Research

Promoting Self-Determination in Parents With Mental Illness in Adult Mental Health Settings

Journal of Family Nursing
1–13

DOI: 10.1177/10748407211067308
journals.sagepub.com/home/jfn
SAGE

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Abstract

This article reports a strengths-based intervention to support parents with mental illness and their children in adult mental health settings: "Let's Talk About Children" (LTC) intervention. A qualitative methodology was adopted with parent participants receiving LTC in adult mental health and family services. The benefits for parents receiving LTC were described through in-depth interviews with 25 parents following the delivery of the program. Interview data identified an impact on parental self-regulation—mainly through a change in a sense of agency as a parent—and skill building, once a clearer picture of their child's everyday life was understood. This study outlines the benefits of talking with parents about the strengths and vulnerabilities of their children during routine mental health treatment. The role for self-determination of parents in preventive interventions for children is an important consideration for mental health recovery, and it also helps to break the cycle of transgenerational mental illness within families.

Keywords

adult mental health, preventive intervention, parenting, children of parents with a mental illness, self-determination

The impact of mental illness on families is now recognized as a significant public health issue (Falkov et al., 2016; Foster et al., 2016), affecting multiple generations. While it must be noted that some families manage the impact of mental illness on family with no negative outcomes, the occurrence of mental illness across generations is identified as a "wicked" problem (Foster et al., 2016), requiring early intervention and prevention from multiple service systems to address its impact on parents and their children (Goodyear, Obradovic, et al., 2015; Naughton et al., 2018). Due to the complexity of the transgenerational transmission, many factors influence outcomes for children, including poverty and associated comorbidities: as well as family functioning and other relationships in a child's life (Beardslee et al., 2011; Hosman et al., 2009; Powell et al., 2020; Power et al., 2016). This permits multiple avenues to focus a prevention and early intervention approach (Christiansen et al., 2019; Goodyear et al., 2009, 2018; Laletas et al., 2020; Nicholson et al., 2009; Reupert et al., 2009, 2017). There are a range of intervention programs that have been developed that support the parents, child, or family: many of which have focused on parents with mood disorders. Although there are differences between the programs, there is strong evidence that these programs are effective in reducing the vulnerability of their children to mental illness and other negative outcomes, particularly when these supports are provided to parents in adult mental health settings by workers (Foster et al., 2019; Goodyear et al., 2018; Goodyear, Hill, et al., 2015; Hosman et al., 2009; Nicholson et al., 2019; Reupert et al., 2017; Siegenthaler et al., 2012; Solantaus et al., 2010; Thanhäuser et al., 2017).

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One such program, Let's Talk About Children (LTC), is a brief parent-led intervention aiming to enable parents with a mental illness to support the everyday life of their child (Niemelä et al., 2019; Solantaus & Toikka, 2006). It is a manualized two to three session, psycho-educational intervention designed for parents with a mental illness to discuss their child's well-being with their worker (Solantaus & Toikka, 2006). The intervention consists of a Preliminary Discussion in which LTC is offered and introduced, and two subsequent discussions between the parent and their worker (Solantaus & Toikka, 2006). In the first, workers engage with the parent-consumer in a discussion about their children's everyday life focusing on their strengths and any concerns the parent may have. In the second, the parent in partnership with the worker develop strategies to promote child and family strengths, and promote open communication about adversities facing the family such as mental illness (Solantaus & Toikka, 2006).

The LTC discussions are designed to enhance both the worker and the parent's knowledge about the needs of the parent and their children including the impact of mental illness and co-occurring adversities on family life. While other family members might be involved in these sessions, the focus is typically on empowering the parent to feel equipped to make decisions and goals in their parenting role (Solantaus & Toikka, 2006). Rather than assuming a person's parenting needs to change, LTC offers an opportunity for the worker and parent to review child well-being and family life in the context of the adversities faced by the family.

A randomized control trial (RCT) conducted across two-thirds of Finland's health regions demonstrated the efficacy of LTC for increasing parents' understanding of their children, confidence and skill in parenting, and confidence in their children and family's future, while also reducing parental guilt, shame, and perceived prejudice (Solantaus et al., 2009). In addition, significant reduction in emotional symptoms of children was observed, mediated by shifts in children's understanding of problems in the family (Punamäki et al., 2013; Solantaus et al., 2010). These shifts are argued to be the result of increased engagement by the parent in making changes in the everyday life of the child and family (Punamäki et al., 2013). There is similar evidence outside Finland for LTC from an RCT in Greece that found similar findings as the Finnish study (Giannakopoulos et al., 2021), and in a safety and feasibility trial in Japan where similar results were shown with parents with depression (Ueno et al., 2019). More recent evidence highlights a role for LTC in achieving a reduction in referrals to child protection for families where a parent has a mental illness when delivered in a community setting (Niemelä et al., 2019).

