

## Journal of Parent and Family Mental Health

Volume 3

Issue 2 *Meeting the Intergenerational Needs of Families Where a Parent Has a Mental Illness*

Article 1

2018-10-12

### Meeting the Intergenerational Needs of Families Where a Parent Has a Mental Illness [English and Spanish versions]


Melinda Goodyear

*School of Rural Health, Monash University and the Parenting Research Centre*

*Et al.*

### Let us know how access to this document benefits you.

Follow this and additional works at: <https://escholarship.umassmed.edu/parentandfamily>

 Part of the [Family, Life Course, and Society Commons](#), [Mental and Social Health Commons](#), [Psychiatry Commons](#), [Psychiatry and Psychology Commons](#), and the [Psychology Commons](#)

#### Recommended Citation

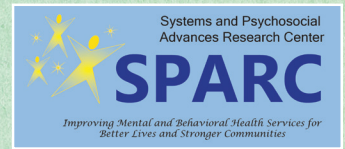
Goodyear M, McDonald M, von Doussa H, Cuff R, Dunlop B. Meeting the Intergenerational Needs of Families Where a Parent Has a Mental Illness [English and Spanish versions]. *Journal of Parent and Family Mental Health* 3(2):1011. <https://doi.org/10.7191/parentandfamily.1011>. Retrieved from <https://escholarship.umassmed.edu/parentandfamily/vol3/iss2/1>

Creative Commons License



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 License](https://creativecommons.org/licenses/by-nc/4.0/)

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in *Journal of Parent and Family Mental Health* by an authorized administrator of eScholarship@UMMS. For more information, please contact [Lisa.Palmer@umassmed.edu](mailto:Lisa.Palmer@umassmed.edu).



## Issue Brief

# Meeting the Intergenerational Needs of Families Where a Parent Has a Mental Illness

Melinda Goodyear, Myfanwy McDonald, Henry von Doussa, Rose Cuff & Beth Dunlop

Parental mental illness can have significant psychological, social and economic impacts on families.<sup>1</sup> Because of the potential impact of a parent's mental illness on children, it can also have an 'intergenerational' impact.<sup>2-4</sup> For example, children may develop a heightened awareness of their parent's symptoms, become burdened with caring responsibilities and may even develop their own mental health conditions through a mix of genetic and environmental influences.<sup>5-9</sup> For this reason, it is important for services to address the intergenerational impacts of parental mental illness.<sup>10, 11</sup>

The needs of families where parents have a mental illness are diverse and may include a need for support with:

- ✦ parent-child relationships (e.g. attachment, attunement);
- ✦ family relationships (e.g. family conflict, communication);
- ✦ dealing with the stigma associated with mental illness (e.g. children being excluded or isolated because of parent's mental illness);
- ✦ managing the day-to-day practicalities of family life (e.g. getting children ready for school, household tasks);
- ✦ building networks of support; and
- ✦ respite or emergency child care (e.g. when a parent is seriously unwell).

Meeting the intergenerational needs of families where a parent has a mental illness is a complex undertaking.<sup>10</sup> This complexity arises not only from the challenges associated with parental mental illness and how it impacts upon families,<sup>2,3</sup> but also from the limitations of existing services and systems to adequately respond to their needs.<sup>10-14</sup>

## Family Inclusive Interventions

Family focused practice is one approach that can be used to meet the intergenerational needs of families where a parent has a mental illness. This practice views



the person with the mental illness in the context of their family relationships and also considers the needs of all family members.<sup>1</sup> Family focused practice can be understood as a continuum of varying intensity – from identification and assessment through to the provision of family focused interventions or therapy.<sup>1, 11, 15</sup>

Family focused practice is beneficial for the person with mental illness and their family members.<sup>16, 17</sup> It leads to improved outcomes for parents with mental illness, and the early detection of vulnerability among children affected by their parent's illness.<sup>7, 9, 18</sup> The benefits of family involvement in the treatment of mental illness and other complex problems are recognized across a broad range of fields including the health care, adult and child mental health and social services sectors.<sup>5, 12, 19</sup>

