Families with Parental Mental Health Problems: A Systematic Narrative Review of Family Focused Practice

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Abstract: Parents' mental health problems can negatively affect their whole family. The organisational and wider context may also influence the outcomes for all involved. The aims of this systematic review were: to develop a working definition of family focused practice (FFP); identify the types of outcomes that are measured with a focus on service user experiences; and explore how well interventions, in the included studies, fit with previously established components of FFP. A comprehensive literature search of 16 databases was conducted for peer-reviewed, primary research studies related to FFP published since 1998-2016. In total, 3731 articles were identified and screened by four reviewers. Of those, 40 articles met all of the inclusion criteria. The review focused on family outcomes and, consistent with previous reviews, there was a reasonable degree of consistency about the core components of FFP. An additional component, identified by this review, which was part of some interventions, was work to improve access to and engagement with community supports and services. The review concludes that there is a need for: an agreed definition of FFP; clearer links to relevant theories; a more consistent approach to measuring outcomes, including economic perspectives; and an increased strategic promotion of whole family approaches.

Key practitioner messages:

- There is an immediate need for an agreed definition of family focused practice
- Relevant theory could further clarify the theories of change and anticipated outcomes
- There is consistency across studies about the key components of family focused practice
- This review suggests the inclusion of an additional component which is practice that improves access to and engagement with community supports and services.
- Economic evaluations of family focused practice are needed.

Key words: Parental mental health; Parental substance use; Safeguarding children; Family focused practice

Introduction

Internationally, it is 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 mental health problems (Maybery et al., 2009; Parker et al., 2008). Parents' mental health problems (including problematic substance use) can adversely impact their whole family, including dependent children. Whilst not all children will experience difficulties due to parental mental health problems, a significant number will experience cognitive, emotional, social, physical and behavioural problems on a short or long term basis (Mennen et al., 2015). For instance, 25 to 50% of children who have a parent with mental health problems experience a psychological disorder during childhood or adolescence, and 10-14% of these children will be diagnosed with a psychotic disorder at some point in their lives (Beardslee et al., 2012). Additionally, there is an association between parental mental health problems and child maltreatment (e.g. Cleaver et al., 2011; Finkelhor et al., 2015). While the parenting role can encourage parents' recovery (Siegenthaler et al., 2012) it can also be a source of stress and negatively impact parents' mental health (Reupert et al., 2017).

Family focused practice

Family Focused Practice (FFP) is an approach to intervention that emphasises the family as the focus of attention as opposed to any one individual (Foster et al., 2013). The concept of FFP, in adult mental health services, has tended to focus on supporting adult family members to care for the family member with mental health problems (McNeil, 2013). However, increasingly the concept has been broadened to reflect the growing awareness of the need to address service users' roles as parents

and to support a range of family members including service users' dependent children (Nicholson, 2015). Emerging evidence of the benefits of FFP has led to calls for both adult mental health and children's services to adopt a whole family approach to address the complexity of the family's needs (Grant et al., 2018).

Key components of Family Focused Practice

Foster et al. (2016) identified six core and overlapping practices within FFP: 1) Family care planning and goal setting; 2) Liaison between families and services, including family advocacy; 3) Instrumental, emotional and social support; 4) Assessment of family members and family functioning; 5) Psychoeducation; and 6) A coordinated system of care (e.g., wraparound, family collaboration, partnership) between family members and services. Marston et al. (2016) provided a similar analysis of the main components as: psychoeducation; direct treatment and support for mental health and/or substance use; a focus on parenting behaviour; child risk and resilience; family communication; and family support and functioning.

FFP can be provided in a variety of ways and at different levels from mental health promotion to specialist intervention (Smith et al., 2020). Information and support to enhance resilience may be provided through peer support programmes (e.g.Nilsson et al., 2015), online discussion support groups (e.g. Drost et al., 2011), and educational materials (Tussing and Valentine, 2001). In addition, there are family intervention programmes that support both parents and their children (e.g. Beardslee et al., 2007). Others, such as Falkov (2012) highlight that health and social care professionals, with additional training, can provide supportive counselling, family

case management, and/or intensive child/family interventions, individually or as part of a multidisciplinary team.

Although the above work has been highly influential in furthering our understanding of components of current FFP interventions, there are aspects of FFP which require further exploration. Three recent reviews (Acri and Hoagwood, 2015; Foster et al., 2016; Marston et al., 2016, Smith et al., 2020) have acknowledged the lack of an agreed definition of FFP and have explored the way in which the relevant terms are used, and identified key principles and components of FFP. Foster et al. (2016) reported that, in the context of adult mental health services, "there is little consistency in how FFP is defined, and in particular, a lack of integrated knowledge on FFP in mental health services." (p. 1-2).

The aims of this review were therefore: to develop a working definition of family focused practice (FFP); identify the types of outcomes that are measured with a focus on service user experiences; and explore how well interventions, in the included studies, fit with the previously established components of FFP.

Methodology

The systematic narrative review focuses on primary research on FFP which we defined as interventions provided by health and social care professionals in adult mental health and children's services for families when a parent or parents have mental health problems (including problematic substance use). The PRISMA Statement (Liberati et al., 2009) was used as a guideline for reporting the review findings.

Search Strategy

For practical and resource reasons the review searches were limited to those reported in English and to studies published between 1998-2016. Medical Subject Headings (MeSH) and text words were used to search 16 electronic databases. Grey literature was also searched including unpublished sources and reports via OpenGrey, Google and Google Scholar, and the websites of relevant UK government departments and charities. These sites were searched using a selection and combination of search terms as appropriate. Reference lists of studies that met the inclusion criteria were also checked. Finally, experts in the field were contacted to obtain additional studies.