Despite the growing evidence base of the effectiveness of family-based interventions for parents with mental illness, the pace of the development of innovations in the field precedes the development of an evidence base across different contexts and conditions for families (Nicholson & Friesen, 2014; Reupert et al., 2017). This results in there being surprisingly little known in the field about interventions such as LTC, about "what works, for whom, and under what conditions?" (Thanhäuser et al., 2017). The review of existing family-based interventions by Marston et al. (2016), that included LTC, identified common program activities of psycho-education, skill-building, communication, and improved access to treatment supports. However, the components or the combination of components that resulted in positive outcomes for families is still not known (Marston et al., 2016). It is vital to understand how these components work together and what mechanisms of change the innovations use to successfully support shifts in parent and child well-being, to support translation to practice. Adapting to local settings has been found to be important for sustaining LTC in practice settings (B. Allchin, O'Hanlon, Weimand, Boyer, et al., 2020; B. Allchin, O'Hanlon, Weimand, & Goodyear, 2020). The deletion of possibly important ingredients within evidence-based interventions, however, continues to be a risk in translation to practice activities (Escoffery et al., 2018). Using applied research designs in real-world settings could help bridge the gap between practice development and the evidence base (Contopoulos-Ioannidis et al., 2008).

Given the pivotal role of the parent in LTC (Solantaus et al., 2009), qualitatively exploring parent perceptions of the value of LTC and the changes it makes could help identify ingredients that make it effective as an agent of change. Self-regulation theory may be a helpful framework to explore the value of LTC from the perspectives of parents. Behavioral parenting interventions, such as Triple P Parenting Program, articulate the key mechanism of change as the need to guide parents to find and use their own capacity for change, connecting it to the theory of self-regulation (Sanders et al., 2019; Sanders & Mazzucchelli, 2013). Self-regulation is a core aspect of behavior change, in that it builds capacity for people to manage or direct their behavior and emotions toward achieving their chosen goals. This view through self-regulation's five key elements—parental self-sufficiency, self-efficacy, self-management, personal agency, and problem-solving—resembles the underlying mechanisms of change also seen in mental health recovery models (Commonwealth of Australia, 2013; Leamy et al., 2011; Oades et al., 2005).

Through qualitative inquiry, using semi-structured interviews, we explored the impact of LTC on parent's mental health recovery and their parenting role. In particular, we explored the perspective of parents on the impact of LTC on their self-regulatory processes to identify potential change mechanisms of LTC that underpin the enhanced recovery and self-efficacy as a parent.

Method

Participants

Participants were 25 parent-consumers drawn from 11 adult mental health (outpatient and inpatient services) and family

Table 1. Participant Demographic Characteristics.

Demographic characteristics	Participant details
Age	Mean = 41.4 years (range 31–50 years)
Gender	Female = 19 (76%), male = 6 (24%)
Ethnicity	Caucasian (Australian) = 22 (88%) Asian = 1 (4%) European descent = 2 (8%)
Highest level of education	Postgraduate degree = 1 (4%) Undergraduate = 3 (12%) Diploma/certificate = 10 (40%) Completed high school = 9 (36%) Completed year 9/10 = 2 (8%)
Employment	Not in workforce/unemployed = 20 (80%) Employed = 5 (20%)
Relationship status	Married = 5 (20%) Single = 8 (32%) Divorced/Separated = 6 (24%) Widowed = 1 (4%) Partnered and not living together = 4 (16%) Defacto (partners living together) = 1 (4%)
Living situation	Alone with children = 14 (56%) With partner and children = 8 (32%) With ex-partner and children = 1 (4%) With other family and children = 1 (4%) Alone = 1 (4%)
Number of children	2.8 children (range 1–8 children)
Age of children	12.0 years (range 9 months–37 years)
Diagnosis[a]	Depression = 15 (60%) Anxiety = 14 (56%) Bipolar = 7 (28%) Personality disorder = 6 (24%) PTSD = 4 (16%) OCD = 3 (12%) ADHD = 2 (8%) Schizoaffective disorder = 2 (8%) Schizophrenia = 1 (4%)
Dual diagnosis	Yes = 6 (24%), No = 19 (76%)
Length of time with service	Less than 1 year = 14 (56%) 1–5 years = 9 (36%) 6–10 years = 1 (4%) 11–15 years = 1 (4%)