## Challenges of Family Inclusive Interventions

Despite the increasing body of research demonstrating the benefits of family-inclusive interventions, family focused approaches in adult mental health services have been slow to take hold. The reasons for this include:

- ✦ the focus in adult mental health settings on the individual client, rather than viewing the individual

in the context of their family relationships and the needs of family members<sup>11</sup>;

- ✦ the nature of administrative structures, funding requirements and organizational cultures, which mean that many organizations have a limited capacity to extend their practice to a family focused paradigm,<sup>20-22</sup> and
- ✦ practitioners' self-perception that they do not have the knowledge and skills to undertake family focused practice.<sup>23-25</sup>

Not surprisingly, training alone – without support for practice development and organizational change – is rarely successful at addressing these barriers.<sup>12</sup> Several key international workforce development initiatives are moving away from an ineffective 'train and hope' strategy to address workforce barriers and create lasting practice change.<sup>10</sup>

## Improving Services for Families

To address the needs of families where parents have a mental illness, we need tools that encourage family focused approaches, especially in adult mental health services where those approaches have been slow to take hold. The Families where a Parents has a Mental Illness (FaPMI) Standards of Practice and Audit Tool were developed to address this need. The FaPMI is a policy directive established by the Victorian State Government of Australia that aimed to improve service provision for families where a parent has a mental illness.

The FaPMI standards of practice incorporate several essential and recommended practices related to the identification, assessment, support and referral of families where a parent has a mental illness.<sup>11</sup> What is unique and innovative about these standards of practice is that they are specifically designed to inform how family focused practices could be used in existing treatment models used by adult mental health services. This enables practitioners and services to see how the evidence-based elements of family focused practice can be used within the current role of mental health practitioners and their service contexts.

The FaPMI audit tool is used to monitor and report on adult mental health clinicians' practice. It is designed to provide feedback to organizations, from case files, about the benefits of family focused practice, missed opportunities for family focused practice, highlights of 'best practice' and practice challenges. In addition to providing clinicians and services with feedback on their own practice, this method of monitoring and reporting on family focused practice in adult mental health settings

will advance our understanding of actual practice within adult mental health services rather than self-assessed practice, as is the case with many current standardized measures.<sup>26, 27</sup> While auditing of case files is common practice across health services, the nuances and impact of family focused practices within specific cases can be lost in these more generalist auditing approaches.

The FaPMI Standards of Practice and Audit Tool were developed as part of a policy directive established by The Victorian State Government of Australia to improve service provision opportunities for families where a parent has a mental illness ('FaPMI')<sup>28</sup> and a multi-disciplinary participatory research project.<sup>11</sup> Under this directive, senior clinical leaders within the adult mental health sector (FaPMI coordinators) are employed to facilitate system and organizational change within the sector to enable the adult mental health workforce and relevant service partners to be more responsive to the needs of clients who are parents and their dependent children. The FaPMI Audit tool is currently being tried out in Victoria and will provide an important support mechanism to both inform and respond to changes in the routine service delivery of family focused practice in adult mental health services.

## Future Steps

In Victoria, the FaPMI audit tool has had numerous benefits.

- ✦ First, it has provided an initial baseline snapshot of family focused practice.
- ✦ Second, it has created opportunities to influence adult mental health service development planning and enhance their focus on identification, assessment and support for families where a parent has a mental illness.
- ✦ Last, the Audit Tool has generated data that can be used to better align program priorities and monitor changes in family focused practice over time, such as monitoring mental health practice and illustrating improved identification of children of parent-consumers during intake procedures.
- ✦ Over time, the Audit Tool will continue to generate data that allows FaPMI and adult mental health services to monitor the impact of workforce development initiatives that encourage family focused practice. The FaPMI audit tool also has applicability across mental health service contexts, both within Australia and internationally. The tool can assist in showcasing the impact of workforce development initiatives to provide improved support and care to families where parents have mental illnesses.

