Institution: De Montfort University		
Unit of Assessment: 4		
Title of case study: The Think Family-Whole Family Programme: Changing Policy and Practice to Improve Parent and Family Mental Health		
Period when the underpinning research was undertaken: 2011–present		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	**Role(s) (e.g. job title):**	**Period(s) employed by submitting HEI:**
Dr Scott Yates	Associate Professor	1 January 2005-present
Period when the claimed impact occurred: September 2013–31 December 2020		
Is this case study continued from a case study submitted in 2014? N		

1. Summary of the impact

Collaborative research between DMU and Leicestershire Partnership NHS Trust (LPT) to better understand and support parental mental illness (PMI) shaped the design, delivery, evaluation and optimisation of the Think Family-Whole Family (TFWF) Programme. TFWF led directly to changes in practice in how regional multi-agency services and schools assessed and worked with PMI in their service users, and the embedding of new clinical policies, operational strategies and training protocols across LPT's adult and child mental health services. As a result, professional staff demonstrated improvements in their awareness of PMI and in their interventions with families, allowing them to communicate and work with families towards recovery more effectively. This, in turn, resulted in demonstrable improvements to families' mental health and young people's well-being and their engagement with school, with an upper bound of 3,107 families and 23,769 school pupils reached by the new interventions.

2. Underpinning research

Since the first Blair government, the principle of early intervention to support parents and families has been central to UK social policy's attempts to improve well-being and life chances. However, as highlighted in a 2013 joint report by OFSTED and the Care Quality Commission, these aims have not been underpinned by adequate consideration, assessment or support for parental mental illness.

Beginning in 2011, collaborative research between DMU and LPT set out to address two key gaps in knowledge and mental health service provision: the lack of research establishing the means by which PMI has a negative impact, and the lack of practice-focused research – reflected in the lack of family-focused interventions for working with PMI. Under an East Midlands NHS Health Innovation and Education Cluster grant [G1], Yates and Professor Lina Gatsou, a consultant child and adolescent psychiatrist at LPT, designed the TFWF programme, a research-based training intervention comprising: (1) a programme of awareness-raising, education and training for multi-agency professionals into the nature of PMI and its impacts on families; (2) an eight-session intervention protocol; and (3) research into how PMI affects families in contact with health and social care services, how current practice works with these families, what families need and how practice can be improved.

The research approach described in R1 included: (1) engagement with professionals, managers and service users to shape the focus of the programme; (2) evaluation of the changes in knowledge, skills, confidence and practice in working with PMI of professional staff who engaged with the programme (203 people); (3) self-reports of mental health from families (49 people); and (4) in-depth interviews and focus groups with professionals and families (76 people). An analysis of case data [R1] from mental health services in Leicestershire was undertaken, informed by the research question: *how is PMI assessed and recorded in case notes for mental health services?* The findings shaped the further development of TFWF, which differed from other interventions by placing at its centre family-based models of communication emphasising psychoeducation,

whole-family goal setting and the need for supportive interactions among family members [R1, R2, R5].

Key findings from a series of evaluations, shared through peer-reviewed articles [R1–R3, R5], a book chapter [R4] and 20 national and international conferences and symposia [e.g. R6], include:

- Poor mental health literacy and lack of intra-family communication are powerful mediating factors in the impacts of PMI. Poor communication means children are more likely to blame themselves for their parent's illness and parent–child relationships deteriorate [R2, R5, R6].
- Prior to engaging with TFWF, most services were not engaging with PMI or with whole families. Services tended to work within a pre-defined, service-specific remit even in cases where PMI was present and affecting families' well-being. Professionals lacked knowledge about PMI and ways to address it and were hesitant to discuss it due to concerns about stigma [R1, R6].
- Pressures on time, resources and client throughput discouraged rapport-building and the engagement that families most benefit from [R1, R2]. A need to raise awareness about PMI amongst service managers was identified, and this was later put into practice in TFWF.
- Mental health services were not adequately assessing or recording the presence of PMI or its impacts on family members, and this was the case across adult, child and adolescent services [R3, R4]. This evidence was instrumental in influencing strategic change in LPT to enshrine better monitoring and support of patients from families with PMI.

TFWF was found to improve the knowledge and skills of professionals, increase their engagement with families and improve outcomes for families themselves [R1, R2]. This evidence was key in ensuring the training was taken up in Early Help services and schools.

3. References to the research

G1 was won through competitive tender and after completion was noted by NHS HIEC as an 'outstanding' project and selected for special additional dissemination. Outputs R1, R2, R3 and R5 were published in international peer-reviewed journals, R4 appears in a book published by one of the leading academic publishers, and R6 was an invited presentation to a specially convened symposium at the Royal Society of Medicine.