Note. PTSD = post-traumatic stress disorder; OCD = obsessive compulsive disorder; ADHD = attention deficit hyperactivity disorder.
[a]Multiple diagnoses were indicated by participants.

support service organizations across the state of Victoria, Australia. Eligibility criteria included the following: (a) being a parent with a diagnosed mental illness with at least one child younger than 18 years of age, (b) the child resided at their home at least 20% of the time, and (c) the parent was fluent in English. The demographic profiles of the 25 parents interviewed are outlined in Table 1. Participants' ages ranged from 31 to 50 years, with an average of 41.4 years. The majority of parents interviewed were mothers, who were not partnered, unemployed, and living alone with children. Multiple psychiatric diagnoses were indicated by participants; more commonly reported diagnoses were depression, anxiety, bipolar disorder, and borderline personality disorder, and less commonly were post-traumatic stress disorder (PTSD), obsessive compulsive disorder (OCD), attention deficit hyperactivity disorder (ADHD), schizoaffective disorder, and schizophrenia. The majority of respondents had been receiving treatment from the service (who delivered LTC) for less than 1 year.

The participating parents in the present study had a similar demographic profile to other LTC outcome studies (Solantaus et al., 2009, 2010), with the exception that this study included a higher proportion of single parents and also included some parents with psychotic-related disorders.

Interview

Interviews ranged from 30 min to 2 hr (average 39 min), beginning as a semi-structured interview asking people to speak generally about their experiences of parenting with a mental illness and their perspective of LTC and its impact on parenting, if any. Structured questions were then used to gain participants' thoughts about the impact of talking about parenting and mental illness more directly, seeking reflections on the impact on their parenting role and on family and worker relationships. All interviews were audio-taped and transcribed verbatim.

Procedure

Participants were recruited as part of a larger study, exploring the efficacy of LTC in adult mental health and family support service organizations (Maybery et al., 2017). Service users who met the eligibility criteria were approached by their treating worker and provided with a description of the study. Interested participants supplied their contact details for researchers to get in contact to provide a more thorough description of the study and obtain verbal and written consent. At the completion of LTC, the parent was invited to participate in a telephone interview (within the next 3 months) about their experience of talking to their mental health worker about their parenting and mental illness. Ethical approval for the project was granted by Monash University Human Research Ethics Committee and relevant health services' ethics bodies.

Analysis

The data were coded in four stages broadly integrating a method suggested by Charmaz (2006). The first stage involved reading through each of the transcripts to get a sense of the data. Minimal notes were taken at this stage. Stage 2 involved an open coding process, line by line, using an inductive thematic coding technique. Rather than only looking for

descriptive themes, the data were searched and coded in relation to the "actions" or gerunds taking place in it and the differing perspective of each actor in the interview (Charmaz, 2012). The coding process then moved to more focused coding to integrate initial categories and bring about clinical relevance. Where new categories emerged, the researchers (M.J.G., H.v.D., and M.B.) revisited interviews already coded with the new insight each emergent theme brought. During this process, the researchers also kept extensive memos as thoughts and ideas occurred to them in relation to the emerging categories and themes. In the final stage, themes and categories determined inductively were then categorized within components from the theory of self-regulation in an additional layer of analysis drawing on the components outlined in the literature (M.J.G, M.B., and B.A.).

Results

Summary of Themes

Parents identified that LTC validated their parenting role, built a self-awareness that led them to identify issues in the family life, and provided a new lens to view the impact enabling particular issues in the family to be addressed. LTC also gave them a process for problem-solving, a new lens for understanding their children and strengthened their personal agency to be able to act in the everyday life of their children. LTC was dependent on a trusting and a supportive relationship with the worker; however, the LTC process also enhanced the parent–worker partnership as a conduit to build capacity for self-regulation.

