






REVIEW ARTICLE

# Nurses' views and practices on parental mental illness: An integrative review

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**ABSTRACT:** *When a parent has a mental health problem, family members can be affected by it. Nursing professionals can provide care for the whole family, including children. Nurses can support the parental role of parents with mental illness. This integrative review aimed at the following: To identify and to synthesize the views and practices of nurses on parental mental illness (PMI). An integrative review methodology was employed, following PRISMA guidelines. Theoretical and empirical literature was included. Twenty-three articles were obtained to be analysed, using the Whittemore and Knafelz approach. A lack of knowledge about nurses' views and practices on PMI was found. Especially, in some demographic areas such as Mediterranean countries and Central and South America. Different issues which influence how nurses perceive PMI were identified: subjective meaning of family concept, personal experience of being parent, and perceptions of mental illness, among others. The main findings on nurses' practices were as follows: guidelines to implement family-focused practices, knowledge, and skills; therapeutic relationship; and teamwork and interagency communication; among others. These issues are intimately related. They could act as enablers or barriers to support parental role of parents with mental illness. Adequate guidelines and policies are necessary to support parents with mental illness and their families. There is a need to include knowledge about PMI and family-focused approach in nursing education curricula. Training could include reflection on nurses' experiences and personal values to become aware of how these can affect their interventions and practices.*

**KEY WORDS:** *family, mental illness, nurses, parents, practices, stigma, views.*

## INTRODUCTION

When a family member has a mental health problem, other members of the family can be affected by it, including children. Holistic care and practices focused on the whole family members are characteristic of nursing professionals (Registered Nurses' Association

of Ontario 2015). Nurses maintain a direct contact with clients and their families. In this study, we focused on nurses as health professionals who can support the parental role of parents with mental illness.

Mental illness can be defined as: 'health conditions involving changes in emotion, thinking or behaviour (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities' (American Psychiatric Association 2018). It is calculated that in 21–23% of families with parental mental illness (PMI) there is a dependent child (Maybery *et al.* 2015). The Royal College of Psychiatrists from the United Kingdom (2016) estimates

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**Declaration of conflict of interest:** The authors declare that they have no competing interests.

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Accepted September 23 2021.

that 68% of women and 57% of men with mental illnesses are parents.

PMI can affect children's welfare while parenting can affect the parents' health–illness process. There are many data on the risks and adverse outcomes on children of parents with a mental illness, but these are not inevitable (Reupert *et al.* 2015; Reupert *et al.* 2016). There are different conceptual frameworks that describe PMI. Some of them help to explain how PMI impacts children and families, others are centred on professional interventions, among others.

For this review, we focused on sociological models which explain that family needs do not depend exclusively on the illness. We also took into account the social constructions around mental illness and related issues such as stigma, isolation and poverty (Reupert *et al.* 2015). Social constructions around family and gender roles related to parenting were also considered.

Several authors defined the areas in which families with PMI could need support: family relationships (especially parent–child), dealing with stigma associated with mental illness, managing practical aspects of daily family life and building networks of support and respite or emergency child care (Goodyear *et al.* 2018). If families with PMI do not receive adequate support, PMI can negatively affect the life of their members (Yates & Gatsou 2017). This support can be provided by family and professional caregivers.

Nursing professionals could be in a key position to evaluate the situation of these families before problems arise (Korhonen *et al.* 2010a) and to support parents with mental illness (Leonard *et al.* 2020) in their parental role as primary caregivers of their offspring. This integrative review aimed at the following: To identify and to synthesize the views and practices of nurses on PMI.

## METHODS

An integrative review methodology was used in this research. The Whittemore and Knaff (2005) approach was adopted. It allows to summarize empirical and theoretical literature, including different methodologies to ensure diversity. This approach takes into account strategies to enhance strictness. The literature search was conducted between September and December 2020. We used the following databases: PubMed, Scopus, CINAHL, PsycINFO, Psycodoc, Psychology & Behavioral Sciences Collection (P&BSC), and Cuiden.

## Search strategy

We used the medical subject headings (MeSH), however, other descriptors were also included because they are common in studies on PMI. The search terms were as follows: mothers, fathers, parents, mental disorders, parental mental illness, parental mental disorders, parental psychiatric disorders, nursing, nurses, midwives, parenting, caregivers, caregiving, family, views, and attitudes. We used Boolean search techniques. The main search strategies used in all named databases were as follows: (i) (Mothers OR Fathers OR Parents) AND (Mental Disorders) AND (Nursing OR Nurses); and (ii) (PMI OR parental mental disorder OR parental psychiatric disorder) AND (Nurses OR Nursing). Additional search strategies were also used in some databases, like PubMed and Scopus, and a manual search was conducted.

## Inclusion and exclusion criteria

The papers included should address PMI and the views, opinions, attitudes, and practices of nurses on this topic and their support to the parental role of parents with mental illness. The studies that include the barriers and enablers perceived by nurses to provide this support were also included. English and Spanish language texts were included. For databases in Spanish, we used the 'Descriptores en Ciencias de la Salud' (Health Sciences Descriptors), in which MeSH terms in Spanish can be consulted. Empirical and theoretical literature was included.

Those studies that focused solely on perinatal mental health problems and their detection were excluded. The reason for this decision originated from the study by Dolman *et al.* (2013), who found that there were differences in the experiences and social support received between women who had never experienced mental illness before pregnancy and women who had experienced it previously. In addition, several articles about PMI do not include perinatal mental health problems. Those empirical articles, in which the presence of nurses was less than 50% of the sample, were excluded. Dissertations, book chapters, protocols, not conducted project designs, and editorials were excluded.

The search was limited between 2010 and 2020. We also reviewed the selected papers' references. Three articles prior to 2010 were considered seminal on nurses' views and practices. In addition, they met all

the inclusion criteria. For these reasons, we decided to include them, although they were prior to 2010.

### Screening

PRISMA guidelines (Moher *et al.* 2009) were followed; see Figure 1 for the PRISMA diagram. Firstly, title and abstracts were screened taking into account the inclusion and exclusion criteria. Secondly, full text articles were assessed for eligibility. Finally, 23 articles were obtained for analysis.

### Data analysis

We designed a table for analysis with some relevant items such as: aim, methodology, data collection techniques, sample characteristics, demographic data, limitations of the studies, presence of stigma concept, and conclusions. Categories of findings were previously named as: (i) views and attitudes of nurses on PMI; and (ii) practices, experience, and role of nurses on PMI. A researcher analysed the selected papers and extracted the main data from them. Extracted data were compared, item by item, in order to be categorized and grouped together by two of our researchers. These categories were then compared and we identified new related issues. Graphs to contrast all coded data were developed.