Search terms were incorporated into the search strategy in order to maximise the inclusion of studies in the review. This included terms which were devised to capture the population (mental disorders, substance-related disorders, family, alcoholics, drug users, child of impaired parents, adult children, dual diagnosis (psychiatry), child, parents), the intervention (educate, program, support, intervene(tion), therapy), the setting (i.e. adult mental health services, child welfare services) and study design (all designs were included and their quality assessed). Searched databases were as follows:

Electronic Searches

Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations; Embase (Ovid); CINAHL PsycINFO; Science Citation Index (Web of Science); Social Sciences Citation Index (Web of Science); ERIC (EBSCOhost); Cochrane Central Database of Controlled Trials (CENTRAL); Cochrane Database of Systematic Reviews; Database of Reviews of Effectiveness (DARE); Health Management Information Consortium; Database of Promoting Health Effectiveness Reviews; Trials Register of Promoting Health Interventions; Campbell Library of Systematic Reviews; International Clinical Trials Registry Platform (ICTRP); ClinicalTrials.gov; UK Clinical Research Network Study Portfolio.

Study Eligibility

Types of included studies

A variety of study types were incorporated into the current review including: Controlled studies (randomised controlled trials 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 irrespective of study design or data type. Additionally, any studies that provided quantitative data on attrition and adherence rates were included as part of the effectiveness synthesis. No restrictions were imposed on design for this synthesis as long as the study was about family-focused interventions for parents who have mental illness and/or their children and families.

Participants

Parents who have mental health problems and/or problematic substance use, their children, and adult family members (e.g. adult siblings acting in a caring capacity).

Intervention Type

Family-focused practice, in any setting, for parents with mental health problems and/or problematic substance use, their children and adult family members. The intervention had to be specifically family focused (i.e. interventions had to be focused on supporting both the service user/parent and their family). Interventions that involved only the service user/parent were included if they addressed both the needs of the parent and their child(ren), so general interventions for mental health problems and substance use were not included unless they had a family focused aspect to them.

Outcome measures

Primary outcome*:* Psychological distress/mental health (depression and anxiety, psychosis, self-harm); social functioning including parenting, attachment and relationships with family and others; substance use; treatment adherence

Secondary: Acceptability; quality of life; child welfare interventions with children to prevent/address concerns about their welfare; hospital admissions

Exclusion Criteria:

Studies were excluded if there was no family focused component to their intervention, if they were published before 1998 or were not published in the English language. Studies which only addressed family-focused practice for children and/or

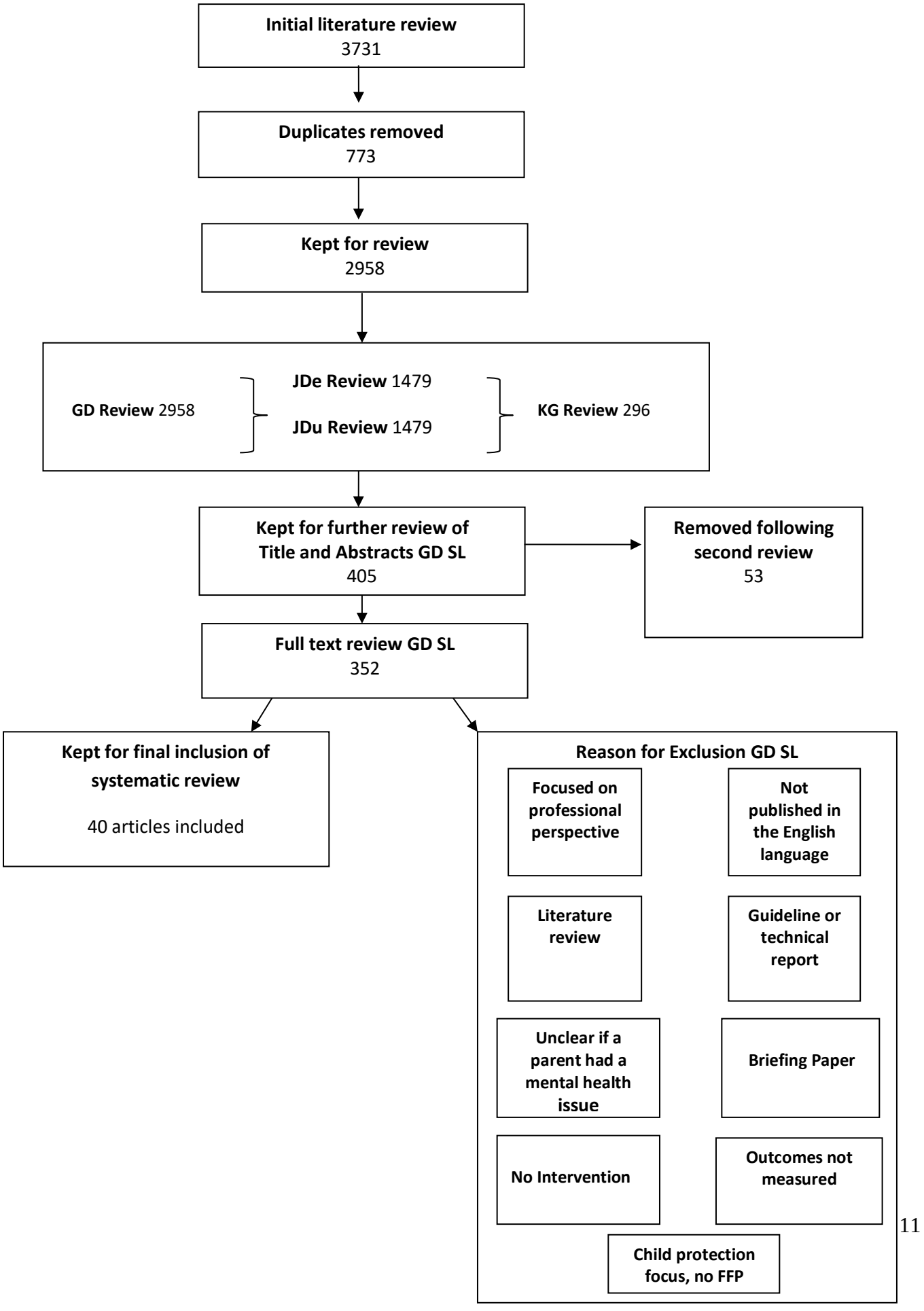
young people's mental health and/or substance misuse were also excluded. Studies were not included if they were based on interventions that only consulted the family to intervene with the individual (not family focused/systemic). Studies were also excluded if they only focused on the perspective of practitioners (i.e. no parents included).