Validating Parent Role

The impact of the program highlighted by parents was less about the identification, development, and implementation of specific parenting strategies per se, and more about a change to the way parents felt about their parenting competence and their "identity" as a parent:

> It's making the parents feel they are a parent again and that that means something, that you don't lose that right just because you have a mental health issue. (Participant 18)

This change resonated as a significant turning point in their perception of themselves as a parent. After talking with their worker about parenting as part of the LTC process, parents commonly felt their parenting role was validated and normalized in a way that they hadn't experienced previously:

> I used to think I was failing as a parent that I was not doing a good job, and my kids weren't listening to me. It was like—why is my oldest always arguing with me and I just felt that I wasn't doing a good job for them. After doing Let's Talk and going through all those questions, I got to see what it was really like, that I am closer to [my son] [than I thought]. (Participant 3)

The increased awareness and validation created through the LTC conversation with their worker was found to develop parents' personal agency and sense of self-sufficiency in their capacity to parent:

> I don't have enough self-belief I suppose to know, to make choices and make decisions gladly . . . I'd believe that I wasn't giving the kids the life that they deserved and all that sort of stuff. So yeah [my worker] helped me believe in myself more as a parent, saying that I do what I can and that's as good as you can do, in the situations that we're in. (Participant 13)

Tool for Self-Monitoring

The strengths and vulnerability framework in LTC's first discussion helped parents develop self-awareness about their family situation:

> I think a couple of the questions probably helped me think about where I'm at as well . . . It helped me to probably think about a lot of things that I was doing as a parent, and think about how the kids are feeling and acting and that, and yeah it put it into perspective for me, so it helped a lot. (Participant 13)

Parents reported becoming more aware of their role, their parenting behaviors, and the link to their children's well-being, which enabled them to define issues and attempt to self-manage:

> I'm more aware of what I'm doing around the kids, without ignoring the fact that they're there, if you can understand that. Even though I know they're there, there's a lot of things I would normally do that I wouldn't consider is harmful to them, whereas really for their age appropriateness, a lot of what I would normally do probably is harmful to them. So, a lots changed in that way. (Participant 2)

The consequences of behaviors became more visible through the LTC process and a change in thinking occurred regarding behaviors that may affect the children, for example, from drug and alcohol misuse:

> I am more, how do I put it, I'm more aware of myself and what I'm doing now than I used to be, I used to just do things and not worry about the consequences, especially for the kids. (Participant 10)

These open discussions that came from the strengths and vulnerability framework of LTC also allowed parents to formulate options and choose strategies to help ameliorate the impact of the illness on their parenting. As a result of LTC, this dad noticed how he needed to change his parenting style, as he realized that he had been quick to shut down the children's emotions and was not letting them express their feelings:

> . . . I need to let the kids have their feelings more. I was very quick to shut them down. And not that I did that to be nasty to

> them, that's just the way I've been, I'm very military like. So everything—how can I put it—everything is very straightforward with me. You live hard, you grow hard and that's the way I've always been, but yeah she's [worker delivering LTC] changing that in me. So, I've learnt to let them have their feelings, instead of shutting them down. (Participant 2)

Shifting From Unsolvable to Solvable

This awareness and defining process in the LTC method seemed to allow parents to assign causation to parenting rather than their own mental health which in turn helped them visualize problems as solvable.

For some parents, LTC was the first time they had been encouraged to focus on discussing their parenting freely in relation to their mental illness. Parents had thought a lot about the potential impacts of mental illness on their children, but this had often been through a negative lens of potential damage or contagion, with one parent saying, "*I still worry that I've given some gene of mental illness to them*" (Participant 2). Parents also reflected the negative assumptions about parenting with a mental illness perpetuated by community stigma, suggesting that their children are constantly at risk of harm, and they will never be a good enough parent due to their mental illness. These resulted in unsolvable attributions of difficulties as linked to their own mental health recovery or genetic pre-determinism:

> Yeah well before looking at myself with a mental illness I thought that that's the reason why I wasn't being a good parent, I couldn't be a good parent to them. (Participant 3)

The focus on resilience and strengths that LTC promotes, seemed to help parents shift to thinking that despite living with the impacts of parental mental illness, parents and family members can identify that they are doing a good job in the face of adversity:

> Whereas during LTC I've seen my kids grown up and seen that even though I have a mental illness they've become very strong boys, and very sensitive and caring boys. So it's not like I've damaged them in any way because I have a mental illness, which I used to think. (Participant 3)

Process for Problem-Solving

The shift to seeing the impact as something solvable appeared to create new opportunities to formulate parenting strategies and change their parenting behavior. Parents reported putting in place concrete strategies that produced positive outcomes for themselves, their children and family life as a whole. This mother below reported that LTC helped her find better ways to communicate, manage her children's behavior, and to be less reactionary to them:

> Yeah it gave me, it sort of opened my eyes up to the situations that I sometimes find myself in and it sort of led me into the fact that if we have a conversation instead of me just going off like I used to, then sitting down and talking about it and getting to know why the kids are acting the way they are, it helps. (Participant 13)