A method of constant comparison was carried out during data analysis (Whittemore & Knaff 2005). Our main findings were categorized as: (i) nurses' views on PMI; and (ii) nurses' practices on PMI. Regarding the discrepancies that arose during coding and linking data process, a consensus approach was used in which a third researcher intervened significantly.

### Assessment of methodological quality

We used the Mixed Method Appraisal Tool (Hong *et al.* 2018) to assess the quality of quantitative, qualitative, and mixed methods studies. No articles obtained a score lower than 50% (\*\*); no articles were excluded.

## RESULTS

See Table 1 for an overview of the studies included in the analysis ( $n = 23$ ). There were ten quantitative method studies, the main data collection techniques were surveys and questionnaires. Five qualitative studies were included. In this case, the main data collection technique was structured interviews, but focus groups

and the repertory grid were also used. There were four mixed-methods studies and four theoretical papers too. Including empirical and theoretical literature allowed to study the nurses' views and practices on PMI from different perspectives, gaining a deep analysis.

Although we conducted the search in English and Spanish, no articles in Spanish could be included because they did not meet the criteria. Beyond the language, we found a lack of scientific production about nurses' views and practices on PMI in certain countries. While several articles from Australia, United Kingdom, Ireland, and Finland were found, there is a lack in other regions such as Central and South America, and also Mediterranean countries, where only one study conducted in Israel could be included.

Most of the studies were focused on mental health nurses but also, to a lesser extent, on other nursing services such as primary care and midwifery. The most discussed issue was nurses' practices on PMI, both in empirical research and in theoretical papers. The less discussed topic was nurses' views on PMI. See Figure 2 for an overview of the main results.

### Nurses' views on parental mental illness

Different issues which influence how nurses perceive PMI were identified. The following subcategories were detected: nurses' subjective meanings (of the family concept and gender roles), nurses' experiences (of being a parent), and nurses' perceptions (of clients' parental behaviour, client-professional relationship, mental illness, and associated stigma); how nurses categorize parents with mental illness (as 'good' or 'bad', or other adjectives); nurses' taboos; and ethical dilemmas about PMI.

#### *Nurses' subjective meanings, experiences, and perceptions*

Leonard *et al.* (2020) described how nurses (in this case, health visitors) saw mothers as the main caregivers of their children. They perceived the needs of fathers as secondary. This can be related to subjective meaning of family concept and stereotypical ideas about gender roles. Furthermore, some nurses did not consider support to fathers or mothers' partners as part of their role (Mahoney 2010; Whitaker *et al.* 2016). However, some authors indicated that the offspring's needs were prioritized ahead of those of parents (Blundell *et al.* 2012; Ordan *et al.* 2018).

Subjective experience of being parent could affect how nurses perceive these parents and how to work

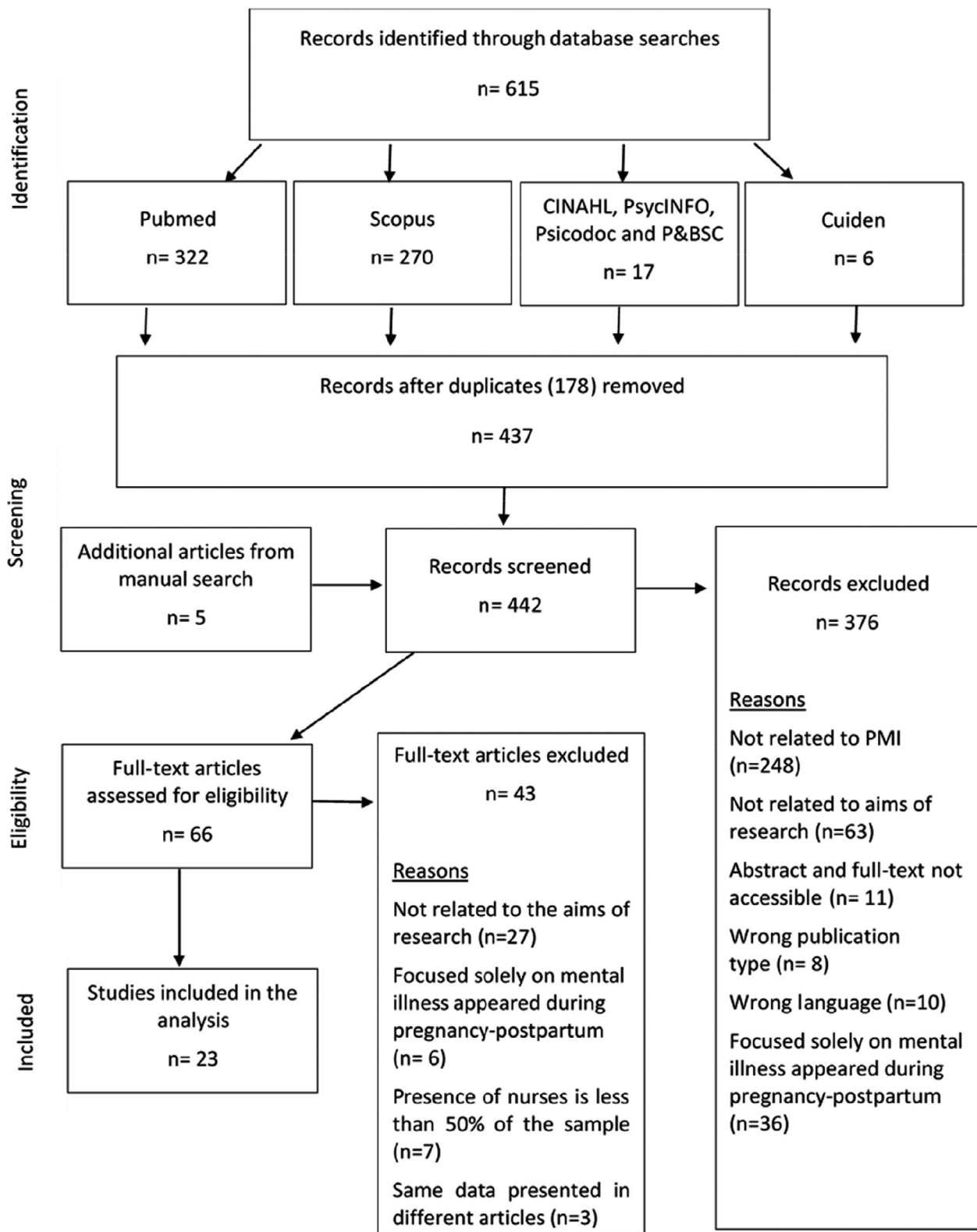


FIG. 1 PRISMA flow diagram. Study selection process. P&BSC: Psychology & Behavioral Sciences Collection; PMI: parental mental illness.