[R1] Yates, S. and Gatsou, L. (2020) 'Undertaking family-focused interventions when a parent has a mental illness: possibilities and challenges', *Practice*; ahead of print: https://doi.org/10.1080/09503153.2020.1760814

[R2] Gatsou, L., Yates, S., Goodrich, N. and Pearson, N. (2015) 'The challenges presented by parental mental illness and the potential of a whole family intervention to improve outcomes for families', *Child and Family Social Work*, 22(1): 388–397; https://doi.org/10.1111/cfs.12254

[R3] Gatsou, L., Yates, S., Hussain, S., Barrett, M., Gangavati, S. and Ghafoor, R. (2016) 'Parental mental illness: incidence, assessment and practice', *Mental Health Practice*, 19(5): 26–28; https://doi.org/10.7748/mhp.19.5.25.s18

[R4] Gatsou, L. and Yates, S. (2016) 'Safeguarding and supporting families with parental mental illness: issues, challenges and possibilities', in T. McDougall (ed.) *Children and Young People's Mental Health: Essentials for Nurses and other Professionals*, Abingdon: Routledge, pp 44-56; ISBN 9781138915442

[R5] Gatsou, L. and Yates, S. (2017) 'Enhancing family communication in families where a parent has a mental illness', *Journal of Parent and Family Mental Health*, 2(3): art. 1; https://doi.org/10.7191/parentandfamily.1007

[R6] Yates, S. and Gatsou, L. (2019) 'Improving outcomes for families affected by parental

mental illness', invited presentation at *Parental Mental Illness and its Impacts*, special symposium at the Royal Society of Medicine, London, 13 December 2019; https://www.rsm.ac.uk/events/psychiatry/2019-20/pyn04/

GRANTS

[G1] NHS Health Innovation and Education Cluster/Department of Health: Think Family/Whole Family: working with children of people with mental illness, GBP40,390, September 2011–July 2012.

[G2] Leicestershire County Council and Public Health England: Think Family-Whole Family: Supporting Families with Mental Illness, GBP19,800, September 2015–September 2017.

[G3] Leicester City Council: Think Family-Whole Family: Improving support of families with parental mental illness in Early Help Services, GBP16,600, February 2017–January 2018.

[G4] Leicestershire County Council Public Health Department: Improving practice around parental mental health in schools, GBP24,900, June 2018–October 2020.

4. Details of the impact

Having demonstrated efficacy through G1, TFWF was rolled out from September 2013 across local authority multi-agency services in Leicestershire and LPT. The programme was one of three initiatives (from almost 100 submissions) shortlisted in the East Midlands Healthcare Innovation Awards (mental health category) in September 2014. Over the impact period, GBP61,000 in combined authority funding [G2, G3, G4] ensured the initiative engaged 157 multi-agency and education professionals, benefiting an upper bound of 3,107 families and 23,769 school pupils in the region (based on local authority data for services' case attachment figures and schools' enrolment numbers). The impact comprises three key strands outlined below.

(1) CHANGING PRACTICE TO STRENGTHEN MENTAL HEALTH PROVISION ACROSS FRONTLINE SERVICES

Research evaluations demonstrated that implementation of TFWF improved the knowledge, skills and confidence of professional staff across Leicestershire in supporting PMI [C1, C4]. This included all workers and managers across the county's Supporting Leicestershire Families (SLF) teams, all of Leicester City Council's Early Help Services staff, and teachers and pastoral staff from 42 schools.

Service managers and professionals who engaged with TFWF consistently reported changes to their workplace organisation. A SLF service manager who commissioned TFWF to meet the local authority's responsibilities under the Troubled Families scheme described it as a 'unique' intervention in its consideration of the whole-family approach and facilitation of partnership working across councils, voluntary services, schools and police [C2]. There were changes to staff working and appointment hours to ensure children and young people could be included in the work and increased joint-working between services. Tools (such as symptom-identification and problem-solving toolkits) from the training were embedded in assessment and monitoring processes [C2, C3, C4, C5]. The SLF manager commented [C2]: 'it allowed us to assess the underlying causes and further notifying the schools in how to work with children from such families. Previously, schools did not usually look beyond the problems being faced by the pupil.'

Evidence also demonstrates that TFWF led professionals to address PMI in families where they previously had not done so; to include more family members in their practice (most significantly making sure that children are part of the process of understanding the illness and setting goals for outcomes); and to work together with whole families to support well-being and recovery [C2, C3, C4]. An occupational therapist described TFWF as 'a systematic tool to unravel (mental health) issues' [C6]. She observed: 'I do not think that I would be the therapist I am without having the training from the Think Family project. It has had significant impact on my learning and added confidence for my work.'

From June 2018, staff from 42 schools in Leicestershire were trained using a programme developed from TFWF research [C4]. Schools now use resources from the training on school premises, in lessons, with parents and at school events to successfully raise awareness among

pupils and parents about PMI and the sources of support available to them [C4]. One primary headteacher said: 'We have had little [information] packs done, a guide to some of the resources you sent out, a guide to depression and a guide to mental health … And I have used that so many times when I am on the phone to parents.' The success of the programme led to a recommendation from Leicestershire Public Health in July 2020 to recommission TFWF for roll out to up to another 100 schools in 2021 [C4].