Systematic Data Synthesis

Using the search terms as previously described, the initial search for literature yielded >3700 articles. All article references were transferred to EPPI Reviewer 4 (web based management software), and duplicates were removed. Article titles were screened for eligibility using the inclusion and exclusion criteria by reviewer GD with all relevant articles retained for abstract review. Two further reviewers (JDe & JDu) assessed 50% each of the article titles and abstracts retained in EPPI to ensure reliability of initial reviewer assessment, with a further random 10% sample of all articles assessed by reviewer KG to quality assure the screening process. After initial review of relevance and meeting of all reviewers to agree on inclusion, 405 articles were retained for further assessment of titles and abstracts. A further 53 articles were removed based on second observations. When article abstracts provided insufficient information, full text was obtained if possible for further consideration. Full text review was carried out on 352 articles by reviewers GD and SL. Full text articles were assessed for quality appraisal using criteria adopted from the critical appraisals skills programme (CASP, 2012). The reviewers (GD & SL) met to agree inclusion of studies based on quality and eligibility criteria. Any disagreements were to be resolved by further independent quality assessment by a third reviewer (which was not needed). After final review of full text articles, 40

studies were included for the review (figure 1.1). Data extracted from articles included information relating to the author and publication date, sample population, study setting and design, intervention type and summary of main findings. See Supplementary Table 1 for an overview of all included studies.

Figure 1.1: *Overview of Review Process*



Results

Marston et al. (2016) in their analysis of the components of family interventions provided a useful structure to present the characteristics of the included studies. Current review findings are therefore presented by: characteristics of included studies, for whom and where the intervention was provided; the key components of the intervention (psychoeducation, treatment and support, parenting behaviour, child risk and resilience, family communication, family support and functioning); the intervention intensity; the measured outcomes; participants' perceptions of the interventions; and recommendations from children, parents, professionals and researchers. There are overlaps across these categories but the structure is used to organise the main themes from across the studies.

Characteristics of included studies

There were 40 studies included in the systematic review (Table 1). The largest proportion were from the USA (15), with the remainder from Australia (9), UK(5), Sweden (4), Netherlands (3), and one each from Canada, Denmark, Finland and France.

Although it was sometimes difficult to establish if the setting was mainly adult or child focused it appeared that 22 were in adult mental health settings, including 7 with a specific focus on problematic substance use. Fourteen of the studies were undertaken in services focused primarily on support to children and families. There was a range of research designs used, from case studies to randomised controlled trials. It is also worth noting that of all included articles, only 6 [Bassett, Lampe, & Lloyd, 2001; Isobel, Foster, & Edwards, 2015; McComish et al. 2003; O'Brien, et al.

2011; Nilsson, Gustafsson & Jenholt Nolbris 2015; Wansink, et al. 2015] mentioned terminology relating to FFP or family centred practice, with no articles providing a definition of FFP even though interventions focused on the 'family' (parent and child needs). Although we aimed to include economic evaluations of interventions, none of the 40 reported economic data.

Insert Table One

For whom and where the intervention was provided

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 [Punamaki, et al. 2013]. Within these some were specifically focused on the mother-baby relationship [De Camps Meschino et al. 2016; Kern et al. 2004; Van der Ham, et al. 2013; van Doesum, et al. 2008]. Some interventions were only provided to parents. There were six interventions only provided to children. These included the children of parents who had mental illness [Grant et al. 2008; Grove et al. 2015a; Noether et al. 2007], children of parent with problematic substance use [Templeton, 2012], and grown up children whose parents had a mental illness [Nilsson et al. 2015; Knutsson-Medin et al. 2007]. Most seemed to be provided in service or clinical settings, including residential [Killeen & Brady, 1999; McComish et al. 2003] and inpatient care [Isobel et al., 2015; O'Brien, et al. 2011], but some were specifically provided in the family's home setting [Brunette, et al. 2004; Gewirtz, et al. 2009; Gruber et al. 2001; Maybery et al. 2015; van Doesum, et al. 2008], and two were provided via DVD and/or the internet [Grove et al. 2015b; Van der Zanden, et al. 2010].

Key components of the intervention

All interventions provided more than one component of the range of elements of family focused interventions that Marston et al. (2016) identified. It was difficult, at times, to identify which category or categories the interventions would best fit with. As summarised in Table 2, 25/40 of the included studies included some clear component of psychoeducation (including increasing knowledge around either mental health problems or substance misuse). Of these, just under half (*n* = 11 provided psychoeducation to children (Grove et al., 2015a ; Grove et al., 2015b, Killeen & Brady, 1999 ; Maybery et al., 2015 ; Maybery et al., 2012; Noether et al., 2007; Pihkkala et al., 2010; Pihkala et al., 2011; Punamaki et al., 2013; Templeton & Sipler, 2012; Wolpert et al., 2015). Psycho education for children primarily centred around understanding parental mental illness and promoting children's psychological well-being. In 23/40 of the studies direct treatment and support for mental health and/or substance misuse was provided. In 24/40 there was a focus on parenting behaviour. The authors explicitly addressed child risk and resilience in 21/40 studies. In 22/40 there was an element of family communication. The most common component, although possibly the most general, was family support and functioning which was clearly addressed in 29/40 interventions. Attempts to improve access to community supports and services was identified as a component of 9/40 of the studies.

Insert Table 2

Intervention engagement

Articles were also reviewed in relation to the co-design of the intervention components through the involvement of the target population (i.e. families experiencing parental mental health problems) or participation and engagement by parents, their children and other family members in their own self-care as part of an intervention. Eleven studies indicated some form of involvement in this way (Table 3). Grove et al. (2015b) note that their DVD intervention was developed in consultation with consumers, carers and leading practitioners from around Australia although no further detail was provided on what this entailed. For the remaining studies, a number of common themes were noted in relation to participation and engagement. Notably, three studies reported on partnership approaches with families regarding needs assessment and identification of support as part of the co-construction of a service plan (Cleek, et al. 2012; Dumaret et al. 2009; Grant et al. 2008). Additionally, remaining studies describe the facilitation of communication between parents and their children (Pihkala et al. 2010; Pihkala et al. 2012; Punamaki, et al. 2013) during family sessions planned with parents and children's questions and experiences as a basis. Collaboration and goal setting during interventions was also a notable form of engagement with families (Maybery et al. 2015; Maybery, et al. 2012), parents (McComish et al. 2003) and children (Tempelton, 2012) as part of on-going care and recovery planning.