**TABLE 1** Included articles (n = 23)

Authors, year, and country	Aim	Method	Sample	Key findings
1. Leonard <i>et al.</i> (2020), UK	To determine what predicts health visitors' family-focused practice with mothers who have mental illness To explore health visitors' experiences of family-focused practice and what factors, if any, enable and/or hinder it	Mixed-methods design	n = 230 Questionnaire (n = 230) Interviews (n = 10)	Health visitors' professional and personal experiences can influence their family-focused practice The importance of organizations promoting their capacity to support mothers with severe mental illness and the importance to include mothers' partners
2. Krumm <i>et al.</i> (2019), Germany	To know whether mental health nurses and psychiatrists regard the issue of having children and being a parent as relevant to be considered in a clinical setting To explore how they describe the mental health professionals' roles and responsibilities in this regard To know to what extent they feel willing and able to fulfil these demands	Qualitative design	n = 30 Nurses (n = 15) Psychiatrists (n = 15)	Addressing parenthood issues was restricted to clarifying children's situations during inpatient treatment and considering medication issues. Focusing on the adult service user, on privacy, and on historical issues were the main arguments against addressing parenthood issues
3. Grant <i>et al.</i> (2019), Ireland	To identify key predictors of mental health nurses' FFP To describe key factors that enable FFP	Mixed-methods design	n = 343 Questionnaire (n = 230) Interviews (n = 14)	Mental health nurses' personal characteristics and work setting are key factors in determining family-focused practice The capacity of nurses to support families has training, organizational, and policy implications within adult mental health services in Ireland and elsewhere
4. Foster <i>et al.</i> (2019), Australia, Norway, and USA	To describe the EASE practice framework for family-focused practices to strengthen clinicians' capacity to address key psychosocial needs of parents and to strengthen relational recovery in families where parents have mental illness	Theoretical paper	N/A	The framework is intended as a practical guide for working with parents and families in inpatient and community mental health settings and may also be relevant for clinicians in a range of contexts (child's welfare and primary health care)
5. Ordan <i>et al.</i> (2018), Israel	To examine professional stigma and attitudes of parenthood towards postpartum women with severe mental illness and the association between postpartum nurses' attitudes and nursing interventions that promote motherhood	Mixed-methods design.	n = 61	Nurses providing care to postpartum women with severe mental illness and their infants may provide fewer routine postpartum interventions due to professional stigma and negative attitudes concerning parenting skills. Nurses should provide individualized, tailored care that allows women with severe mental illness to become a mother to the best of their ability
6. Leonard <i>et al.</i> (2018), Ireland	To explore the psychometric properties of the Family-Focused Mental Health Practice Questionnaire in a population of home visitors	Quantitative design	n = 230	Home visitors (nurses) play a key role in supporting parents who have a mental illness and their families and it is important to assess their practice. The psychometric evaluation has created a more valid, reliable, and concise measure that can be used to examine home visitors' family-focused practice
7. Tungpunkom <i>et al.</i> (2017), Thailand	To investigate the attitudes, knowledge, and practices in a sample of the Thai mental health professional workforce, and to provide initial benchmarking data regarding family-focused practice in this workforce To identify possible differences between the professional groups and the relationship of previous training to practices	Quantitative design	n = 402 Nurses (n = 295)	An important opportunity was found for preventing intergenerational mental illness in parents who have a mental illness, by strengthening the professional development of nurses and other health professionals in child- and family-focused knowledge and practice

(Continued)

TABLE 1 (Continued)

Authors, year, and country	Aim	Method	Sample	Key findings
8. Maybery <i>et al.</i> (2016), Australia	To examine the relative importance of worker, workforce, and family factors to predict family-focused practices (FFPs) in adult mental health services	Quantitative design	<i>n</i> = 307 Nurses ( <i>n</i> = 155)	Mental health nurses require specific skill training in family-focused practices, time to engage with clients on parenting issues, and adequate services to refer family members too
9. Grant <i>et al.</i> (2016), Australia and Ireland	To provide an international comparison and benchmark of FFP between Irish and Australian psychiatric nurses	Quantitative design	<i>n</i> = 498 Ireland ( <i>n</i> = 343) Australia ( <i>n</i> = 155)	Psychiatric nurses' practices with parents who have a mental illness, their children, and families are an important issue internationally. Cross-country comparisons revealed significant differences in terms of family-focused skill, knowledge, confidence, and practice. Australian psychiatric nurses engaged in higher family-focused practice compared to Irish nurses. Such information may be used by mental health policymakers and used to inform professional development programmes
10. Grant and Reupert (2016), Ireland	To identify how current Irish policy and organizational factors may influence psychiatric nurses' capacity to support parents who have a mental illness, their children and families, as well as possible differences between psychiatric nurses based in acute and community settings	Mixed-methods design	<i>n</i> = 247 Questionnaire ( <i>n</i> = 247) Interviews ( <i>n</i> = 14)	Policy alone is not sufficient to promote workforce change, particularly in acute settings. Practice guidelines and policies might be developed and implemented. Policies may need to stipulate that parenting status is identified on admission, along with steps to support service users' children
11. Whittaker <i>et al.</i> (2016), UK (Scotland)	To explore the way that healthcare practitioners engage with this challenging agenda (parental drug misuse)	Quantitative design	<i>n</i> = 18 Nurses ( <i>n</i> = 12)	Healthcare professionals questioned whether they have a role in providing parenting support for drug-dependent parents and whether they are equipped to do so Healthcare practice with drug-using parents is driven by a child protection agenda rather than a parenting support model, with professionals burdened by the level of need, risk, and uncertainty
12. Goodyear <i>et al.</i> (2015), Australia	To generate, align, and operationalize family-inclusive practice standards within the core activities of the adult mental health workforce and integrate them into the continuum of care and recovery for service users who are parents of dependent children	Theoretical paper	N/A	Developing practice standards that provide practical and realistic expectations of the adult mental health service workforce enable services and workers to better adapt practice to respond to families with PMI
13. Houlihan <i>et al.</i> (2013), Ireland	To explore psychiatric nurses' education, knowledge, confidence, and practice with regard to the support needs of children whose parent has a mental health problem	Quantitative design	<i>n</i> = 113	Psychiatric nurses are in a unique position to enable early interventions with children whose parent has a mental health problem or, to refer them (children and parents) to specialist services or programmes. Education on family-focused care, and the development of guidelines is needed
14. Maybery <i>et al.</i> (2012), Australia	To explore the psychometric properties of a questionnaire measuring family-focused practice in the psychiatric setting	Quantitative design	<i>n</i> = 307 Nurses ( <i>n</i> = 155)	The measure appears to be a useful tool for evaluation, benchmarking for training and organizational improvement, and ultimately, for increasing quality services to parents, families, and particularly children

