



Design and Feasibility Trial of a Co-produced Parenting Programme for Psychiatric Inpatients (COPPPI)

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Summary:

The project aimed to adapt an existing manualized parenting course for use with parents receiving psychiatric inpatient care. This was carried out in partnership with parents(14) receiving this form of treatment and the input of ward staff(4) and carers(2). A structured 4-session manualized intervention was produced using a participatory evaluative approach with parents.

The project did not meet its object to carry out preliminary feasibility testing of this intervention for reasons below:

- 1) Recruitment challenges (including geographic distance in referrals) required a shift to working with participants individually.
- 2) Patterns of rapid discharge meant participants could not engage with all aspects of the content. This meant involving more participants in the intervention design phase.
- 3) A spending freeze limited staff release for participation.

While no outcome data was collected from participants, comments from participating parents and staff were uniformly positive e.g., a Ward Manager reported a patient said involvement “made a real difference to her. She feels much more at ease as a mum and thinks it may help her navigate going home and being present.”

Parents who were involved in the study did not experience or report heightened distress and there were no related incidences of self-harm. This was flagged by ward management team as an important success and was used to reinforce the value of the work and alleviate the concerns of ward staff who were concerned about potential risks.

The project has been championed by regional safeguarding teams.



Public and Community Involvement:

The project involved participatory evaluation and adaption of a manualised parenting course. In total 14 parents, two partners/carers and four health care staff contributed to the development and adaption of the course.

Through this shared working, a new version of the course, which was considerably changed in focus, format and content was developed. Working collaboratively with individuals with lived experience was instrumental in changing the approach to provide a greater amount of space for exploration and short, standalone sessions. This is in line with the planned involvement of patients in the study.

During the progression of the study, we have fed back to prior PCIE consultants and parents and carers involved in the project to share progress including in an informal steering committee which included and individual with lived experience.

A parent with experience of mental health services worked with the CI to revise the plain English summary.

Dissemination:

The project, which had the core purpose of adapting a parenting course to meet the needs of parents who were currently hospitalized due to mental health difficulties, has been disseminated in a range of forums.

- World Congress of CBT in South Korea (May 23)
- British Association for Behavioural and Cognitive Psychotherapies in Cardiff (June 23)
- Munich International Symposium for Intergenerational Mental Health Research (September 23)

- ARC KSS Research Week.
- As part of my presentation at an event to engage policymakers in parental mental health support at the Houses of Parliament (Nov 23)
- The Parental Mental Health Network inaugural event in Brighton (November 23).

Impact and Implementation:

Parents who took part reported that the project had a positive impact including in their ability to engage with their children and parenting role while seeking to manage their mental health.

Wards which took part in the project identified that the needs of parents were being considered more as a result of the engagement with the study.

A Bridge funding award by ARC KSS will be used to develop a poster for wards to highlight key good practice in supporting and engaging with parents in hospital.

The following pathways to future implementation of the project are under discussion with stakeholders:

Training Mental Health Social Workers in the intervention to facilitate clinical delivery and inform the development of a pragmatic 'real-world' evaluation.

Consultation with ward managers indicates that a 'clinic model' with parenting-focused practitioners on the ward for a fixed time each week, could enable delivery of the intervention and staff capacity building.