

# Research reviews on parents with mental health problems: At a glance

SCIE commissioned the University of York (Social Policy Research Unit) to carry out systematic reviews of research literature on parents with mental health problems (PMHPs). This is a summary of the findings, taking into account the quality of studies.

## Review questions

The four review questions were:

- What do we know about the numbers and types of parents with mental health problems in the UK?
- What systems, tools and opportunities are there in services for children, adults and families, both the UK and elsewhere, for detecting parents with mental health problems? Who uses these, where and how?
- How accessible are services or interventions that support children, families, parenting or couple relationships when a parent has a mental health problem, in both the UK and elsewhere? What factors support or hinder parents' use of and engagement with services and interventions?
- What outcomes do these types of services or interventions have for parents, children, families, parenting or couple relationships?

(UK literature for question 1, and both UK and international English language literature for questions 2–4)

## Methodology used

The reviews were carried out using systematic review methods. The reviews used an existing 'systematic map' (database) of literature on parental mental health problems, which had used a number of health, social care and psychological research databases. The map was created by SCIE in partnership with the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI) before York started work on these reviews. The York team supplemented this with its own searches for relevant literature, for example to bring the systematic map searches up to date.

The 5,705 publications identified in these ways (728 from the systematic map and 4,977 from new searches) were rigorously screened in two stages against inclusion and exclusion criteria (developed before the reviews started) using full texts of 848 publications for the second screening stage. The reviewers ended up with 171 publications which were relevant enough to be included

All relevant studies were then assessed for the quality of methods, except for the review of accessibility and acceptability. The findings of the 171 relevant

publications were recorded in a systematic way. Finally, the findings from different studies were read and analysed to identify the main messages across the studies, taking into account their quality, in a 'narrative synthesis' approach. For some of the studies for question one, the researchers carried out additional quantitative analysis (using data in the published papers) to look at results for PMHPs separately from other groups.

To complement the other reviews, these systematic reviews were of the research literature. They did not include:

- alternative sources of UK data e.g. derived from local authorities, primary care trusts or mental health trusts which may have introduced and evaluated detection systems/ tools
- guidance or good practice documents.

The project was advised by the guidelines advisory group, which included people who use services, carers, practitioners and senior managers from a range of services. The York team used specialist advisers: Professor Howard Meltzer of the University of Leicester for review questions one and two, and Dr Harriet Clarke of the University of Birmingham for review questions three and four.

## **Key findings**

High-quality nationally representative surveys (question 1) show that:

- about a quarter of children aged 5–16 years has a mother at risk from a common problem such as depression or anxiety
- around a third of adults with these common problems live in couples with children. Both lone mothers and lone fathers are more likely to have MHPs than parents who live in couples, which is associated with social deprivation amongst lone parents
- in 2000, 17 per cent of adults with psychotic conditions were in couples with children and 7 per cent were lone parents.

Smaller-scale studies show that at least one in four adults in acute psychiatric hospital settings may be parents, probably a lot more.

There are a number of small-scale qualitative research studies, often relatively weak in their methods, on the detection of PMHPs (question 2), how accessible services are for parents, and on the factors affecting how much parents engage with services (question 3). The main messages from this body of research should not be over-generalised, but identify a range of processes and factors for further research, as described below.

Research suggests that practitioners, especially those working in adults' health services, often do not routinely identify PMHPs or their children, record parental status of adults, nor focus on the adults' parenting role or children's needs. Barriers to the identification of PMHPs include:

- practitioners' perceptions that they have limited knowledge, competence, training, and roles in relation to adult mental health

(those who work mainly with children, or outside mental health services) or children (those who work mainly with adults)

- restricted time for working with adults in their parenting role (US)
- parents' anxiety about the possibility of child protection processes if their mental health problem becomes known to services
- parents being sceptical that services are competent in helping with parenting issues.

In terms of accessibility and engagement with services, research messages are that:

- services need to work holistically with families, and respond in a way that takes into account that their lives may be complex and chaotic. Parents' needs may not be met when agencies do not work together nor co-ordinate their services, and when the roles of different practitioners are ambiguous
- services need to take greater account of what is important to parents. When a parent's mental health problem is not severe or at crisis, mothers may see dealing with their poor housing or financial circumstances as more important and urgent than treating the underlying mental health problem with drugs or therapy.

There are not secure conclusions from randomised controlled trials (RCTs) and other quantitative studies about the outcomes of services and interventions for parents, children and families. The research studies which have been carried out have limitations in their methods, and there are usually just one or two studies on any specific intervention and outcome.

### **Strengths and limitations of the reviews**

The highest quality evidence for these reviews is from the nationally representative surveys on the numbers and types of PMHPs in the UK. Interpretation of other findings for the guidelines needs to take into account:

- no other studies were of high methodological quality. For example, most RCTs had inadequate comparison or 'control' conditions
- quality of reporting of methods was often poor
- several of the findings are based on single studies, often small-scale (with small sample sizes)
- the tools and methods used to identify mental health problems in adults, and their specificity and sensitivity
- the transferability of the mostly non-UK studies (often the US) to the UK context. In particular there are differences in primary health care structures and social service systems in the US. For question four, only one RCT and five non-RCT studies were from the UK.

No quality appraisal was carried out of the qualitative studies for the review for question three. The nature of these studies and poor quality of reporting on methodology made it difficult to apply an appraisal tool, unless very blunt.

## **Implications for practice**

Practitioners in adults' and children's services are often working with PMHPs and/or their children. This is an important reminder to practitioners, including those in inpatient settings and mental health teams, as well as primary healthcare, schools and other universal services, that parenting and mental health issues should be on their agenda.

US research suggests that a simple screening tool has potential to identify PMHPs in health settings. A parent is more likely to talk about mental health when they have a continuous relationship with a practitioner that they trust.

One of the key implications for the guidelines is that the research shows a division between adults' and children's services. The system needs to move further towards joined-up services, working holistically with parents, and clarify the responsibilities of all practitioners to children.

## **Future recommendations to increase the evidence base**

High-quality quantitative and qualitative evaluations, in particular of the effectiveness of services and interventions, are needed to improve the evidence base in the future. Other gaps in the research literature include:

- published estimates for the proportion of parents with dual diagnosis (MHP's associated with alcohol/drug use) or personality disorder
- reporting (non-practitioners) and self-reporting of MHPs amongst parents, and the effect on take-up and ongoing engagement with service when parents self-initiate referral or contact rather than being referred by a professional
- detection, accessibility and service engagement relating to ethnicity, diversity and marginalised families; fathers/male carers; and 'young carers'. Most research was concerned with mothers or 'parents' and no relevant literature was identified that was exclusively about fathers
- education/schools and employment and housing services in the context of detection and interagency working – studies for questions 3 and 4 were focused on mental health and parenting support services
- studies which involve children directly in the research
- research on intervention costs, cost effectiveness, cost-benefit analysis.

## **References**

*Research Reviews on Prevalence, Detection and Interventions in Parental Mental Health and Child Welfare: Summary report* (2008) Parker, G., Beresford, B., Clarke, S., Gridley, K., Pitman, R., Spiers, G., Light, K. on <http://php.york.ac.uk/inst/spru/research/summs/pmh.php>

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