(Continued)

TABLE 1 (Continued)

Authors, year, and country	Aim	Method	Sample	Key findings
15. Foster <i>et al.</i> (2012), Australia and Finland	To facilitate translation of existing evidence and policy on prevention and intervention with children of parents with a mental illness into a more effective practice To advance the call for family-focused practice in mental health	Theoretical paper	N/A	Traditional models of nursing practice concentrating on the consumer are insufficient in meeting the needs of children and families living with PMI. Family-focused care is a useful framework in this situation and to build individual and family resilience
16. Blundell <i>et al.</i> (2012), UK	To explore the construal that psychiatric nursing staff working in a specialist Mother Baby Unit have towards clients whom they have worked with and in what way this was different, or similar to, participants' construal of the self and mothers whom they knew personally	Qualitative design.	$n = 10$	Staff attributions and clients' interactional style influence the staff's ability to develop positive relationships with their clients Clients labelled as having a personality disorder were construed in a more negative manner than clients with depression or psychosis. Clinical supervision could help staff to manage challenging experiences with clients in an inpatient ward environment
17. Mahoney (2010), New Zealand	To identify trends in the Public Health Nurses' work where PMI had an impact on their caseload To determine how Public Health Nurses identified when a parent was mentally unwell, and if so, what their role was To articulate Public Health Nurse practice in the primary mental health setting	Qualitative design	$n = 8$	Children who live with a mentally unwell parent have become part of the Public Health Nurse's role to identify their risk associated with PMI, and to respond to this risk through effective assessment, advocacy, and referral to secondary services
18. Maddocks <i>et al.</i> (2010), UK	To explore mental health nurses' lived experience of caring for adults with enduring mental health problems who are parents	Qualitative design	$n = 6$	Client-centred and family-centred approaches can offer insights when working with PMI. An alternative integrated model of care, utilizing two mental health nurses and both therapeutic approaches in parallel, could be the most appropriate way to meet the parental roles and responsibilities of clients with PMI
19. Korhonen <i>et al.</i> (2010a), Finland	To determine the registered and practical mental health nurses' support and considerations of the support at the unit with regard to the parental responsibilities of their clients and the characteristics related to it	Quantitative design	$n = 311$	Nurses' ability to support parental responsibilities could increase with individual and professional experience, and further education to work with families. Family-oriented care methods favour the recognition of clients' parental responsibilities by nurses
20. Korhonen <i>et al.</i> (2010b), Finland	To describe the interaction that practical mental health nurses and registered mental health nurses currently have with the children of their clients and predictors of this interaction when a parent is receiving psychiatric care	Quantitative design	$n = 311$	At the unit level, the nurses' interaction with the children of their clients can be increased by using the family-centred care philosophy. Nurses' ability to recognize the needs of the children affected by parental mental disorder are developed by personal and professional experiences

(Continued)

TABLE 1 (Continued)

Authors, year, and country	Aim	Method	Sample	Key findings
21. Rutherford and Keeley (2009), UK	To discuss the role of mental health nurses who assess the impact of the mother's mental illness on the mother's parenting capacity within some psychiatric facilities in the UK	Theoretical paper	N/A	An audit of current practice of assessment of parenting within psychiatric units is essential. It is required to establish the training needs of mental health nurses conducting assessments of parenting capacity, in order to develop a standardized assessment tool. A joint training among mental health nurses, child protection nurses, and child and family social workers is required to develop an effective multidisciplinary working practice and to optimize outcomes for mothers and their infants.
22. Korhonen <i>et al.</i> (2008a), Finland	To gain information about registered and practical mental health nurses' activities concerning support network of families affected by PMI	Quantitative design	$n = 311$	The nurses' individual characteristics, such as being a parent, further family education, and use of family-centred care, were significantly related to their activeness in discussing the family's support network with the parents. Discussing family relationships and family support networks is part of patient care in adult psychiatric nursing with families with dependent children.
23. Korhonen <i>et al.</i> (2008b), Finland	To describe nurses' evaluations of factors that are hindering implementation of child-focused family nursing into adult psychiatric practice	Quantitative design	$n = 311$	It is essential to develop nursing intervention methods such as child-focused family nursing to meet the needs of the families with PMI. Increasing the knowledge concerning child-focused approaches in multiprofessional teams is crucial for implementing this.

EASE: engage, assess, support, and educate; FFP: family-focused practice; N/A: not available; PMI: parental mental illness; UK: United Kingdom; USA: United States of America.

with them. Some nurses used their own experiences of being a parent to be empathetic and to engage clients in conversations around parenting, and also to engage with children. In addition, some mental health nurses perceived that their clients thought that health professionals could not support them if these were not parents themselves (Grant *et al.* 2019).

Some nurses made judgements about parents based on their behaviour and the quality of the nurse–client relationship (Blundell *et al.* 2012). Therapeutic relationship was perceived as 'challenging', 'avoidant' or 'untrustworthy' (Whittaker *et al.* 2016). As Leonard *et al.* (2020) described, caution should be taken when assuming that personal experiences of mental illness automatically lead to better support for mothers with a variety of mental illness and their families. In their study, they described how nurses' personal experiences only helped to support mothers who have postnatal depression, as opposed to also supporting mothers with severe mental illness.

Perceptions of mental illness can influence nurses' views on PMI, as Mahoney (2010) suggested. On the one hand, more stigma attitudes were related to more negative views towards parenthood and less interventions to support parental role. On the other hand, more stigma attitudes were associated with less consideration towards the individuality of each mother and a decrease in therapeutic relationships (Ordan *et al.* 2018). In spite of not using the concept of stigma as a descriptor, more than 50% of the articles ( $n = 13$ ) somehow presented this concept.

