



Healthy Parents Project meeting

27/02/2014 Veysey Building

Overview

In this meeting we talked about:

A new potential funding stream through the Medical Research Council

What we have learnt from the literature searches we have done since the last meeting

How we might use this to help us design an intervention to promote health and wellbeing

What next?

We have around 10 weeks to develop our ideas into an application for the MRC submission deadline. To do this Chris and I will work on developing the ideas we have discussed today. We may ask for your input on these ideas as they develop.

We will meet again as a group in the week beginning 31st of March (date tbc) to firm up our proposal before the Easter holidays.

Funding opportunities through the Medical Research Council

The Medical Research Council fund a scheme called the Public Health Intervention Development scheme (PHIND) which supports the early stages of development of public health interventions.

We think this may be a good scheme to apply for this stage of the Healthy Parents project. This early stage funding covers such areas as developing the theory behind our intervention, defining the design and content of our intervention and work around whether the intervention would be appropriate, acceptable and feasible to deliver with this group of people. We have discussed some barriers that can make it difficult for parent carers to follow recommended health behaviours. Identifying these barriers and how we might design our intervention to take account of them would be part of this early development work.

The deadlines for this funding stream are the 15th May and the 12th September. We will aim to submit an application for the May deadline. You can read more about this programme at:

<http://www.mrc.ac.uk/Fundingopportunities/Grants/PublicHealthInterventionDevelopmentScheme/MRC009274>

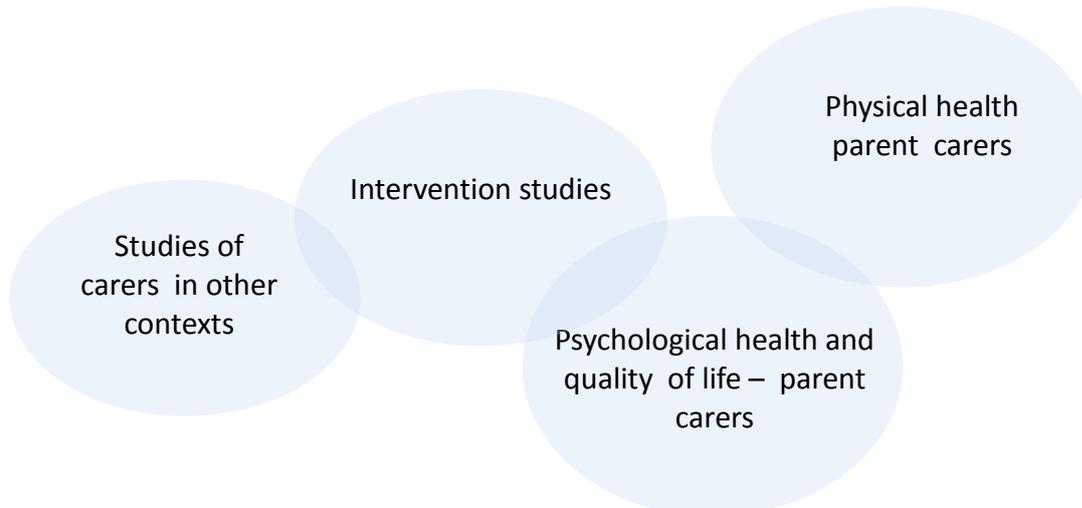
Key points from literature searches

At the end of our last meeting we identified two areas of interest that we would take forward and look at what literature had already been published.

1. Health behaviour. Specifically whether there was research around health and health behaviour in parent carers, the barriers that prevent parent carers from doing things like taking regular exercise and healthy eating and any intervention studies that had tried to change health behaviour.
2. Psychological health. Specifically whether there was research around the psychological health of parent carers and any intervention studies that had tried to impact on psychological health.

The two areas are extremely interrelated with the potential for each to influence the other.

The studies we identified in our scoping searches fell into 4 broad categories.



