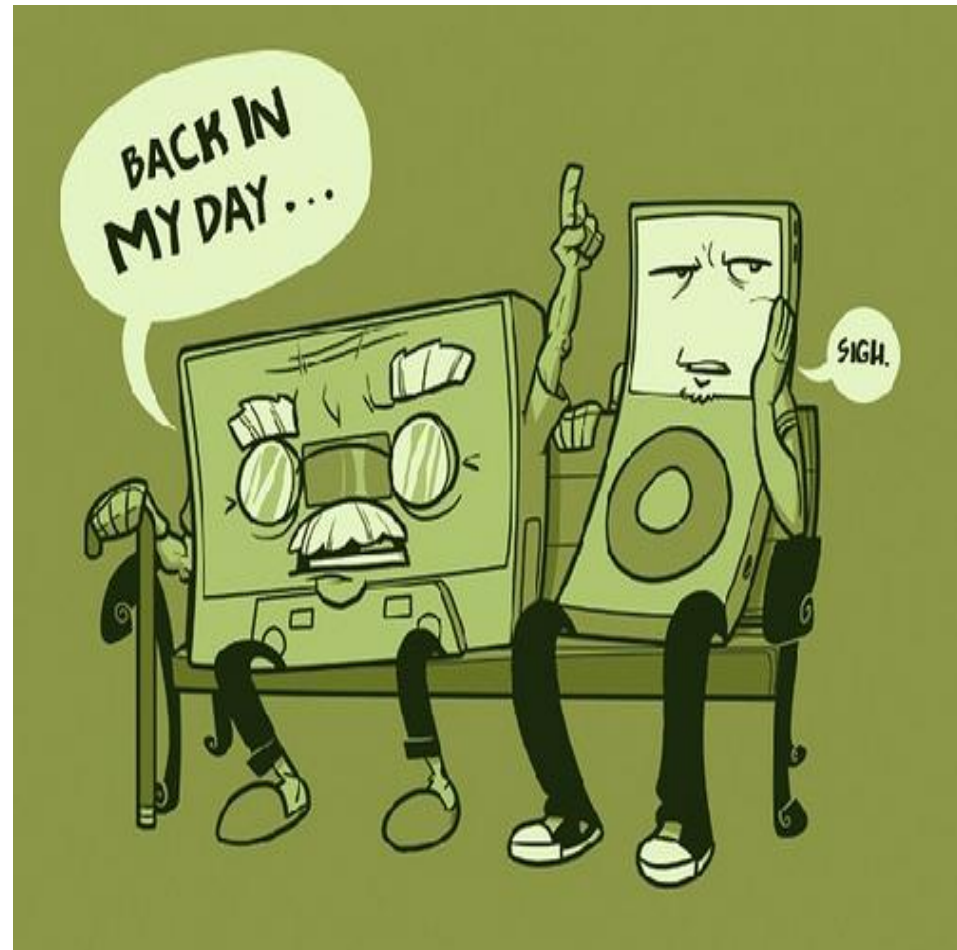


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# Bridging the Generation Gap

Reduction in isolation from family members through bridging the generation gap, increased contacts with younger family members by new means and increasing visits to the home due to the introduction of the