Insert Table 3

Intervention intensity

There was an extremely wide range of lengths and intensities of intervention from a 64 minute DVD [Grove et al. 2015b], to 50 visits a year [Brunette, et al. 2004], an 18 month programme [Einbinder, 2010], to weekly family support for seven years [Dumaret et al., 2009]. However, most interventions involved between 2-18 sessions often delivered weekly.

Measured outcomes

The most common measures of outcome tended to involve aspects of parental mental health and/or substance misuse and family functioning (Table 3). Twenty-nine studies addressed increases in family function, with positive improvements on the parent-child relationship assessed by 10 studies. Changes in parenting skills were assessed in 9 of the included studies. Twelve studies sought to measure parental stress and coping, and family communication regarding mental illness and/or problematic substance use was assessed in 4 studies. Of those 10 studies reporting on direct improvements in parental mental health and/or problematic substance use, findings note a reduction in mental health symptoms or cessation of substance misuse among parents taking part in an intervention.

Furthermore, most interventions reported some positive impacts on parents' knowledge or awareness of issues associated with mental illness 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 (Table 4). Improvements in these measured outcomes should also promote child safety although that did not tend to be an explicit outcome measure.

Insert Table 4

Parents' and Children's perceptions of effective interventions

Overall, interventions which incorporated a multi-disciplinary approach and included access to more than one service or area of support were identified as helpful by families [Brunette, et al. 2004; Cleek et al. 2012; Dumaret et al.. 2009; Einbinder, 2010; Gewirtz et al. 2009; Grove et al. 2015a; Pihkala et al. 2012; Schaeffer et al. 2013; van Doesum, et al. 2008; Wansink et al. 2015]. Furthermore, opportunities to understand mental health/substance misuse issues and how these impact on the parent and child were also valued [Bassett et al. 2001; Catalano, et al. 1999; De Camps Meschino et al. 2016; Donohue, et al. 2010; Dumaret et al. 2009; Gewirtz, et al. 2009; Grove et al. 2015a; Grove et al. 2015b; Isobel et al. 2016; Maybery et al. 2015; Maybery, et al. 2012; Pihkala et al. 2010; Pihkala et al. 2012; Templeton, 2012; Wolpert et al. 2015]. Community based interventions, particularly those which would ordinarily be clinically based, were also reported as favourable among parents particularly those associated with addiction issues [Catalano et al. 1999; Cleek, et al. 2012; Diaz-Canaja, & Johnson, 2004; Gruber et al. 2001; Khalifeh et al. 2009], as this allowed for better opportunities for family inclusion as well as more practical support (i.e. providing a stable environment for children). However, a preference for home based treatment was not always shared among children who reported that hospitalisation of a parent with mental health problems sometimes provided an opportunity for respite for them and reduced their stress and worry surrounding their parent [Grove et al. 2015a; Knutsson-Medin et al., 2007; Khalifeh et al. 2009]. Additionally, studies which recorded the subjective perceptions of

parents in receipt of an intervention (.i.e. Diaz-Canaja, & Johnson, 2004; Einbinder, 2010; Khalifeh et al. 2009; O'Brien et al. 2011; Pihkala et al. 2012; Wolpert et al. 2015) noted that not all individuals feel that they are receiving the best service. For example, from the perspective of adult mental health services, Diaz-Caneja and Johnson (2004) highlight that mothers reported that there was:

> ...inconsistency of care, lack of any practical or emotional support in parenting and a tendency for any practical help provided to be withdrawn as soon as an immediate crisis had resolved, even though continuing support would have been valued (p.478).

Interventions which addressed the wider needs of the family, including improvements in family relationships and which moved beyond the mental health/substance use issue, were also reported as helpful:

> The counselors are wonderful. They really take the time to deal with your issues and try to help you whatever your needs are, whether it's food, clothes, legal matters, mental issues, whatever. That's a plus for me. They are not just trying to work with the drug program (Einbinder, 2010, p.38, Mother).

Recommendations regarding interventions

A theme across the included studies in this review was the relative consensus among professionals and researchers about appropriate and effective interventions. This included providing interventions aimed at addressing the needs of parents and

children in environments that best suited their needs [Bassett et al. 200; Brunette, et al. 2004; Casselman, & Pemberton, 2015; Diaz-Canaja, & Johnson, 2004; Gewirtz et al. 2009; Gruber et al. 200; Killeen & Brady, 1999; Maybery et al. 2015; McComish et al. 2003; van Doesum et al. 2008] and which incorporated a multidisciplinary approach aimed at increasing resilience through knowledge, understanding and effective coping [40/40]. As Gruber, Fleetwood and Herring (2001) concluded:

> Extending support beyond the "program walls" into clients' homes and their families will ensure that more substance-affected parents will be involved with their children's development and provide a safe, stable, and healthy environment for their children to thrive (p.276).

Discussion

The systematic narrative review examined the existing research evidence for the components of family focused interventions for parents who have mental health problems, their children and families. There is a fine balance to be achieved in seeking to see family members as part of a group, while also recognising their individual needs and perspectives. The main themes from the findings include: the lack of an agreed definition of FFP; the identification of the key components of effective interventions; the parallels between what families and professionals need in terms of information, education and support; the need for more economic evaluations of these interventions; and the need to consider FFP in its wider systemic context. The aims of current review were to develop a working definition of family focused practice (FFP); identify the types of outcomes that are measured with a focus on service user experiences; and explore how well interventions, in the

included studies, fit with the previously established components of FFP. Each of these aims will now be considered in more depth following from the review findings.

Working definition of FFP

None of the included studies provided a definition of FFP although six studies did use that specific phrase. The lack of an agreed definition has been repeatedly identified and discussed throughout the literature (Foster et al., 2016). Although previous reviews do helpfully identify the key characteristics and components of FFP they do so from a specific perspective: adult mental health (Foster et al., 2016; Marston et al., 2016) or child welfare (Acri & Hoagwood, 2015). It could therefore be helpful to develop a definition of FFP that could be used across adult and children's services and applied regardless of the combination of issues that the family may be experiencing, including parental mental health problems and/or problematic substance use, but also domestic violence and the wide range of other issues that may be relevant. Arguably the theory base for FFP, especially from ecological, life course and systemic perspectives is already well developed but perhaps needs to be more clearly and explicitly applied to FFP across settings. A possible concern is that without an agreed definition, and one which can be applied across areas, there is increased risk of some of the difficulties identified with siloed services.

