# A multiple perspective exploration of health visitors' family focused practice (FFP) with mothers with mental illness and their families.

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## Why explore the partners perspective of FFP?

Maternal mental illness is a major public health issue and can adversely affect the whole family (Bauer et al., 2014; Hogg, 2013; World Health Organization, 2015).

Partners act as a central support to the mother and children (Burgess, 2011), and as a buffer for the potential effect of maternal mental illness (Fisher, 2016; Kahn, Brandt & Whitaker, 2004).

However, without support themselves, the burden of care which can be placed on partners, can leave them at increased risk of emotional distress, stigma, financial burden, reduced lack of support networks and social exclusion (Idstad, Ask & Tambs, 2010; Iseselo, Kajula & Yahya-Malima, 2016).

Thus, the provision of help to the partner to support the mother is beneficial for the family as a whole.

**Meet the partners**

7 partners aged between 27 – 38. Four had one child; one had two children, while the remainder had three children. The partners of the fathers had a range of mental health problems, including; postnatal depression, obsessive-compulsive disorder, anxiety, and eating disorders.

## What did the partners say?

*"you felt bad, you felt helpless you know what I mean. You couldn't do anything like. I couldn't help her"* (SP5, father of two aged 39).

**The partners feelings towards the mothers mental illness**

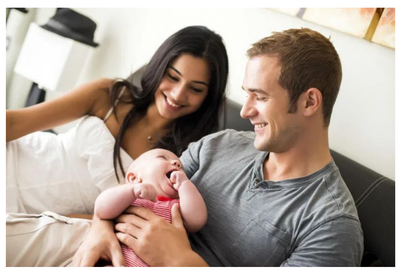
*"understanding depression, I think is quite hard. For someone who is not depressed. Like I hear what (partner) is saying and sometimes she says things and I understand it and then there are other times where I just don't understand why you feel like that"* (SEP7, father of three aged 27).

*"there for a few months we definitely weren't close but I just thought that was the norm after having a baby like"* (SP4, father of one aged 32).

**It takes a toll: the demands of mental illness and family life**

*"it just sort of builds up and builds up and then with (partner) depression as well, with her already feeling low it's 10 times worse for her again. Which has a knock on effect on everyone else. Cause she is extra stressed. Which is extra irritable"* (SEP7, father of three aged 27).

*"a lot of men would probably say they don't need guidance, they're probably thick skinned but you know, I think deep down a lot would appreciate something like that there* (SP4, father of one aged 32).



**Partners perceptions of support needs**

*"because like I think it's all well and good, say (partners name) goes to a counsellor this Friday, she might not get an appointment say for another three weeks or a month. What happens between that time, who is the person who deals with (partner name)…me, but there's no one talking to me about how I deal with it"* (SP4, father of one aged 32).

| Rank | Activities |
|---|---|
| **High** | Assessment of family functioning as a whole; |
| | Engage in work with the family as a whole. Which may include work such as; "Wraparound' services aim at all family members and family case management; |
| | Family inclusive mother and baby units, such as facilities and support also provided for partners; |
| | Structured formal family treatments: family group conferencing, behavioural family therapy, systematic family therapy, intensive family support. |
| **Medium** | Support for partner and family members to help meet their own needs; |
| | Engage in separate work with different family members; |
| | Referral of family members to other services for support. |
| **Low** | Engage parent about the impact of their mental illness on their child; |
| | Directly supporting the parent to parent; |
| | Supporting the mother-infant relationship; |
| | Supporting the child via the parent such as, interventions which are solely mother focused; |
| | Provide psychoeducation to parent; |
| | Providing information to the partner, to support the mother. |

*FFP activities divided into low, medium and high categories of practice*

## What does this mean for practice?

- Partners want to be enabled to support mothers through the provision of more information, which is considered a medium level activity (see table).
- Health visitors can readily achieve medium levels of FFP by engaging with the partner. This engagement would not only have benefits for the partner, but also the mother, child and the family as whole.
- If health visitors FFP is to move beyond the mother-infant dyad to encompass partners, then their conceptualisation of the family must be challenged.