Visit the Systems & Psychosocial Advances Research Center at <https://www.umassmed.edu/sparc>

This is a product of the Journal of Parent and Family Mental Health. An electronic copy of this issue with full references can be found at <https://escholarship.umassmed.edu/parentandfamily/vol3/iss2/1>



## References

- <sup>1</sup> Foster, K., O'Brien, L., & Korhonen, T. (2012). Developing resilient children and families when parents have mental illness: A family-focused approach. *International Journal of Mental Health Nursing*, 21(1),3-11.
- <sup>2</sup> Hine, R. H., Maybery, D. J., & Goodyear, M. J. (2018). Identity in recovery for mothers with a mental illness: A literature review. *Psychiatric Rehabilitation Journal*, 41(1),16-28.
- <sup>3</sup> Price-Robertson, R., Obradovic, A., & Morgan, B. (2016). Relational recovery: Beyond individualism in the recovery approach. *Advances in Mental Health*, 15(2), 108-120. doi:10.1080/18387357.2016.1243014.
- <sup>4</sup> Reupert, A., Maybery, D., Cox, M., Scott Stokes, E. (2015). Place of family in recovery models for those with a mental illness. *International Journal of Mental Health Nursing*, 24(6), 495-506.
- <sup>5</sup> Power, J., Goodyear, M., Maybery, D., Reupert, A., O'Hanlon, B., Cuff, R., & Perlesz, A. (2016). Family resilience in families where a parent has a mental illness. *Journal of Social Work*, 16(1), 66-82.
- <sup>6</sup> Maybery, J. D., Reupert, A. E., Goodyear, M. J., Ritchie, R., & Brann, P. (2009). Investigating the strengths and difficulties of children from families with a parental mental illness. *Australian e-journal for the Advancement of Mental Health*, 8(2), 1-10.
- <sup>7</sup> Kowalenko, N. M., Mares, S. P., Newman, L. K., Sved Williams, A. E., Powrie, R. M. & van Doesum, K. T. M. (2012). Family matters: Infants, toddlers and preschoolers of parents affected by mental illness. *MJA Open*, 1 Suppl 1, 16 April 2012.
- <sup>8</sup> Reupert, A., & Maybery, D. (2007). Families affected by parental mental illness: A multiperspective account of issues and interventions. *American Journal of Orthopsychiatry*, 77(3), 362-9.
- <sup>9</sup> Reupert, A., Maybery, D., & Kowalenko, N. (2013). Children whose parents have a mental illness: Prevalence, need and treatment. *Medical Journal of Australia*,199(3 Suppl), 7-9.
- <sup>10</sup> Falkov, A., Goodyear, M., Hosman, C. M. H., Biebel, K., Skogøy, B. E., Kowalenko, N., Wolf, T., & Re, E. (2016). A systems approach to enhance global efforts to implement family-focused mental health interventions. *Child and Youth Services*, 37(2), 175-193.
- <sup>11</sup> Goodyear, M., Hill, T. L., Allchin, B., McCormick, F., Hine, R., Cuff, R., & O'Hanlon, B. (2015a). Standards of practice for the adult mental health workforce: Meeting the needs of families where a parent has a mental illness. *International Journal of Mental Health Nursing*, 24(2),169-80.
- <sup>12</sup> Goodyear, M. J., Obradovic, A., Allchin, B., Cuff, R., McCormick, F., & Cosgriff, C. (2015b). Building capacity for cross-sectorial approaches to the care of families where a parent has a mental illness. *Advances in Mental Health*, 13(2),153-164.
- <sup>13</sup> Laletas, S., Reupert, A., & Goodyear, M. (2017). 'What do we do? This is not our area'. Child care providers' experiences when working with families and preschool children living with parental mental illness. *Children and Youth Services Review*, 74,71-79.