#### *How nurses categorize parents with mental illness*

Blundell *et al.* (2012) found that mothers with mental disorders could be perceived differently by nurses depending on the client's pathology and on how they were categorized, as 'good' or as 'bad' mothers. For example, mothers with personality disorders were perceived in a more negative way than psychotic and

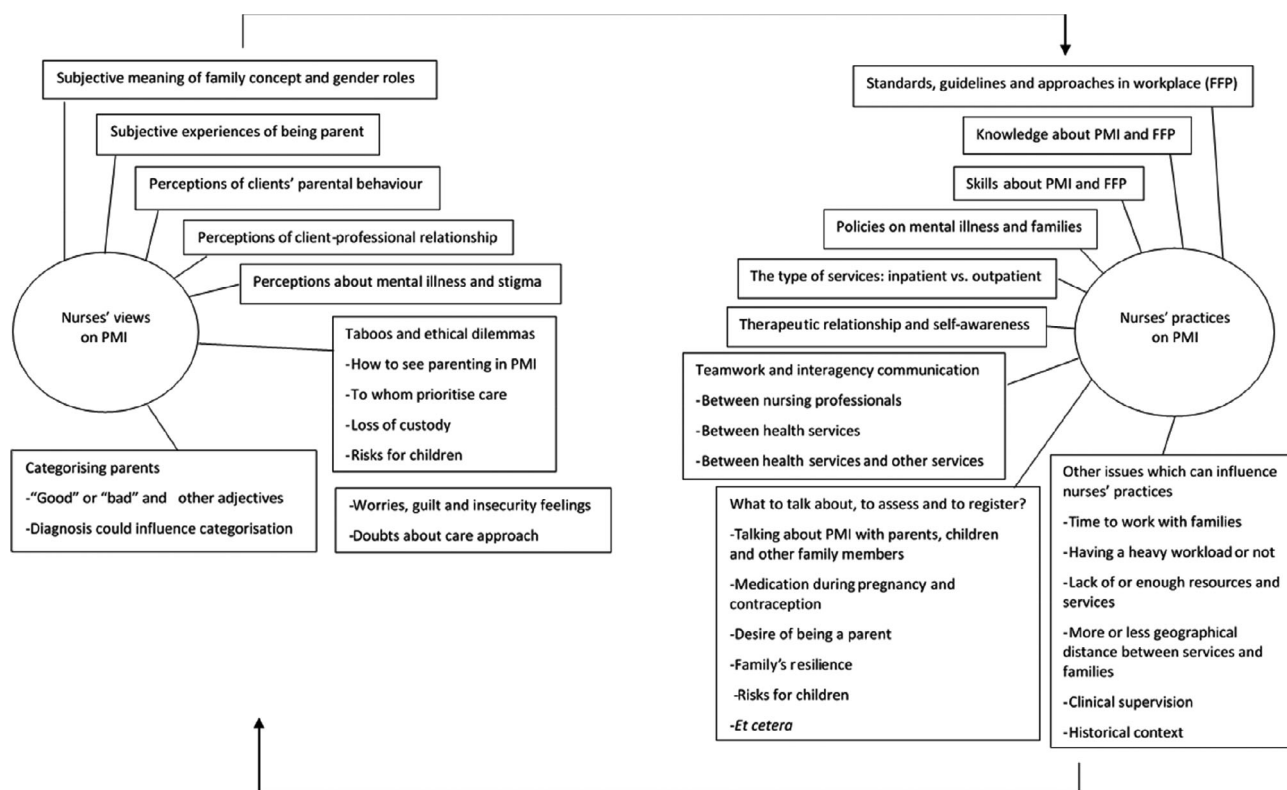


FIG. 2 Main results. FFP, family-focused practice; PMI, parental mental illness.

depressed ones. In these cases, the professional-client relationship was described as more difficult. Moreover, psychotic mothers presented variability in the way they were perceived. In the case of parents with substance use, they were perceived as 'risky' or 'dishonest' (Whittaker *et al.* 2016).

Regarding the constructs of 'good' or 'bad' mother, nurses based their decision on the mother's ability to prioritize the needs of the children and to attend to them. However, some environmental factors could change these perceptions. For example, if a mother with difficulties on taking care of the offspring had a favourable and supportive social environment, the nurses' perception may be less negative (Blundell *et al.* 2012). The 'apparent stability' of the parents was also used as a measure for assessing parenting capacity (Whittaker *et al.* 2016).

#### *Nurses' taboos and ethical dilemmas about parental mental illness*

Some nurses expressed taboos with regard to PMI and they asked themselves what is the correct way to see parenting. The desire to be a parent by a person with mental illness was particularly highlighted as a taboo

subject. It was described as not important in the clinical setting. Some nurses expressed that they believed that clients should be the first ones talking about the desire to be parents. Nursing professionals conveyed ambivalence and insecurity feelings related to the balance between parents' and children's welfare. This situation made nurses wonder who should they prioritize care to (Krumm *et al.* 2019).

The times when mother and child are separated, for example, due to a loss of custody, was also a taboo subject. It could have an emotional impact for nurses because, on occasions, they felt complicit in the loss (Rutherford & Keeley 2009). Some nurses considered that recognizing those separations and empathizing with the parents were important to take care of them (Maddocks *et al.* 2010). Nurses felt responsible to provide emotional support to parents who had already lost child custody (Krumm *et al.* 2019).

Other related topics were as follows: risks for children (like transmission of mental illness), relationship difficulties between family members, the use of medication during the perinatal period, and contraception (Krumm *et al.* 2019). Nurses' views on incapability of parents with mental illness may condition a more

paternalistic therapeutic approach (Blundell *et al.* 2012; Ordan *et al.* 2018). This approach is based on a defensive attention. It allowed a reduction in health professionals' fears, feelings of guilt, and concerns in some studies (Ordan *et al.* 2018; Whittaker *et al.* 2016).

### Nurses' practices on parental mental illness

Different issues which influence nurses' role and practices to support parents with mental illness and their families were identified. The following subcategories were detected: taking care of parents with mental illness (which include standards, guidelines, and approaches in workplaces; nurses' knowledge and skills; policies about mental illness and families; the type of services; and therapeutic relationship); teamwork and interagency communication; what to talk about, to assess, and to register<sup>2</sup>; and other issues which can influence nurses' practices.

#### *Taking care of parents with mental illness*

In many articles, family-focused practice (FFP) was presented as a key element. FFP allows nursing professionals to provide appropriate support to parents with mental illness and their families. FFP was named in different ways like family-focused care, family-focused approach, and others. Several authors ( $n = 19$ ) mentioned FFP concept somehow and some others ( $n = 8$ ) assessed FFP of health professionals. Moreover, one article (Maddocks *et al.* 2010) suggested using client-centred approach and FFP concurrently by two nurses. The Family-Focused Mental Health Practice Questionnaire (Maybery *et al.* 2012) was the questionnaire that was most used in the articles to assess the FFP of health professionals ( $n = 7$ ; Grant *et al.* 2016; Grant & Reupert 2016; Leonard *et al.* 2018, 2020; Maybery *et al.* 2016; Tungpunkom *et al.* 2017).