Despite the complex nature of FFP, based on the existing evidence reviewed, we suggest that FFP can be defined as an approach to delivery of services whereby professionals engage the service user within the context of their immediate connected family relationships and endeavour to meet the needs of both service users and family members. For instance, professionals in adult mental health

services may directly engage service users' children around issues related to PMI and promote their capacity to understand and cope with it. Professionals may also indirectly support children by keeping them in mind while caring for service users, and by referral to other specialist support services as required. Activities can be classified as more or less family focused on a continuum, with direct support of service users' children (i.e. psychoeducation) more family focused than provision of more indirect support, such as referral to other agencies. The types and intensity of activities and processes that professionals use to engage in FFP are partly determined by the service type they work in and by their beliefs about the need for and importance of FFP; capacity to engage in it and how they think it should be operationalized. Central to this is a need to be explicit about how the needs of the family are seen as both collective and individualised – especially in the context whereby a parent's mental health may be impacting to such a significant extent on a child that the focus must shift from supporting the parent to protecting the child. This study adds to the limited discussion of this complex issue by seeking to focus on the outcomes that professionals seek to achieve when working with families.

Types of outcomes – Including the service user experiences

There are a number of key issues raised by the types of outcomes that the included studies focused on and what appears to be relatively neglected. In general, the studies focused on symptoms, deficits, family functioning, relationships and understanding of mental health issues. They did not tend to explore, in as much depth or at all, families' qualitative priorities or experiences. None of the included studies had an economic evaluation as part of their design. The most common

measures of outcome were of parental mental health and/or substance misuse and family functioning but even within these areas of outcome there was a variety of approaches and measures used. The findings suggest that there should be a greater focus on identifying what outcomes are important to families, and on measuring outcomes in a more consistent way that would facilitate comparison across studies and interventions, and open the possibility for more explicit and supported discussions with parents, and children, about their needs and professional responsibilities. In doing so consideration must be given to the power imbalances that arise within families, as a result of age (for children) or disability (for those with PMI), and the role of different professionals in supporting and advocating for individual family members, while retaining a family focus.

How well do interventions, in the included studies, fit with the previously established components of FFP?

There seemed to be a reasonable degree of consistency about the core components of effective interventions across reviewed studies. These fitted well with the elements Marston et al. (2016) had identified: psychoeducation; direct treatment and support for mental health and/or substance use; a focus on parenting behaviour; child risk and resilience; family communication; and family support and functioning. The current review also identified an additional component relating to working to improve service user access to or engagement with community supports and services. In general, the theme of facilitating engagement with other resources and services is a more prominent feature of the professional focused literature. For example, the need for training and education to develop professionals' ability to form collaborative

partnerships with parents and adult family members (Coyne et al., 2013), parallels with the need to support families to navigate services. The availability of other support services and the importance of being able to refer to and access a range of supports when the relevant professional cannot meet the identified need is also an important facilitator of FFP according to the professional focused research (Nicholson, 2015). Although some of the included studies do address how families were supported to access services, this perhaps could have been a more developed aspect of other family focused interventions.

Psycho education for children can help them cope more effectively with parental mental illness (Siegenthaler et al., 2012). While the core component of the majority of interventions for children is psycho education (Marston et al., 2016; Reupert & Maybery 2012), the present review found that only eleven of the 40 studies reviewed provided psycho education for children. Therefore, more emphasis could be placed upon delivering psycho education to children and examining what content, format and duration is most useful.

Inter-disciplinary and organisational teamwork and inter-professional practice is also repeatedly identified as important (Grant et al., 2018), along with a commitment of all team members to adopt a whole family approach (Korhonen et al., 2010).

With regards to intervention and intensity, findings suggest that there is no agreed style or pace of intensity across the FFP interventions identified, rather commonalities can be noted within the principles adopted. Principles of FFP which have been identified throughout the wider family focused literature highlight the importance of caring for parents in the contexts of their families and communities, and working with families in an individualised, holistic, flexible, transparent,

responsive, preventative, recovery, strengths based and culturally sensitive manner (Grant et al., 2018). Critical to FFP is the need for health and social care professionals to form partnerships with each other and with parents and their families, and to help parents set and achieve appropriate and realistic goals (Grant & Reupert, 2016). However, across the studies there was also a wide range of outcomes measured using a variety of tools which made any direct comparison difficult.

An aspect of the professional focused interventions which can also be paralleled with the family focused interventions is the importance of context and place. For example, for professionals, environmental design that allows close physical proximity of the various disciplines with each other has been identified as facilitating interagency co-operation and thereby family focused practice (Coyne et al., 2013; Grant et al., 2018). The importance of context and place is also very relevant to families, including the proximity and accessibility of services such as the provision of family rooms within mental health inpatient facilities. The professional focused literature also suggests that caring for families in community settings is thought to enable family focused practice, as it provides mental health professionals with opportunities to care for parents within their home environments and to observe normal family life (Grant et al., 2018; Grant and Reupert, 2016). For families this may also be easier to engage with in contrast to arranging to attend various appointments in a range of clinical settings.

There are two other comparisons which may also be relevant and contribute to the discussion of FFP. Interventions are attempting to meet the needs of both parents and children. While there are areas of overlap, and the majority of the included interventions were provided to parents and children together, it was also identified

that it can be useful to include some aspects of interventions specifically designed for parents and some for children. Finally, the comparison between interventions that were mainly focused on parental mental health problems with those more focused on problematic substance use also reinforced that there are broad areas which are common across issues, such as the need for awareness and understanding of the nature of the issues; the need to consider different perspectives; and the need to identify appropriate supports. There are also aspects of specific content which needs to be tailored for the specific issues and/or the specific family.

