Parenting in families with parents with serious mental health problems

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Parenting and serious mental illness

- Bipolar disorder
- Schizophrenia and psychosis
- Perinatal mental health

Global mental health

- Parenting in low and middle income countries
- Conflict and displacement
Using positive parenting approaches

- Warmth and praise
- Listening
- Assertive discipline
- Helping parents look after themselves
- Cost effective
- Prevention
Parenting and parental mental health

• Serious mental illness significantly improved using psychologically-based approaches
• Parenting can be a significant stressor

• Adult and child services are often separate
• Children’s needs often go unrecognised
• Some research on parenting and depression, particularly postpartum, but rarely bipolar disorder or schizophrenia/psychosis
£8bn cost of mental illness in maternity

THE ABANDONED ILLNESS
A report by the Schizophrenia Commission
The clinical effectiveness, cost-effectiveness and acceptability of community-based interventions aimed at improving or maintaining quality of life in children of parents with serious mental illness: a systematic review

*Health Technology Assessment, No. 18.8*

Penny Bee, Peter Bower, Sarah Byford, Rachel Churchill, Rachel Calam, Paul Stallard, Steven Pryjmachuk, Kathryn Berzins, Maria Cary, Ming Wan, and Kathryn Abel.
The clinical effectiveness, cost-effectiveness and acceptability of community-based interventions aimed at improving or maintaining quality of life in children of parents with serious mental illness: a systematic review

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Services fragmented and service users and families insufficiently central; need family friendly care

Only 3 randomised controlled trials of parenting intervention, none recent (Bee et al 2014)
Parenting and the Emotional and Behavioural Adjustment of Young Children in Families with a Parent with Bipolar Disorder

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Robert Dempsey and Vaneeta Sadhnani

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Reaching a Balance

Families with a parent with bipolar disorder

Survey and RCT using web based and self-directed resources

- Advertised via self-help networks
- 19 intervention, 28 comparison

Jones, Calam, Sanders, Diggle, Dempsey & Sadhnani (2013)
*Behavioural and Cognitive Psychotherapy*
Children’s experiences of living with a parent with bipolar disorder

• Qualitative interviews with children aged 4-10 using “In My Shoes “ computer-assisted interview

• Thematic analysis

Backer et al Psychology and Psychotherapy: Theory, Research and Practice (2016)

When she’s unwell she gets she sleeps for the whole day...and then she gets more sleep at night (Connor, aged 6)
Well when he’s erm sad and depressed he erm tells us...but when he’s giddy I don’t think he can really tell... We can, but he can’t (Thomas, aged 9)
Well when he’s erm sad and depressed he erm tells us...but when he’s giddy I don’t think he can really tell... We can, but he can’t (Thomas, aged 9)

...she’d still comfort, but not as much as maybe another mother would. I don’t mind that cos I don’t like too much comforting, it makes me feel uncomfortable (Jake, aged 9)
Parenting and bipolar disorder

- **Phase 1** - Understand specific needs

- **Phase 2** - Advisory work with experts by experience

- **Phase 3** - Service user led development of bipolar-specific “wrap” for Triple P Online

- **Phase 4** - Online randomised controlled trial
An exploratory randomised controlled trial of a web-based integrated bipolar parenting intervention (IBPI) for bipolar parents of young children (aged 3–10)

Steven Jones, Laura D Wainwright, Jelena Jovanoska, Helen Vincent, Peter J Diggle, Rachel Calam, Rob Parker, Rita Long, Debbie Mayes, Matthew Sanders and Fiona Lobban


Received: 14 December 2014 Accepted: 18 May 2015 Published: 6 June 2015
Parenting and bipolar disorder
MRC pilot RCT: IBPI

• Integrated online intervention
• Triple P Online plus BD related components
• Website and videos made links between symptoms and parenting
• Multiple follow up points, 16, 24, 36 & 48 weeks post baseline
Parenting and bipolar disorder
MRC pilot RCT: IBPI

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Bipolar disorder specific components

- What is bipolar disorder?
- Benefits and challenges
- Managing emotions
- Knowing yourself
- Mood monitoring
- Playing to your strengths
- Planning for yourself
- Finding support
Parenting and bipolar disorder
MRC pilot trial: IBPI

Procedure

• Clinician referral
• Self-referral
• 100 parents
• Multiple child

Figure 1: Observed SDQ data. Thick dots and lines denotes empirical means.
Parenting and bipolar disorder
MRC pilot trial: IBPI

Procedure
• Clinician referral
• Self-referral
• 100 parents
• Multiple child behaviour and parent symptom measures
• Parenting measures
• CHAOS

Findings
• Recruitment ...
• Data collection – personal contact much better than online
• Significant group difference as predicted for improvement on primary outcome variable, SDQ
• Not on others
• Significant improvements in both groups on many measures
• Parents did not use all the materials

Figure 1: Observed SDQ data. Thick dots and lines denote empirical means.
Parenting and psychosis

- Phase 1 – Identify specific needs
- Phase 2 – Advisory groups on content
- Phase 3 – Case study pilot of approach
- Phase 4 – Trial feasibility of recruitment
Parenting and psychosis: Identifying key questions with families

- Parents want input on parenting
- Hard to reach families
- Fear
- Need to take time and allow for pauses in the programme
- Identifying who in the family can take the lead with the programme
- Fit with services
Single Case Study: Parenting and psychosis

- Lauren Stockton, Charlotte Croft, Chris Taylor, Rachel Calam
- Self-directed Triple P, parents experiencing psychotic symptoms
- Case series approach
- Weekly visits to encourage and help complete measures but not to advise on Triple P
- Recruitment...
- Participating mother, single parent, two children under 10, very keen, clearly valued the intervention
- Stockton: more studies now under way
Stockton, Croft Single Case Study: Self-directed Triple P, mother experiencing psychotic symptoms: ECBI

Eyberg Child Behaviour Inventory (ECBI)

Visit assessment point

Baseline
Programme
FU

ECBI Intensity score

ECBI Problem scores

Intensity
Problem
Stockton, Croft
PSYRATS Delusions Subscale

PSYRATS Delusions Subscale

Visit assessment point

Baseline
Programme
Follow-up

PSYRATS Score

B1 B2 B3 B4 B5 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 FU
Stockton, Croft
DASS-21

Depression, Anxiety and Stress (DASS-21)

Baseline                              Programme                      Follow-up

Visit assessment point

DASS-21 Score

0  2  4  6  8  10  12  14  16  18  20

B1   B5   T5   T10   FU
Family skills, parenting and mental health

Young SMILES: Improving QoL in children of parents with SMI; Abel et al HTA (2016)

Children 6-16

Feasibility study

- User consultation – children, parents, practitioners
- Programme development based on Family SMILES
- RCT

SMILES: Simplifying Mental Illness + Life Enhancement Skills
NSPCC providing and evaluating since 2012
Perinatal mental health

  – Vulnerable mothers recruited in pregnancy
  – Triple P for Baby; Mellow Bumps; CAU
Perinatal mental health

   – Vulnerable mothers recruited in pregnancy
   – Triple P for Baby; Mellow Bumps; CAU

2) Enhancing maternal and infant wellbeing: a feasibility study of the Baby Triple P Positive Parenting Programme for mothers with severe mental illness; Wittkowski et al RFPB (2016)
Summary

• There are many different ways to offer assistance with parenting
• Flexibility in delivery
• Research helps us find out what is possible – and what works for whom
• Minimal sufficiency
• We need to keep working in new settings to help to share skills and approaches - and making connections

Thanks to all the team

And thank you!

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