(2) EMBEDDING TFWF IN LPT POLICY, OPERATIONAL STRATEGY AND TRAINING

Research evidence from G1 was presented to strategy forums and meetings across LPT and led to changes in operational strategy and staff training. A Think Family steering group was constituted in June 2014 (a cross-departmental group to raise awareness of PMI and ensure support for the needs of families across the Trust's services) [C7, C8, C9]. Principles underpinning TFWF were incorporated into LPT's 2014 Families, Young People and Children Divisional Action Plan [C9], and changes were implemented to embed PMI support across the Trust's services [C10, C11]:

- A Whole Family Lead post was created (managed by the adult and child mental health services) to oversee implementation of the Whole Family Strategy.
- A Whole Family patient and carer experience pathway was developed.
- A Think Family information phoneline was put in place for all Trust employees.
- A Whole Family Newsletter was created for dissemination to all employees.
- Slides from the research are included in the safeguarding training pack for all employees.
- Formal audit processes ensure PMI is monitored effectively.

Crucially, TFWF principles were embedded in mandatory training for LPT's health visitors and school nurses from September 2013. This was expanded in summer 2014 to include multi-agency training for all LPT staff [C10]. This allowed Trust staff to carry out targeted visiting for families needing support around PMI [C10]. A Practice Educator at LPT said: 'The training provides a step-by-step package… to provide support using a systematic approach. This has improved [staff's] ability to identify the root causes behind the mental health of the parent as well as the influence of this on the mental health of the child.'

From 2019, evidence from TFWF was incorporated into mandatory safeguarding training for LPT's mental health services, GPs, consultants and registrars, and doctors moving into consultant posts [C11]. A former consultant/designated nurse for safeguarding in the Leicester, Leicestershire and Rutland Clinical Commissioning Group said: 'we adopted the Think Family principles as part of our education, writing and practice reviews and consider the importance of Think Family as an approach in the wider safeguarding agenda … The Think Family project is, therefore, allowing [us] to bring people into the safeguarding agenda that otherwise could easily have been left out' [C11].

(3) ACHIEVING IMPROVEMENTS IN FAMILIES' MENTAL HEALTH AND WELL-BEING

As a result of the changes to services, TFWF has led to parents with mental illnesses and their partners and children experiencing improved mental health and well-being [C2, C3, C4], specifically:

- Family members developed improved mental health literacy and an improved understanding of the illness affecting them.
- Families talked more openly and constructively about PMI and better support one another.
- Parents' confidence in their parenting and their overall mental health improved.

One service manager [C3] said: 'Over time, families became less dependent on the services and more self-sufficient. The families' wellbeing improved massively as they had a sense of control

and their self-esteem increased as well. For the families, being part of the project brought a lifelong benefit.'

Interviews with professional staff revealed numerous examples of how families had benefited from the changes introduced through the TFWF approach [C4]. Representative comments included [C4]: 'Speaking and listening really in that family, it hadn't happened before in this way and I think that they were starting to listen to each other … because of that, mum could see the boys differently'; '(the children) were able to express feelings that they had about their mum's mental health problems that they'd never been able to vocalise or talk about with their mum'.

5. Sources to corroborate the impact

[C1] 'Whole family multi agency training and intervention programme shortlisted for health care innovation award', 25 September 2014; https://www.meridenfamilyprogramme.com/whole-family-multi-agency-training-and-intervention-programme-shortlisted-for-health-care-innovation-award/news

[C2] Corroborating statement from a service manager for the Troubled Families programme, Supporting Leicestershire Families.

[C3] Corroborating statement from a service manager with the Children and Family Wellbeing Service at the Leicestershire County Council.

[C4] Compilation evaluation document including report of interviews and focus group discussions, questionnaire data with professionals who have participated in the TFWF programme and supporting email from Director of Leicestershire Public Health team.

[C5] Leicestershire and Rutland Local Safeguarding Children Board (LRLSCB): Annual Report 2014/15 (pdf), pp 98, 170: http://politics.leics.gov.uk/documents/s111539/9%20Appx%201%20children%20safeguarding%20annual%20report%202014-15.pdf

[C6] Corroborating statement from an Occupational Therapist, Advanced Practice Children & Families, Family Middleton Ltd.

[C7] Leicestershire NHS Partnership Trust: Quality Account 2014–15 (pdf), pp 57–58: https://www.healthwatchrutland.co.uk/sites/healthwatchrutland.co.uk/files/LPT-Quality-Account-Response-June-2014.pdf

[C8] Leicestershire and Rutland Local Safeguarding Children Board (LRLSCB): Annual Report 2016/17 (available as pdf), p46: https://rutlandcounty.moderngov.co.uk/documents/s10724/Report%20No.%202182017%20-%20Appendix%202.pdf

[C9] Leicestershire NHS Partnership Trust: Think Family Divisional Action Plan 2014 (pdf).

[C10] Corroborating statement from a Practice Educator at Leicestershire NHS Partnership Trust.

[C11] Corroborating statement from an NHS England Safeguarding Professional Lead.