Another father reported that LTC had helped him prioritize problems, work out what was important to deal with immediately, and what could be left for a while so he could spend more quality time with his children. For this father, LTC helped break issues down into manageable chunks so he could untangle the "big mess" and deal with problems one piece at a time. He said,

> I just looked at it on a different value base, I didn't look at it as a whole, I had to start separating things. At one point I just looked at everything as just one big mess basically, whereas now I can start to segregate things a bit better, and start to think well if I do it this way it might work a bit better. (Participant 2)

This facilitated worker–parent discussion within LTC allowed him to define problems into several solvable parts which enabled him to prioritize the most immediate goals, directly impacting on his parenting.

Another parent also reported gaining new skills from LTC that changed unhelpful, reactive behaviors in relation to communication with her teenage daughter. As a result of LTC, the participant had learned to disengage from certain "battles," to calm down and wait to avoid reacting hastily to her daughter:

> I've learned with one of them, with the middle child I usually, I can either hang up the phone or I just say I'm going and I'll see you later. I've learned to either hang up the phone and end the conversation if she starts to get narky or I'll just walk away and I'll come back when I cool down and I'm ready to speak to you again.

New Perspectives on Children

Parents reported that the facilitated worker–parent discussions within LTC helped parents see their children in a different light, which enabled them to see and respond to their children differently:

> I think I've taken more notice of how my children act and I talk to them about why they act like that. (Participant 13)

The focus within LTC, of talking about strengths and vulnerabilities of each child with their worker helped parents view their children's difficulties in context, and in some cases promoted a different understanding of their child's strengths. For example, Participant 10 mentioned that the opportunity in LTC to talk about her son created a new understanding of how much her son's behavior had changed

and improved, and she became aware of a sense of his resilience that she had not observed previously. The LTC process in which the worker guides the parent in making observations helped realistically question their perception of their child's progress:

> . . . With my son it sort of made me realise with him, he's come a long way in the last 4 years, which I hadn't really noticed until [my worker] sort of pointed out a couple of things like "He is different in that, and he is different in that, and yes he's a lot better than he was at that" . . . I realised that his worst features have now become his best features. (Participant 10)

LTC used in the context of a supportive worker–parent relationship gave permission for the worker to "say it like it is," often in relation to questioning the parent's misperceptions of developmentally appropriate behavior in their child:

> Yeah and like I said I, my emotional stuff is, you know I get her here and it's like "[my worker] he's done this and that, I swear he wants to move out, he wants me to kick him out, I'm going to ring the department blah, blah," and it's like "[The participants name] he's a little boy, he's got hormones going off like fireworks, this, this," and it's like "Oh shit yeah, forgot about all that," I mean he's 12 isn't he, this is not a personal attack against me. (Participant 14)

New Perspectives of Themselves as a Parent

For others, being able to identify and chart their children's strengths as part of the LTC method, led to an unexpectedly positive view of their family life and them as a parent:

> There was a lot more positives than what I thought within the family and the kids, and I did have more strength with the kids than I thought too. Everything wasn't as bad and as negative as I thought it was with me and the kids. (Participant 8)

For this participant, the realization that they did not actually need to make as many changes as they thought they needed to contributed to their personal agency.

The structured conversations of LTC appeared to allow for workers to have challenging conversations with parents in nonjudgmental ways that built honest self-awareness and agency. For one parent, this provided the avenue for the worker to open the door to difficult conversations associated with the impact of mental illness and associated substance use that the parent had previously avoided. Despite the discomfort of talking about these issues, the process led to open and honest conversation about his worries about his parenting:

> Mental health has been one of them and parenting being the other. They were my two subjects I kept trying to brush off . . . it was really Let's Talk where she finally caught me out, where I—I made the mistake by answering some things through it, where she finally honed in and thought hang on a second, this bugger's been blowing me off on all this . . . once I realised that she had me, and I couldn't hide it anymore, I was more open about things . . . A weight got lifted off my shoulders, because I was always trying to make excuses, and make the excuse look like it was viable and stand up, but I was always anxious about the moment when it came up. I thought geeze what if it comes up this time around, what am I going to say here. So I was always on the path on how I was going to fog off the moment. But it just lifts the pressure off, like I speak freely with [my worker] about that now and feel comfortable about it. For me it was great, I thought it was good to get that out of me, off my chest. (Participant 2)