We could find some specific examples about guidelines to implement the FFP in the clinical practice (Foster *et al.* 2012; Goodyear *et al.* 2015). Goodyear *et al.* (2015) proposed six stages on practice standards recommendations: screening and referral, entry into service, negotiating a recovery plan, implementing treatment, monitoring and evaluating care, and transfer of care. For each stage, they described some essential and some recommended interventions. For example, identification of parenting status and dependent children; assessment of parents and family members; and referral to support services were described as essential. The EASE framework (Foster *et al.* 2019), based on engage, assess, support, and educate, is used to support

parents with mental illness, taking into account the therapeutic relationship.

The lack of nursing professionals' knowledge and skills with regard to families with PMI hinders the nurses' role as care providers (Korhonen *et al.* 2008a; Leonard *et al.* 2018). Training on PMI was described as necessary not only for nurses but also for other professionals such as social workers, in order to develop an effective multidisciplinary work (Rutherford & Keeley 2009).

As Leonard *et al.* (2020) described, less knowledge about PMI led to less FFP. Maybery *et al.* (2016) highlighted the importance of the worker's knowledge, skill, and confidence as central issues for adult mental health workers. However, other aspects of the worker, workplace, and family each also contribute to FFP. Personal experience of parenting was positively associated with FFP (Leonard *et al.* 2020). Grant *et al.* (2019) identified nurses' self-perceived level of knowledge and skill as key variables contributing to higher FFP levels. They were followed by nurses' confidence around parenting and practising in community settings. In addition, having opportunities to engage in home visiting was also a key variable.

Diversity in knowledge, skills, training, and professional curriculum among different countries were described (Grant *et al.* 2016). Differences between nurses with different degrees and curriculum were found (Korhonen *et al.* 2008a). In the only one paper, located outside Western countries (Tungpunkom *et al.* 2017), psychiatric nurses scored higher on supporting parenting than other professions. It was statistically significant compared to social workers and psychiatrists. This could be because the degree of Bachelor of Nursing Science in the country where the study had been conducted includes midwifery. In addition, nurses scored higher in terms of policy and procedures. Conversely, they scored lowest on FFP, including worker confidence, assessing the child's risks and family-focused skills and knowledge.

Several authors considered that it is not enough to take into account nurses' knowledge and skills to improve their practices. Developing and implementing policies and practice guidelines are necessary (Grant & Reupert 2016; Rutherford & Keeley 2009). Grant *et al.* (2016) indicated a need for organizational support to promote a whole family approach in adult mental health services.

Considerations between outpatient units and inpatient units were detected. Some mental health nurses thought that their colleagues in the acute setting were

disadvantaged by not being able to do home visits (Grant *et al.* 2019). In a research (Grant & Reupert 2016), community nurses identified more organizational enablers and fewer barriers than those practising in acute admission units. However, other study with psychiatric nurses found that all nurses, irrespective of location, were particularly challenged to engage in clinical practices to support parents with mental illness and their offspring (Houlihan *et al.* 2013).

Listening to the concerns of mothers during home visits, family therapy, and psychoeducation were mentioned as being helpful. There are experiences of health visitors who had confidence in asking about mental health to mothers, recognizing signs of mental illness, implementing strategies to support their mental health, and identifying mothers' needs. Beyond clinical settings, self-help groups and social support networks were mentioned as being helpful too (Leonard *et al.* 2020).

Being a parent could be a motivation to improve one's own mental health (Maddocks *et al.* 2010; Rutherford & Keeley 2009) and nurses could work directly with families with PMI to help them strengthen their support network (Korhonen *et al.* 2008b). However, several authors described that the assessments frequently paid attention to negative aspects. Therefore, the strengths of these families were overlooked (Ordan *et al.* 2018; Rutherford & Keeley 2009). Ordan *et al.* (2018) found that stigma and negative attitudes concerning parenting skills led to fewer routine postpartum interventions. Moreover, focusing on the negative aspects of families with PMI may reduce the potential for optimum care (Blundell *et al.* 2012).

Working with clients with PMI and their families could be perceived as difficult, complex, and challenging by nursing professionals (Krumm *et al.* 2019; Ordan *et al.* 2018; Whittaker *et al.* 2016). A non-judgemental approach to support and care for parents with mental illness was highlighted for many authors (Blundell *et al.* 2012; Goodyear *et al.* 2015; Leonard *et al.* 2020). The value of 'continuity of care' and a trusting relationship with parents was also emphasised (Whittaker *et al.* 2016). Therapeutic relationship should include encouragement that parents can take an active role in baby care and decision-making, but some nurses were reluctant to do it (Ordan *et al.* 2018).

Regarding the children of parents with mental illness, advocating for their rights was highlighted (Mahoney 2010). To enhance the resilience of children and families and to ensure that the school is aware of the

family situation affecting a child (with parental consent and within the limits of privacy) was also highlighted.

#### *Teamwork and interagency communication*

Good communication between different nursing services like primary health and mental health services was required, as well as improving referral pathways (Mahoney 2010). Other authors described that interagency collaboration was perceived to be also or equally important than knowledge and skills (Grant *et al.* 2016; Maddocks *et al.* 2010).

Nurses could be the initiators of multidisciplinary work and interagency communication (Korhonen *et al.* 2008b). The communication with social services was highlighted as difficult (Krumm *et al.* 2019; Maddocks *et al.* 2010). Professional confidentiality could be a reason for this (Krumm *et al.* 2019).

#### *What to talk about, to assess, and to register?*

Krumm *et al.* (2019) found that addressing parenthood issues was restricted to mainly two areas. Firstly, clarifying the children's situation during hospital admission. Secondly, medication issues had to be considered during pregnancy. The desire to be a parent was considered less important. There were some reasons for not addressing certain issues such as not having enough knowledge, the private nature of starting or extending a family, and a client-centred approach, among others.

Some nurses expressed they did not meet the children of their clients regularly. Moreover, not all nurses consider this intervention to be part of their role (Maddocks *et al.* 2010). Knowledge and skills in assessing parent-child relationships, talk to children about their parents' mental health problem, and supporting children can also be scarce on occasions. Even at times, it was not documented whether clients had children or not, or it was not transmitted to the multidisciplinary team (Korhonen *et al.* 2010b; Mahoney 2010).

Foster *et al.* (2019) suggested that clients may think that talking about parenting is inappropriate, not important or even risky. The reasons why parents may perceive talking about parenting as risky can be diverse. The fear of losing custody of the children is usually revealed in the scientific literature (Maddocks *et al.* 2010; Ordan *et al.* 2018; Rutherford & Keeley 2009; Whittaker *et al.* 2016).