Limitations

This review is also limited by the lack of an agreed definition of FFP as the definition used for this review may have excluded some relevant research. The broad approach meant that it was not possible to carry out any meta-analysis (due to inclusion of a variety of research designs), and limited the detail with which the content of each paper could be captured. Similarly, secondary thematic content analysis of qualitative studies was not applied as these were outside the paper's scope but could provide useful future review findings on this topic. Another limitation is the exclusion of additional and mental health/substance use associated factors such as domestic violence. Furthermore, interventions included in the study were largely developed within Western industrialised countries, making generalisations to other settings difficult. Exploration of cross-cultural differences would be a useful endeavour in future research. The studies included in this review also used various lengths of intervention intensity and delivery methods making definitive conclusions

about key components of effective family focused interventions difficult. Finally, for resources reasons, the search strategy was limited to studies reported in English and published between 1998-2016. These limits may have result in exclusion of additional material and would therefore be a recommended focus of future work.

Conclusion and Implications

Poor parental mental health has been identified as having the potential to impact negatively on children, and for some children may result in maltreatment. This review explored interventions to support families with parental mental health and substance misuse problems across both child welfare and adult mental health services. The review identified the need for an agreed definition of family focused practice that can be used across services and countries. It also suggests that links to the relevant theory base should be more explicit to clarify the theories of change and anticipated outcomes of interventions. It is very positive that there is relative consistency about what are identified as the effective components of family focused practice and this review suggests the inclusion of an additional component, which is interventions which improve access to and/or engagement with community supports and services. None of the included studies involved an economic evaluation and this is a clear and urgent need for future research. In this complex area of practice and research it is difficult to capture all the relevant perspectives on what is working well for the parents and children involved. It would help to further develop the evidence base if there was a more standardised and consistent approach to outcomes and the measures used. Finally, FFP needs to be considered in its wider systemic context and more randomised controlled trials of family focused interventions would help to further clarify the critical components of these complex interventions.

References: ***(* Studies included in review)***

Acri MC, Hoagwood KE. 2015. Addressing Parental Mental Health within Interventions for Children: A Review. *Research on Social Work Practice* **25**(5): 578-586.

*Bassett, H., Lampe, J., Lloyd, C. 2001. Living with Under-Fives: a Programme for Parents with a Mental Illness. *British Journal of Occupational Therapy***, 64**(1), 23-28.

Beardslee WR, Solantaus TS, Morgan BS, Gladstone TR, Kowalenko NM. 2012. Preventive interventions for children of parents with depression: International perspectives. *Medical Journal of Australia Open* **1**(Suppl 1): 23-25. DOI: 10.5694/mjao11.11289

*Brook, J, McDonald, TP, Yan, Y. 2012. An analysis of the impact of the Strengthening Families Program on family reunification in child welfare. *Children and Youth Services Review,* **34**(4), 691-695.

*Brunette, MF, Richardson, F, White, L, Bemis, G, Eelkema, RE 2004. Integrated family treatment for parents with severe psychiatric disabilities. *Psychiatric Rehabilitation Journal,* **28**(2), 177-180.

*Casselman, RB, Pemberton, JR. 2015. ACT-Based Parenting Group for Veterans with PTSD: Development and Preliminary Outcomes. *American Journal of Family Therapy,* **43**(1), 57-66. doi:10.1080/01926187.2014.939003

*Catalano, RF, Gainey, RR, Fleming, CB, Haggerty, KP, Johnson, NO. 1999. An Experimental Intervention with Families of Substance Abusers: One-Year Follow-Up of the Focus on Families Project. *Addiction,* **94**(2), 241-254.

Cleaver H, Unell I, Aldgate J. 2011. *Children's needs-parenting capacity: child abuse, parental mental illness, learning disability, substance misuse, and domestic violence*. London: The Stationery Office.

*Cleek, E N, Wofsy, M, Boyd-Franklin, N, Mundy, B, Howell, T J 2012. The Family Empowerment Program: An Interdisciplinary Approach to Working with Multi-Stressed Urban Families. *Family Process,* **51**(2), 207-217. doi:10.1111/j.1545-5300.2012.01392.x

Coyne I, Murphy M, Costello T, O'Neill C, Donnellan C. 2013. A survey of nurses' practices and perceptions of family-centered care in Ireland. *Journal of Family Nursing* **19**(4): 469-488. DOI: 10.1177/1074840713508224

*de Camps Meschino, D, Philipp, D, Israel, A, Vigod, S. 2016. Maternal-infant mental health: postpartum group intervention. *Archives of Women's Mental Health*, **19**(2), 243-251.

*Diaz-Caneja, A, Johnson, S. 2004. The views and experiences of severely mentally ill mothers - A qualitative study. *Social Psychiatry and Psychiatric Epidemiology,* **39**(6), 472-482. doi:10.1007/s00127-004-0772-2

*Donohue, BC, Romero, V, Herdzik, K, Lapota, H, Abdel Al, R, Allen, DN, . . . Van Hasselt, V. B. 2010. Concurrent treatment of substance abuse, child neglect, bipolar disorder, post-traumatic stress disorder, and domestic violence: A case examination involving family behavior therapy. *Clinical Case Studies,* **9**(2), 106-124. doi:http://dx.doi.org/10.1177/1534650109351928

Drost LM, Cuijpers P, Schippers GM. 2011. Developing an interactive website for adolescents with a mentally ill family member. *Clinical Child Psychology and Psychiatry* **16**(3): 351-364. DOI: 10.1177/1359104510366281.

*Dumaret, A-C, Constantin-Kuntz, M, Titran, M. 2009. Early intervention in poor

families confronted with alcohol abuse and violence: impact on families' social integration and parenting. *Families in Society,* **90**(1), 11-17.

*Einbinder, SD. 2010. A qualitative study of exodus graduates: family-focused residential substance abuse treatment as an option for mothers to retain or regain custody and sobriety in Los Angeles, California. *Child Welfare,* **89**(4), 29-45.

Falkov A. 2012. *The family model handbook. An integrated approach to supporting mentally ill parents and their children.* Sussex: Pavilion.

Finkelhor D, Shattuck A, Turner H, Hamby S. 2015. A revised inventory of adverse childhood experiences. *Child Abuse & Neglect* **48**: 13-21. DOI.org/10.1016/j.chiabu.2015.07.011.