For another participant, LTC provided an opportunity to verbalize in a trusted space the burden of her guilt about what she had put her children through, that had weighed her down. The parent found reassurance in the LTC conversation with the worker about her children's strengths and vulnerabilities, giving her a sense of personal agency over her everyday parenting:

> It was a massive burden on me initially, but knowing that I can still provide them a safe and loving environment for them to learn and grow in, and hopefully learn some good values in life—even though I'm just doing it by myself—I can still do that now with the help of everyone and I'm on the right track because they're pretty good kids . . . I definitely feel stronger than what I used to and able to cope more, more confident I suppose you'd say, knowing that we can get through this, another day, another chance to beat it. (Participant 13)

Hence, while being more aware of the impact of mental illness on their parenting, some parents came to realize that feeling better about their parenting and seeing their kids do well paradoxically enabled them to feel better about and cope with their mental illness.

Selection of Appropriate Strategies

A key part of LTC is to promote open communication in the family about the adversities facing the family:

> It was my daughter who said to me "How come you take so many tablets mum?" and that was when I sat them down and said "Look this is what's going on, mums, I'm sick, my brain is sick and I need to take these tablets so that I don't get sick and I stay out of hospital." (Participant 10)

Parents admitted to being anxious about how to approach such conversations, worrying that their child would have expectations of them that they could not meet, like getting better quickly:

> It was nerve wracking, I wasn't sure if they were going to understand and that's why I said to [the child] "Mummy's brain is sick and mummy needs to take tablets so she doesn't get sick" . . . but some people think when people are depressed, they think "Oh . . . you'll get over it tomorrow"; it don't work that way. (Participant 10)

Parents reported that through exploring the children's everyday life with their worker during LTC, they were able to identify how the mental illness was impacting their child and find age appropriate ways to talk in their families:

> Like it's no good going into depth with a 7 year old about bi-polar and borderline personality disorder and what it does to you and all this sort of stuff, because they're not going to understand it, whereas a 12 or 14 year old, you can go into that sort of conversation because they will understand it. (Participant 10)

Parents advocated for working in partnership with workers to find a way to talk with their children:

> The worker or some sort of worker, they can surely help you put together something to tell them, to tell the kids because the worker can help you with more connections and things like that. Like for instance . . . say, your workers can say, can help you write, not a speech but a little thing to say. (Participant 10)

Enhancing Parent–Worker Partnership

Enhanced therapeutic relationships were also reported as a result of LTC. Participant 2 benefited from a renewed dedication to trust and work with their worker. Their already strong alliance was deepened by the structured engagement and focused attention LTC put on family relationships. Increased relational awareness was found to constitute and be constituted by LTC's joint project of both the parent and the worker valuing and nurturing parent–child relationships:

> Yeah, definitely, and I just, I felt as though, even though I always trusted [the worker] it just, it really, really connected to me that she wasn't just trying to pull wool over my eyes and everything else, that what she was saying was quite serious and I needed to go and do something about it . . . it confirms to me that they're not just counsellors and they're not just there trying to do a job to be paid for it. It really confirms the fact that what they're there trying to do is make me see the light of day basically. So I just feel as though that's been confirmed for me, even though I've always trusted [the worker], it just confirms it a bit more. (Participant 2)

Parents also identified the worker's role in LTC at helping parents to understand their own triggers and how this can be modulated. This was particularly so for parents who were in a family where generations experienced mental illness. For some parents, the LTC discussion identified their own recollection about being a child to a parent with mental illness, and how their recovery is now tied to understanding and addressing intergenerational impacts:

> Yeah well, half my problems is trying to figure out my dad's problems . . . At least with these boys I can say "I am screwed up but I'm not doing it to you on purpose." (Participant 14)

Discussion

While effectiveness of evidence-based interventions is commonly established via RCTs, their adaptation in practice to accommodate local contextual issues can undermine their evidence base unless the mechanisms for change are well articulated (Escoffery et al., 2018). Like many family-based interventions for parents with mental illness, there is limited knowledge of these mechanisms of change for LTC (R. Allchin, 2020; Nicholson & Friesen, 2014). By exploring the perspective of parents who register positive changes through participating in the intervention, this study describes the role self-regulation plays in effecting change through worker-facilitated LTC. The perspectives of parents in this qualitative study suggest that a mechanism of change that is core to the impact of LTC is the building of parental agency through the development of new perspectives on themselves and their parenting.

