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The Family-Focused Mental Health Practice Questionnaire

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It is estimated that 1 in 5 children have a parent with a mental illness, and studies have shown that such children are more likely to develop mental health problems when compared with their peers. Research has demonstrated the benefits of mental health clinician family-sensitive practice to both parents and their children; however, a measure of clinician practice is not available. The psychometric properties of a questionnaire measuring family-focused practice in the psychiatric setting are reported here. There were 307 public adult mental health worker participants, predominantly from the nursing profession and working full time. Principal component analysis highlighted 14 subscales that summarize 49 items reflecting organizational and worker factors, such as skill/knowledge about the impact of parental mental illness on children and worker confidence. Subscales are discussed in relation to the literature and psychiatric policy. The measure appears a useful tool for evaluation, benchmarking for training and organizational improvement, and ultimately, for increasing quality services to parents, families, and particularly children associated with psychiatric services.
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THE TERM *MENTAL illness* "…refers collectively to all of the diagnosable mental disorders. Mental disorders are characterized by abnormalities in cognition, emotion or mood, or the highest integrative aspects of behavior, such as social interactions or planning of future activities" (Department of Health and Human Services, 1999). When a parent has a mental illness, it becomes a family matter and an important component in the transmission of mental illness to children. At the same time, adult mental health services are a central point for interventions to stop the family cycle of mental illness. Epidemiological studies have shown that up to 23% of all families have, or have had, at least one parent with a mental illness, with more than 60,000 Australian children thought to live in families with a parent with a severe mental illness (Maybery, Reupert, Goodyear, Patrick, & Crase, 2009). A North American study suggests that 1 in 6 Canadian children younger than 12 years lives in the same house with at least one individual who has a psychiatric illness (Bassani, Padoin, Philipp, & Veldhuizen, 2009), equating to 570,000 Canadian children less than 12 years of age. Thus, given the prevalence of such families, it is essential that the psychiatric workforce is able to identify and intervene appropriately. However, the availability of a measure that identifies current family-focused practice in adult mental health workers is lacking. This article outlines the development of a questionnaire designed to measure family-focused practice in psychiatric settings. Such a questionnaire will

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assist in identifying training requirements, formulating policy directives, improving evaluation of family-focused training, and allocating resources to encourage family-focused practice.

At the extreme, there is evidence that parental mental illness, particularly personality disorders (Adshead, 2003; Adshead, Falkov, & Göpfert, 2004), are linked to infant or child deaths (Falkov, 1996; Leschied, Chiodo, Whitehead, & Hurley, 2005; Mowbray & Oyserman, 2003; Oyserman, Mowbray, Allen-Meares, & Firminger, 2000). Both genetic and environmental factors, particularly parenting and family functioning, contribute to the cycle of mental illness in families. Studies have shown that children with a parent with a mental illness are more likely to be taken into care, have higher rates of substance abuse, and are more likely to have a mental illness and/or behavioral disorder themselves, when compared with their peers (Beardslee et al., 1996; Hosman, van Doesum, & van Santvoort, 2009). Other research has shown that children living with parental mental illness attain lower ratings of perceived competence (Maughan, Cicchetti, Toth, & Rogosch, 2007), are more likely to go into care (Leschied et al., 2005), as adults have higher substance abuse rates (Mowbray & Oyserman, 2003), and are more likely to experience a mental or behavioral disorder (Leschied et al., 2005).

Parents with a mental illness often require support in their parenting role. Oyserman et al. (2000) found that seriously mentally ill mothers have poorer parenting skills than other mothers in the community, whereas Warner, Mufson and Weissman (1995) found lower family cohesion and poorer communication in families with a parent with a mental illness as compared with other families. Thus, early intervention is essential to reduce the cycle of family mental illness and poorer outcomes for children.

Unfortunately, such children have been described as "hidden" (Fudge & Mason, 2004). In the United States, it has been suggested that agencies take a categorical approach and focus on either the child (e.g., in terms of child protection) or the adult (e.g., for his or her mental health needs; Nicholson, Biebel, Hinden, Henry, & Stier, 2001). In the UK, Krupnik, Pilling, Killaspy, and Dalton (2005) found a low prevalence of family interventions for those parents with schizophrenia, whereas a study of German, Austrian, and Swiss psychiatric institutions found that only 2% of family members of psychiatric clients received any form of psychoeducation (Rummel-Kluge, Pitschel-Walz, Bäuml, & Kissling, 2006). Conversely, research has demonstrated the benefits of family-focused practice to mental health consumers, as well as his or her children and other family members (Beardslee, Wright, Gladstone, & Forbes, 2008; Glynn, Cohen, Dixon, & Niv, 2006; Mihalopoulos, Magnus, Carter, & Vos, 2004; Milklowitz, George, Richards, Simoneau, & Suddath, 2003).

Family-sensitive responses from psychiatric workers can span a broad spectrum of practice from merely acknowledging and referring clients' dependent children to relevant support services to providing in-depth and long-term family therapy. Given the numbers of such families, Berman and Heru (2005) urged mental health clinicians and adult mental health workers in particular to acquire a "basic family skill set," which involves being able to assess a client's parenting skill and the family circumstances in which the children are living. However, mental health workers in Finland (Korhonen, Vehviläinen-Julkunen, & Pietilä, 2008a) and Australia (Maybery & Reupert, 2006) report clear skill and knowledge limitations when working with families. Moreover, often, these workers want to engage with all family members but report family or parenting skill and knowledge limitations and do not know enough about the general issues for children (Dean & Macmillan, 2001).

Others have suggested that the minimum family skill set should include a process for identifying a service user's children; the ability to initiate relationships with the family members of a client; an assessment of the parent, child, and family's basic needs; the provision of mental health literacy to each family member; collaborative practice with other key agencies; and clear and sensitive procedures for referrals (Maybery & Reupert, 2009; Mottaghipour, & Bickerton, 2005). A recent systematic review of the literature highlighted three key areas that influence family-sensitive practices in adult mental health services, namely, (a) workplace policy and management; (b) worker attitude, knowledge, and skill; and (c) the processes involved for parents, children, and families to engage in services (Maybery & Reupert, 2009).

Given the high prevalence of parental mental illness and psychiatric services as a key entry

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