Foster K, Maybery D, Reupert A, Gladstone B, Grant A, Ruud T, Falkov A, Kowalenko N. 2016. Family-focused practice in mental health care: An integrative review. *Child & Youth Services* **37**(2): 129-155.

Foster MJ, Whitehead L, Maybee P, Cullens V. 2013. The parents', hospitalized child's, and health care providers' perceptions and experiences of family centered care within a pediatric critical care setting: a meta-synthesis of qualitative research. *Journal of Family Nursing* **19**(4), 431-468. DOI: 10.1177/1074840713496317.

*Gewirtz, AH, DeGarmo, DS, Plowman, EJ, August, G, Realmuto, G. 2009. Parenting, Parental Mental Health, and Child Functioning in Families Residing in Supportive Housing. *American Journal of Orthopsychiatry,* **79**(3), 336-347. doi:10.1037/a0016732

Grant A, Lagdon S, Devaney J, Davidson G, Duffy J, Perra O, Galway K, Leavey G, Monds-Watson A. 2018. *A Study of Health and Social Care Professionals'*

Family Focused Practice with Parents who have Mental Illness, their Children and Families in Northern Ireland. Final Report. Belfast: Queen's University Belfast.

Grant A, Reupert A. 2016. The impact of organizational factors and government policy on psychiatric nurses' family-focused practice with parents who have mental illness, their dependent children, and families in Ireland. *Journal of Family Nursing* **22**(2): 199-223.

*Grant, G, Repper, J, Nolan, M. 2008. Young people supporting parents with mental health problems: experiences of assessment and support. *Health and Social Care in the Community,* **16**(3), 271-281.

*Grove, C, Reupert, A, Maybery, D. 2015a. Gaining knowledge about parental mental illness: how does it empower children?. *Child & Family Social Work*, **20**(4), 377-386.

*Grove, C., Reupert, A., & Maybery, D. 2015b. Gaining knowledge about parental mental illness: how does it empower children?. *Child & Family Social Work, 20(4), 377-386.*

*Gruber, KJ, Fleetwood, TW, Herring, MW. 2001. In-Home Continuing Care Services for Substance-Affected Families: The Bridges Program. *Social Work,* **46**(3), 267-277.

*Isobel, S, Foster, K, Edwards, C. 2015. Developing family rooms in mental health inpatient units: an exploratory descriptive study. *BMC Health Services Research,* **15**, 9. doi:10.1186/s12913-015-0914-0

*Isobel, S, Meehan, F, Pretty, D. 2016. An Emotional Awareness Based Parenting Group for Parents with Mental Illness: A Mixed Methods Feasibility Study of Community Mental Health Nurse Facilitation. *Archives of Psychiatric Nursing,*

30(1), 35-40. doi:10.1016/j.apnu.2015.10.007

*Kern, JK, West, EY, Grannemann, BD, Greer, TL, Snell, L. M., Cline, L. L., . . . Trivedi, M. H. 2004. Reductions in stress and depressive symptoms in mothers of substance-exposed infants, participating in a psychosocial program. *Maternal and Child Health Journal,* **8**(3), 127-136. doi:10.1023/B:MACI.0000037646.01017.b9

*Khalifeh, H, Murgatroyd, C, Freeman, M, Johnson, S, Killaspy, H. 2009. Home Treatment as an Alternative to Hospital Admission for Mothers in a Mental Health Crisis: A Qualitative Study. *Psychiatric Services,* **60**(5), 634-639.

*Killeen, T, Brady, KT. 2000. Parental stress and child behavioral outcomes following substance abuse residential treatment. Follow-up at 6 and 12 months. *Journal of Substance Abuse Treatment,* **19**(1), 23-29.

*Knutsson-Medin, L, Edlund, B, Ramklint, M. 2007. Experiences in a group of grown-up children of mentally ill parents. *Journal of Psychiatric & Mental Health Nursing,* **14**(8), 744-752 749p. doi:10.1111/j.1365-2850.2007.01181.x

Korhonen T, Vehviläinen-Julkunen K, Pietilä A. 2010. Do nurses support the patient in his or her role as a parent in adult psychiatry? A survey of mental health nurses in Finland. *Archives of Psychiatric Nursing* **24**(3): 155-167.

Liberati A, Altman DG, Tetzlaff J, Mulrow C, Gøtzsche PC, Ioannidis JP, Clarke M, Devereaux PJ, Kleijnen J, Moher D. 2009. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. *PLoS Medicine* **6**(7): p.e1000100.

Marston N, Stavnes K, Van Loon LM, Drost LM, Maybery D, Mosek A, Nicholson J, Solantaus T, Reupert A. 2016. A content analysis of Intervention Key

Elements and Assessments (IKEA): What's in the black box in the interventions directed to families where a parent has a mental illness? *Children & Youth Services* **37**(2): 112-128.

Maybery D, Reupert A, Patrick K, Goodyear M, Crase L. 2009. Prevalence of parental mental illness in Australian families. *Psychiatric Bulletin*, **33**(1): 22-26. DOI: 10.1192/pb.bp.107.018861

*Maybery, DJ, Goodyear, M, Reupert, AE, Harkness, MK. 2012. Goal setting within family care planning: families with complex needs. *Medical Journal of Australia*, 37-39. doi:10.5694/mja11.11179

*Maybery, D, Reupert, A, Goodyear, M. (2015. Goal setting in recovery: families where a parent has a mental illness or a dual diagnosis. *Child & Family Social Work,* **20**(3), 354-363. doi:10.1111/cfs.12084

*McComish, JF, Greenberg, R, Ager, J, Essenmacher, L, Orgain, LS, Bacik Jr, WJ. 2003. Family-focused substance abuse treatment: A program evaluation. *Journal of Psychoactive Drugs,* **35**(3), 321-331.

McNeil S. 2013. Understanding family-centered care in the mental health system: Perspectives from family members caring for relatives with mental health issues. *Social Work in Mental Health* **11**(1): 55-74. DOI: 10.1080/15332985.2012.720662.

Mennen FE, Pohle C, Monro WL, Duan L, Finello KM, Ambrose S, Poulsen MK, Arroyo W. 2015. The Effect of Maternal Depression on Young Children's Progress in Treatment. *Journal of Child and Family Studies* **24**(7): 2088-2098.