A number of positive changes were described by parents with a mental illness receiving LTC from their mental health or family service workers. Through the intervention's focus on self-management in the context of their child's daily life, LTC was observed to help parents see the importance of self-monitoring and self-evaluating their parenting practices in relation to their child. The conversational nature of the intervention facilitated by a strong worker–parent relationship created a reflective and safe place for parents to see their parenting behaviors and their child's behavior in a new light. The analysis indicated that this understanding helped shift their sense of self-efficacy, self-sufficiency, and personal agency, core aspects of self-regulation. An increase in positive self-agency as a parent was commonly reported, moving from negative connotations of parenting with a mental illness to expressing feelings of now being "good enough" as a parent.

This most obvious change in parents was viewing their parenting practices and their mental illness as separate but related entities. This resulted in parents more effectively and more objectively evaluating the relationship between their mental illness and their parenting practices. By doing so, parents were able to move from unhelpful dispositional attributions of parenting (i.e., I parent like this because of *who* I am) toward more situational attributions (i.e., I parent like this because of situations I am in). This change in viewpoint was identified as important in increasing their self-efficacy and personal agency, as part of an enhancement of self-regulation. These processes also paved the way for more practical self-regulatory processes such as self-management (e.g., self-selection of appropriate goals) and problem-solving. In practical terms, parents either felt they had the capacity to change their parenting and impact positively on their children or they came to the realization that their parenting practices were not as detrimental as first conceived.

Interestingly, some parents' original belief that their mental illness posed a risk to their children shifted to a more

positive view of their abilities and actions as a parent. Parenting practices were seen in the context of the effects of mental illness, and the LTC dialogue with their worker was initiated about changes to better nurture their child's strengths and address vulnerabilities. The LTC conversations between the worker and the parent were reported by parents as helpful and reassuring, particularly for parents who admitted avoiding these conversations in the past for fear of negative assessment, usually associated with a perceived lack of personal agency. Interestingly, this suggests that within a safe relationship, a workers' proactive role during the intervention was welcomed by parents. The LTC gave a structure for workers to actively guide the conversations toward difficult topics in a way that seemed to parents more like an invitation from somebody they trusted.

Identification of intergenerational patterns of vulnerability and adversity were described in some parents' narratives. Parents described a drive to break the cycle within their family and give their children resources to cope with the adversity of family mental illness: better resources than they themselves had as children. This is important to highlight as a potential turning point to drive motivation to change any potential familial detrimental coping patterns. The LTC conversations, as part of a focus on their own recovery process, provided these parents with a self-regulation tool that allowed for the myths and stigma associated with intergenerational "contagion" of mental illness to be spoken about openly and challenged.

These findings build on previous studies of parent experiences with LTC internationally. In this study, parents reported shifts in their perceptions of their identity as a parent with a greater sense of agency and reductions in feelings of guilt. These led to improved parenting confidence and a change in parenting strategies. Parents in the Finnish RCT and the safety and feasibility study in Japan reported greater parenting confidence and a reduction in feelings of guilt following LTC (Solantaus et al., 2009; Ueno et al., 2019). Greater self-acceptance was also reported by parents in the Japanese study (Ueno et al., 2019), perhaps reflecting the shifts in perceptions of their identity as a parent observed in the present study. The shifts identified in this study from seeing problems as unsolvable to solvable, reflect the findings in the Finnish and Japanese studies reporting parents worrying less about their children and having greater confidence in their children and family's future (Solantaus et al., 2009; Ueno et al., 2019). This study's findings that LTC gave a process for problem-solving and enabling new parenting strategies perhaps sheds light on the report that after LTC parents showed improvements in engagement in parenting, as found in a RCT in Greece (Giannakopoulos et al., 2021).

These findings reinforce the suggestion by Solantaus and colleagues, that parent-driven change is the suggested mechanism of LTC (Punamäki et al., 2013; Solantaus et al., 2010). In the present study, the parent-driven change seen in LTC appears to be underpinned by the development of a parent's self-regulatory capacity through the structured conversations with a trusted worker. The parent's self-regulatory capacity is then seen to drive changes to family processes and parenting practices that directly benefit their children. This would suggest that a core mechanism of change for LTC is the worker–parent engagement in the work of self-regulation in relation to parenting, particularly in the promotion of self-awareness, self-management, and parenting agency.