#### *Other issues which can influence nurses' practices*

This section describes other issues that may influence provision of care to parents with mental illnesses and their families: time to work with families, having a

heavy workload or not; lack of or enough services and resources; geographical distance between services and families; clinical supervision; and historical context. These issues may not have been as developed in the scientific literature as those previously described. Nevertheless, they have been identified and we consider they should be taken into account.

Korhonen *et al.* (2008b), Krumm *et al.* (2019), and Mahoney (2010) described the limited time and heavy workload as barriers to deal with parenthood issues. Goodyear *et al.* (2015) informed that standards and guidelines could solve some barriers as increased workload. However, workload could not be established as a predictor to FFP by Leonard *et al.* (2020). Krumm *et al.* (2019) described that psychiatrists complained about limited timeframes for discussing parenthood issues, while nurses did not mention this barrier. In the same study, not having adequate space to facilitate mother and child contact within services and the lack of resources or clinical supervision were highlighted.

The geographical distance between families and services could be a difficulty (Ordan *et al.* 2018). For example, in rural areas, there may be less easy-access services. Historical context and culture should also be taken into account. In a sample of mental health workers, it was described how historical context affected the nurses' perception of the rights of parents with mental illness. This led professionals not to want to interfere in clients' personal decisions nor to talk about certain topics with their clients (Krumm *et al.* 2019).

## DISCUSSION

To our knowledge, this is the first article that has focused on reviewing the nurses' views and practices on PMI, in mental healthcare and also in other areas of intervention such as midwifery and primary care. We focused on nurses as health professionals who can support the parental role of parents with mental illness.

There is a need to increase mixed methodology studies (four were found and included) to acquire a deeper knowledge. Increasing qualitative methodology studies (five were found and included) could improve knowledge in relation to the views, attitudes, perceived ethical dilemmas, and possibly nurses' stigma on PMI. Especially, considering the views of nurses, which was less discussed than their practices in the scientific literature. Foster *et al.* (2016) also recommended qualitative approaches to take account of families' perspectives. This could be helpful to know

the differences between families' and professionals' perspectives.

There is a lack of scientific production in certain countries. Consequently, it is necessary to increase research in these areas, like Mediterranean countries and Central and South America. There was only one paper located outside of Western countries (Tungpunkom *et al.* 2017). Other review articles also included papers of different origins (Dolman *et al.* 2013). Taking into account the realities of each country with regard to their cultural, social, political-institutional, and the clinical care background is important to support adequately the role of parents with mental illness.

The nurses' views and attitudes are intrinsically related to their role and practices of taking care of parents with mental illness and their families. Nurses' views influence their role and, at the same time, the shortages and strengths in the nursing practices affect their views and attitudes towards these parents. Consequently, issues detected in categories 'views' and 'practices' could act as enablers or barriers to support parental role.

## Nurses' views on parental mental illness

The results of this review indicate that nurses' subjective meaning of family concept, of gender roles, and the experience of being a parent should be taken into consideration in research and interventions. Leonard *et al.* (2020) described how nurses saw mothers as the main caregivers of their children. They perceived the needs of fathers as secondary. Furthermore, some nurses did not consider support to fathers or mothers' partners as part of their role (Mahoney 2010; Whitaker *et al.* 2016). Subjective experience of being parent could affect how nurses perceive parents with mental illness and how to work with them (Grant *et al.* 2019).

Caution should be taken when assuming that personal experiences of mental illness automatically lead to better support for mothers with a variety of mental illness and their families (Leonard *et al.* 2020). They described how nurses' personal experiences only helped to support mothers who have postnatal depression, as opposed to also supporting mothers with severe mental illness. In a similar way, Dolman *et al.* (2013) found that there were differences in social support received between women who had never experienced mental illness before the pregnancy (like postpartum mental illness) and women who had experienced it

previously. This supports the idea that diagnosis could influence the way nurses perceive and categorize parents with mental illness.

More than 50% of the articles included the concept of stigma. More stigma attitudes were related to more negative views towards parenthood and less interventions to support parental role (Mahoney 2010). Therefore, how nurses perceive mental illness and PMI can influence their interventions and the support offered to these parents.

Goffman (1986) conceptualized stigma as ‘an attribute that is deeply discrediting, but it should be seen instead that a language of relationships, not attributes, is really needed’ (p. 3). According to Corrigan (2004), stereotyped ideas about people with mental illness guide to prejudices, which lead to discriminatory behaviours. In the field of mental illness, there are four kinds of stigma conceptualized (Price-Robertson *et al.* 2015): public stigma, self-stigma, stigma by association, and structural stigma.

In research and interventions, stigma related to mental illness should be taken into consideration for different reasons. First, stigma by association negatively affects children and other family members. Second, self-stigma obstructs seeking help because of the feelings of guilt and shame (Reupert *et al.* 2021). Third, there can also be stigma in professionals involved in the care of families with PMI, and even in related policies and laws (Krumm *et al.* 2019). To reduce it, it is necessary to create awareness among professionals about this situation. For example, having people with severe mental illness speaking to staff, or simulations for non-judgemental communication (Maddocks *et al.* 2010; Mahoney 2010).

Some parenting issues were perceived as taboo by nurses. Similarly, Krumm *et al.* (2014) found that other mental health professionals (like psychologists and social workers) also perceived some parenting issues as taboo. Some prejudices related to PMI could influence the therapeutic relationship and the professional role, especially in nursing assessments and what is being registered.

### Nurses’ practices on parental mental illness

In many articles, FFP was presented as a key element to support parents with mental illness. Other articles (Foster *et al.* 2016) also recommended that mental health services need to be informed by a holistic, family, and recovery-oriented philosophy. These authors recommended FFP for clinicians and policymakers

across mental health settings. According to them, a consolidation of FFP theory is required, particularly around models of intervention. Maybery and Reupert (2009) described that the basis of workforce change is to provide organizational and managerial support.

Findings suggest that approaches in workplace and nurses’ knowledge and skills about PMI and FFP are intimately related. As Leonard *et al.* (2020) described, less knowledge about PMI led to less FFP. Grant *et al.* (2019) identified nurses’ self-perceived level of knowledge and skill as key variables contributing to higher FFP levels. Training on FFP should be taken into account, avoiding stereotypical ideas in relation to gender roles.

Training could be beneficial for nurses in different care areas to improve the attention offered to parents with mental illness and their families. For example, mental health and psychiatry, midwifery, children care and paediatrics, and primary health. Moreover, training could be beneficial for nurses in outpatient and also inpatient services. The training is also necessary for other related health professionals, such as psychiatrists and psychologists, and for professionals of social services and education.