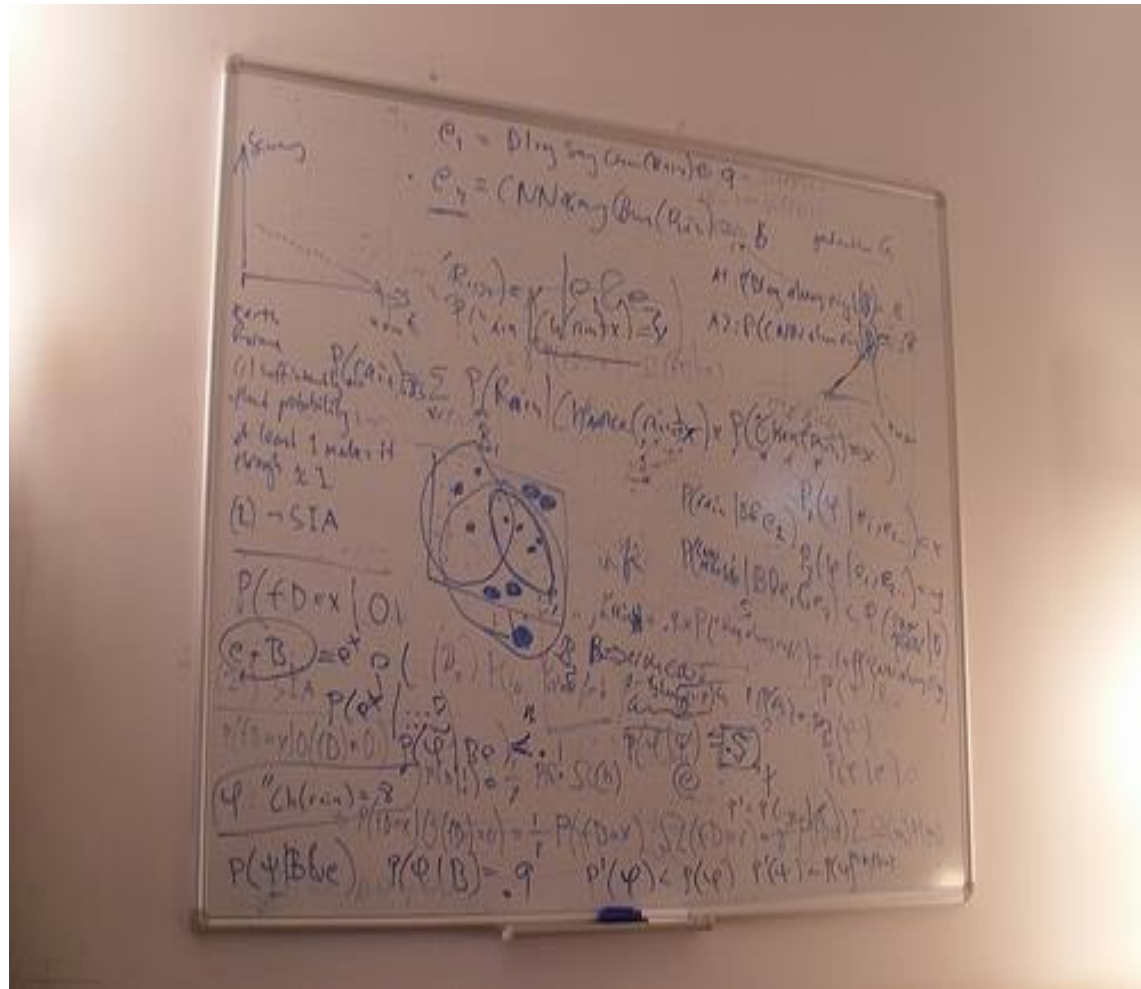


# A move to inclusion.....

*'They'll sit up here [points to sofa], and the heads will be down and they're looking [at the phone] and giggling away and showing each other I don't even know what, and I always think – I wonder what has them so taken, you know? So, maybe with this [training], I'll get to know that myself. Sure, I could add them on Facebook! [laughs] If they let their Granny! [laughs]'*



# Volunteer perspective....



# Challenges....

- Technical challenges
- Visual impairment and relevant support
- Connecting with the participant
- Time involved
- Individual issues
- Costly intervention?
- Not when impact is so significant to people's lives



# IMPACT ANALYSIS- A drop in the ocean?

**The authors argue that benefits of using technology to improve opportunities for social connectedness and improve social stimulation and well-being**



# Future Work...

- Good Morning Northern Ireland Network Research: Build on existing research findings to get funding approved for further studies
- Develop research into wider pilot population
- Survey on service user, volunteer and carer perspectives on technology, social support and well-being
- Also exploring other important areas such as availability of social support and emotional well-being, access to transport, medication management using technology and assistive





THE  
END

Thank  
YOU!