The way LTC has been shown to work in this study also forms parallels with the underlying drivers of mental health recovery of the parent consumer. Self-determination, associated with the need to feel autonomous, effective, and connected (Leamy et al., 2011; Oades et al., 2005), are central to the "personal recovery" journey for many people living with mental illness (Drake & Whitley, 2014). Parents in this study described shifts in their sense of autonomy and effectiveness in parenting and connection with their children. This in turn was understood to support them taking action toward improvements in children's mental health. The shift for these parents was not necessarily the result of changed symptoms or functioning but the ability to see themselves and their situation in a different light. Similarly, personal recovery from mental illness has been described as a change in outlook so that with or without ongoing episodes of illness, a meaningful, purposeful life can be lived (Burgess et al., 2011). Despite these parallels, recovery models and measures do not appear to routinely consider the parenting role (Maybery et al., 2015; Reupert et al., 2015; Thompson et al., 2019).

Relational recovery, however, posits that an individual's recovery is intertwined with their relationships and wider social determinants (Price-Robertson et al., 2017). Through this lens, supporting parenting as part of mental health treatment is vital as parenthood is commonly reported as highly valued for people with mental illness (Hine et al., 2019; Reupert & Maybery, 2015) and can be both hindering and enabling for people's recovery (Hine et al., 2018). The sense of succeeding or failing as a parent can have a profound impact on mood, self-esteem, and self-efficacy and, consequently, feelings of wellness and unwellness during the course of mental illness (Nicholson, 2014). At the same time, parenthood can create a motivation to seek and maintain treatment for mental illness, and provides opportunities to feel valued by, and engaged with, society (Oyserman et al., 2000; Ueno et al., 2019). This study suggests that LTC enables nurses and other mental health care professionals to acknowledge and support the parenting role, providing a tool to support worker–parent engagement in building parent agency and self-regulation thereby supporting personal recovery.

Limitations

While this study was aimed at exploring parent perspectives on the impact of the LTC, the limitations posed by having the parent as the study's sole informant need to be held in mind.

A family's experience is made up of a complex picture of perspectives. As such this study only illuminates part of the overall picture given the absence of the perspectives of other family members, particularly the voices of children.

The study is also limited to those parents who completed LTC with their worker. A small proportion of parents ($n = 6$, 15%) did not complete the intervention after the program had begun, because of mental health and other pressing issues in their family. Understanding the factors associated with successful completion of LTC is an important avenue for future research, particularly in understanding when LTC is most suitable to be delivered to the consumer. This would require seeking the perspectives of the implementing worker as well as the parent.

Clinical Implications

This study identified that parents valued the opportunity provided through LTC to talk to their need to feel like an effective parent, using self-regulatory processes of self-efficacy and personal agency. The study findings suggest specific ways nurses and other mental health professionals can facilitate these processes to greater effect: (a) helping parents believe change is possible, (b) supporting parents to attribute changes made to their (or their child's) own efforts and strengths rather than purely chance or dispositional attributions, and (c) guiding parents toward conversations that highlight the changeable aspects of parenting and identifying parental or family strengths that can be called upon to make change. These straightforward clinical practices appear to encapsulate the active ingredients of LTC. And therefore, they are a vital area to focus on in training and when making adaptations to LTC to better suit the contextual or cultural needs.

These practice components are also akin to recommended nursing practices for all health and illness-related nursing education, including collaborative goal setting, individual and family empowerment, and integrating family needs associated with the health issue or illness into care planning (International Family Nursing Association [IFNA], 2013). Similarly, a focus on family strengths, improvement of family self-management strategies, and promoting self-efficacy in decision-making are some of the fundamental nursing competencies outlined by the IFNA, both for generalist nursing practice (IFNA, 2015) and advanced nursing practice (IFNA, 2017).

Conclusion

This study contributes to the knowledge of the mechanisms of change for LTC that lead to positive outcomes in families where a parent has a mental illness by identifying the role of self-regulation and self-determination in building parent-driven change. As a core, these findings from parents' experiences signal important factors to be considered in mental health recovery and early intervention approaches, whereby parental self-efficacy is prioritized and the parenting role is acknowledged, affirmed, and supported as part of recovery scaffolding.

Understanding the practical nature of these theories more closely is an important process for workers delivering LTC and has important implications for practice design, implementation, and further research in the parenting intervention field.

Acknowledgments

The authors thank the many parents, children, and practitioners who continue to work with the authors to understand their needs and contribute their stories of resilience for the authors to learn from.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Data collection and preliminary analysis were funded by the State Government of Victoria's Mental Illness Research Fund (MIRF) as part of a larger study (2013-2017), exploring the efficacy of Let's Talk About Children (LTC) in adult mental health and family support service organizations (Maybery et al., 2017).

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