Nicholson J, Reupert A, Grant A, Lee R, Maybery D, Mordoch E, Skogoy BE, Stavnes KA, Diggins M. 2015. *The Policy Context and Change for* Families Living with Parental Mental Illness. In Nicholson J, Reupert A, Grant A, Lees

R, Maybery D, Mordoch E, Skogoy BE, Stavnes KA, Diggins M. 2015. in Parental psychiatric disorder: Distressed parents and their families, Third Edition. London: Cambridge University Press.

Nicholson J. 2015. *Supporting mothers living with mental illnesses in recovery. In Benders-Hadi N, Barber M (Eds.), Motherhood, mental illness and recovery.* New York, NY: Springer.

*Nielsen, N. 2006. Evaluation of family therapy. *Nordic Journal of Psychiatry*, **60**(2), 137-143.

*Nilsson, S, Gustafsson, L, Nolbris, MJ. 2015. Young adults' childhood experiences of support when living with a parent with a mental illness. *Journal of Child Health Care,* **19**(4), 444-453. doi:10.1177/1367493513519296

*Noeter, CD, Brown, V, Finkelstein, N, Russell, LA, VanDeMark, NR, Morris, LS, Graeber, C. 2007. Promoting resiliency in children of mothers with co-occurring disorders and histories of trauma: Impact of a skills-based intervention program on child outcomes. *Journal of Community Psychology,* **35**(7), 823-843. doi:10.1002/jcop.20184

*O'Brien, L, Anand, M, Brady, P, Gillies, D. 2011. Children visiting parents in inpatient psychiatric facilities: Perspectives of parents, carers, and children. *International Journal of Mental Health Nursing,* **20**(2), 137-143. doi:10.1111/j.1447-0349.2010.00718.x

Parker G, Beresford B, Clarke S, Gridley K, Pitman R, Spiers G, Light K. 2008. *Technical report for SCIE research review on the prevalence and incidence of parental mental health problems and the detection, screening and reporting of parental mental health problems. (Report No. 2247).* York: Social Policy

Research Unit, University of York. [Online] Accessed on 04/01/20 at http://www.york.ac.uk/inst/spru/research/pdf/SCIEReview1.pdf.

*Pihkala, H, Cederstrom, A, Sandlund, M. 2010. Beardslee's preventive family intervention for children of mentally ill parents: a Swedish national survey. *International Journal of Mental Health Promotion,* **12**(1), 29-38.

*Pihkala, H, Sandlund, M, Cederström, A. 2011. Children in Beardslee's family intervention: relieved by understanding of the parents' mental illness. *International Journal of Social Psychiatry*, **58**(6) 623–628.

*Punamäki, RL, Paavonen, J, Toikka, S, Solantaus, T. 2013. Effectiveness of preventive family intervention in improving cognitive attributions among children of depressed parents: a randomized study. *Journal of Family Psychology*, **27**(4), 683.

Reupert A, Price-Robertson R, Maybery D. 2017. Parenting as a Focus of Recovery: A Systematic Review of Current Practice. *Psychiatric Rehabilitation Journal* **40**(4): 361.

*Schaeffer, CM, Swenson, CC, Tuerk, EH, Henggeler, SW. 2013. Comprehensive treatment for co-occurring child maltreatment and parental substance abuse: outcomes from a 24-month pilot study of the MST-Building Stronger Families program. *Child Abuse & Neglect*, **37**(8), 596-607. doi:http://dx.doi.org/10.1016/j.chiabu.2013.04.004

Siegenthaler E, Munder T, Egger M. 2012. Effect of preventive interventions in mentally ill parents on the mental health of the offspring: Systematic review and meta-analysis. *Journal of the American Academy of Child and Adolescent Psychiatry* **51**(1): 8-17.e18.

Smith, J., Ali, P., Birks, Y., Curtis, P., Fairbrother, H., Kirk, S., Saltiel, D., Thompson, J. and Swallow, V., 2020. Umbrella review of family-focused care interventions supporting families where a family member has a long-term condition. *Journal of Advanced Nursing*. https://doi.org/10.1111/jan.14367

*Suchman, NE, Decoste, C, McMahon, TJ, Rounsaville, B, Mayes, L. 2011. The Mothers and Toddlers program, an attachment-based parenting intervention for substance-using women: Results at 6-week follow-up in a randomized clinical pilot. *Infant Mental Health Journal,* **32**(4), 427-449. doi:http://dx.doi.org/10.1002/imhj.20303

*Templeton, L, Sipler, E. 2012. Helping children with the Steps to Cope intervention. *Drugs and Alcohol Today,* **14**(3), 126-136.

Tussing HL, Valentine DP. 2001. Helping adolescents cope with the mental illness of a parent through bibliotherapy. *Child and Adolescent Social Work Journal* **18**(6): 455-469. DOI: 10.1023/A:1012992116742.

*van der Ham, J, Berry, K, Hoehn, E, Fraser, J. 2013. A collaborative approach to perinatal and infant mental health service delivery in Australia. *Australasian Psychiatry,* **21**(4), 371-375. doi:10.1177/1039856213486302

*Van Doesum, K, Riksen-Walraven, JM, Hosman, CM, Hoefnagels, C. 2008. A randomized controlled trial of a home-visiting intervention aimed at preventing relationship problems in depressed mothers and their infants. Child development, **79**(3), 547-561.

*van der Zanden, RAP, Speetjens, PAM, Arntz, KSE, Onrust, SA. 2010. Online Group Course for Parents With Mental Illness: Development and Pilot Study. *Journal of Medical Internet Research,* **12**(5), 13. doi:10.2196/jmir.1394

*Wansink, HJ, Janssens, J, Hoencamp, E, Middelkoop, BJC, Hosman, CMH. 2015.

Effects of Preventive Family Service Coordination for Parents With Mental Illnesses and Their Children, a RCT. *Families Systems & Health,* **33**(2), 110-119. doi:10.1037/fsh0000105

*Wolpert, M, Hoffman, J, Martin, A, Fagin, L, Cooklin, A. 2015. An exploration of the experience of attending the Kidstime programme for children with parents with enduring mental health issues: Parents' and young people's views. *Clinical Child Psychology and Psychiatry,* **20**(3), 406-418. doi:10.1177/1359104514520759