- <sup>14</sup> Bibou-Nakou, I. (2003). Troubles Talk among professionals working with families facing parental mental illness. *Journal of Family Studies*, 9(2), 248-266.
- <sup>15</sup> Mottaghipour, Y. & Bickerton, A. (2005). The Pyramid of Family Care: A framework for family involvement with adult mental health services. *Australian e-Journal for the Advancement of Mental Health*, 4(3).
- <sup>16</sup> Carr, A. (2000). Evidence-based practice in family therapy and systemic consultation: Child-focused problems. *Journal of Family Therapy*, 22(1), 29-60.
- <sup>17</sup> Carr, A. (2009). The effectiveness of family therapy and systemic interventions for adult-focused problems. *Journal of Family Therapy*, 31(1), 46-74.
- <sup>18</sup> Solantaus, T., Toikka, S., Alasuutari, M., Beardslee, W. R., & Paavonen, E. J. (2009). Safety, feasibility and family experiences of preventive interventions for children and families with parental depression. *International Journal of Mental Health Promotion*, 11(4), 15-24.
- <sup>19</sup> McDonald, M. and Rosier, K. (2011). Interagency collaboration. *Australian Family Relationships Clearinghouse AFRC Briefing*, 1-10.
- <sup>20</sup> Nicholson, J., Reupert, A. E., Grant, A., Lees, R., Maybery, D. J., Mordoch, E., Skogøy, B. E., Stavnes, K. A., & Diggins, M. (2015). The policy context and change for families living with parental mental illness. (2015). *Parental psychiatric disorder: Distressed parents and their families*. Reupert, A., Maybery, D., Nicholson, J., Gopfert, M., & Seeman, M. V. (eds) 3 ed. Cambridge UK, Cambridge University Press, p.354-364.
- <sup>21</sup> Grant, A. & Reupert, A. E. (2016). The impact of organizational factors and government policy on psychiatric nurses' family-focused practice with parents who have a mental illness, their dependent children and families in Ireland. *Journal of Family Nursing*, 22(2), 199-223.
- <sup>22</sup> Maybery, D., & Reupert, A. (2006). Workforce capacity to respond to children whose parents have a mental illness. *Australian New Zealand Journal of Psychiatry*, 40(8),657-64.
- <sup>23</sup> Maybery, D., Goodyear, M., Reupert, A. E., & Grant, A. (2016). Worker, workplace or families: What influences family focused practices in adult mental health? *Journal of Psychiatric Mental Health Nursing*, 23(3-4), 163-71.
- <sup>24</sup> Lauritzen, C., Reedt, C., Van Doesum, K. T., Martinussen, M. (2014). Implementing new routines in adult mental health care to identify and support children of mentally ill parents. *BMC Health Services Research*, Feb 7;14:58. doi: 10.1186/1472-6963-14-58.
- <sup>25</sup> Goodyear, M., Maybery, D., Reupert, A., Allchin, R., Fraser, C., Fernbacher, S., & Cuff, R. (2017). Thinking families: A study of the characteristics of the workforce that delivers family-focussed practice. *International Journal of Mental Health Nursing*, 26(3), 238-248.
- <sup>26</sup> Vigano, G., Kaunonen, M., Ryan, P., Simpson, W., Dawson, I., Tabak, I. et al. (2017). Are different professionals ready to support children of parents with mental illness? Evaluating the impact of a pan-European training programme. *J Behav Health Serv Res*, 44(2), 304-315.
- <sup>27</sup> Maybery, D., Goodyear, M., & Reupert, A. (2012). The family-focused mental health practice questionnaire. *Archives of Psychiatric Nursing*, 26(2), 135-144.
- <sup>28</sup> State of Victoria. (2007). *Families where a parent has a mental illness (FaPMI): A service development strategy*. Melbourne, Vic., State of Victoria.