Nurses’ practices could be influenced by nurses’ personal experiences like being a parent (Grant *et al.* 2019; Korhonen *et al.* 2008b; Leonard *et al.* 2020). In the same way, nurses’ views could be influenced by nurses’ practices. If there is a lack of knowledge, skills, and workplace standards, this could lead to nurses perceiving these parents in a more negative way; tending to label them with adjectives such as ‘risky’ or ‘bad’. This can lead to nurses perceiving the relationship with these clients as more complex and challenging. Therefore, certain items identified in ‘practices’ category (e.g. knowledge, skills, and guidance received from institutions) may influence how nurses perceive PMI and how confident they feel in dealing with potential ethical dilemmas.

Goodyear *et al.* (2015) proposed six stages on practice standards recommendations: screening and referral; entry into service; negotiating a recovery plan; implementing treatment; monitoring and evaluating care; and transfer of care. Foster *et al.* (2016) found similar results. They identified six core FFPs: family care planning and goal setting; liaison between families and services; instrumental, emotional, and social support; assessment; psychoeducation; and a coordinated system of care between families and services.

To duly assess the aspects related to parenthood, offering a listening environment and strengthening a

reliable relationship between professionals and clients is considered important. Clients' resistance to talk about parenting (such as stigma and fear of loss of the custody, among others) was also found by other authors like Dolman *et al.* (2013). Due to this resistance, the view that the clients should be the ones who address those topics (Krumm *et al.* 2019) could be considered as carelessness in nurses' interventions and assessments.

While knowledge, skills, and clinical guidelines about PMI were deemed essential, we also consider that knowledge and skills about therapeutic relationship and nurses' self-awareness are relevant. Knowledge and skills in therapeutic relationships can promote a client-professional relationship based on trust, shared decisions, and non-judgmental approaches. It should be considered that nurses, besides being health professionals, are people in a society and could have their own cultural and personal values.

Stigma related to mental illnesses can be present in health professionals. Furthermore, certain personal experiences, such as being a parent, can affect nursing practices and interventions. For these reasons, we consider important that nursing professionals are aware that these factors can act as barriers when supporting the role of parents of people with mental illness. It could be interesting that in PMI trainings, nurses reflect on their previous experiences and personal values to become aware of how these can affect their interventions and practices.

Teamwork was emphasized as highly relevant among nursing professionals, different health services (Mahoney 2010), and other agencies like the education sector and social services (Grant *et al.* 2016; Maddocks *et al.* 2010). Although the different professionals involved may have very different responsibilities, it is important that all of them follow a non-accusative, non-sanctioning, or non-judgmental approach. Keeping a non-judgmental attitude was rated as extremely important in other studies (Viganò *et al.* 2017).

In some studies, psychiatrists mentioned having limited time as being a barrier, but nurses did not (Maddocks *et al.* 2010; Mahoney 2010). Surely, that may be surprising in different countries with an increased nursing workload. These differences support the idea that the context needs to be taken into account. In future interventions and research, we encourage to take into account the background of health professionals involved to support parental role of parents with mental illness, including cultural, social, and the clinical care context.

## CONCLUSIONS

Different issues that influence how nurses perceive PMI were identified: nurses' subjective meanings (of the family concept and gender roles), nurses' experiences (of being a parent), and nurses' perceptions (of clients' parental behaviour, client-professional relationship, mental illness, and associated stigma); how nurses categorize parents with mental illness (as 'good' or 'bad', or other adjectives); and nurses' taboos and ethical dilemmas about PMI.

The main findings uncovered with respect to nurses' practices are as follows: taking care of parents with mental illness (which include standards, guidelines, and approaches in workplaces; nurses' knowledge and skills; policies about mental illness and families; the type of services; and therapeutic relationship); teamwork and interagency communication; and what to talk about, to assess, and to register.

Other issues which can influence nurses' practices were also detected: time to work with families, having a heavy workload or not, lack of or not enough services and resources, geographical distance between services and families, clinical supervision, and historical context. The views of nursing professionals are intrinsically related to their role and their practices of providing care to parents with mental illness and their families. Therefore, issues detected in the categories 'views' and 'practices' could act as enablers or barriers to support parental role.

## RELEVANCE FOR CLINICAL PRACTICE

Support and clear guidelines for action are needed from health institutions. There is a need to include knowledge about PMI and FFP in nursing education curricula. Training could include reflection on nurses' experiences and personal values to become aware of how these can affect their interventions and practices. In future interventions, we encourage to take into account cultural, social, and the clinical care context of mental health professionals involved to support parental role of parents with mental illness.

## LIMITATIONS AND FUTURE RESEARCH

There are limitations in the review methodology and also in the identified papers. We focused on nurses who can support the role of parents with mental illness. This led us to use certain descriptors in search strategies. In future research about nurses' views and

practices on PMI, other descriptors could be taken into consideration, such as: ‘mental health issues’, ‘mental health problems’, or ‘family-focused practice’.

There may be difficulties in integrating the results, although the integrative review allows to summarize research with different methodology. Regarding studies focused on a participant group (e.g. from a single unit), the following should be considered. On the one hand, they did not allow for generalization of the results. On the other hand, the personal, cultural, social, and institutional implications were not usually taken into account.

There is a need to increase research on nurses’ views and practices on PMI, especially in certain demographic areas. In different countries, the clinical care context and mental health policies may be diverse. The cultural and social background can be also varied. The social context may modify how family, gender roles, parenthood, and mental illness are perceived. Therefore, we encourage to take into account cultural, social, and the clinical care context of mental health professionals in future research.

Fathers with mental illness and mothers’ partners are not taken much into consideration in nurses’ discourses, future research should be expanded in this regard. In addition, it would be convenient to investigate the nurses’ perceived differences between perinatal mental problems and previous mental illnesses due to the possible implications in care practice.

Future research should consider expanding more the field of study to other nursing services, as well as mental and psychiatric health, such as primary care, midwifery, children care, and paediatrics. This could allow to define the specific roles of nursing professionals in these services, also considering the features of inpatient and outpatient units. It would also be convenient to investigate the role of nurses as being the link or support to other agencies such as the education sector and social services.

## AUTHOR CONTRIBUTION

**Judit Vives-Espelta:** Substantial contributions to the design of the work. Substantial contributions to the research, analysis, and interpretation of data. Drafting the work. Final approval of the submitted version. Agreement to be accountable for all aspects of the work. **Maria-Dolors Burjalés-Martí:** Substantial contributions to the design of the work. Substantial contributions to the research, analysis, and interpretation of data. Revising it critically for important intellectual content. Final approval of the submitted version. Agreement to be accountable for all aspects of the

work. **Carne Ferré-Grau:** Substantial contributions to the design of the work. Revising it critically for important intellectual content. Final approval of the submitted version. Agreement to be accountable for all aspects of the work.

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