- We found a number of studies about the psychological health and quality of life of parent carers. Most of these studies were self-report which showed, broadly speaking, that psychological health and quality of life were lower in parent carers when compared to population averages or a control group.
- There were also studies of physical health in this group. Again, these were mostly observational/self-report studies of people's perceptions of their physical health, often showing perception of poorer health in this group.
- A few studies looked at both psychological and physical health (hence the overlap in the diagram) and we shouldn't ignore the potential links between perceived psychological health and perceived physical health.
- We identified very few relevant studies that fell into what we would describe as interventions to actually try and improve parent carer health. None of them looked at physical health of the parent carer so there is no overlap in the diagram.
- Of those that looked at psychological health of parent carers, these were most often Cognitive Behavioural Therapy based interventions offered for symptoms of anxiety and or depression. Broadly speaking, authors concluded that some kind of help was better than no kind of help at all. There were some questions around what the best type of intervention might be and whether the benefit would be a long lasting, sustainable effect.
- An interesting point raised in this group of studies, was that interventions with multiple components, for example having some kind of educational element alongside CBT, appeared more effective than CBT alone.
- As we had not found any intervention studies that looked at health behaviours, we extended our search to look at carers more broadly and identified a few useful studies particularly

with carers whose spouses had dementia. There are obvious differences between these carers and parent carers but there are lots of similarities too.

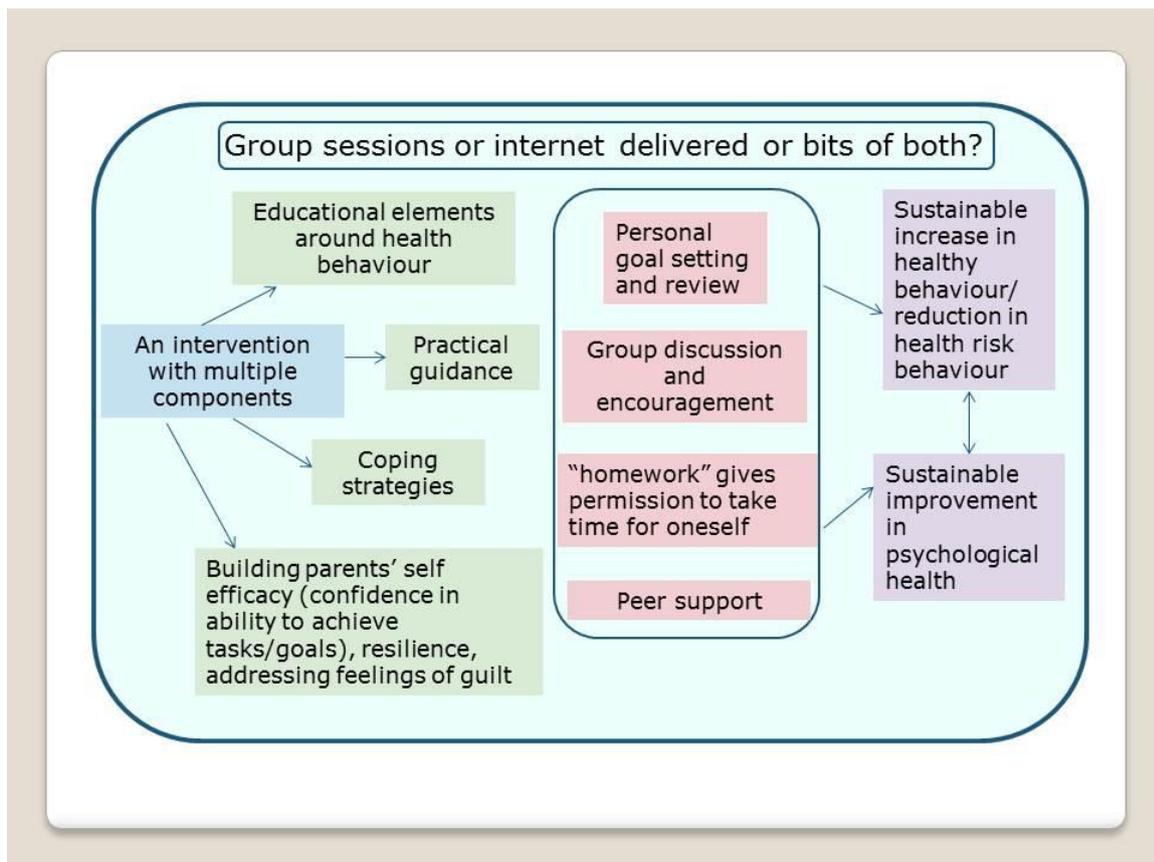
- We found some studies that were interventions aimed at improving health behaviour in this group, and we may be able to use some of the ideas from these studies to develop our intervention.

How can we use this learning to develop our own intervention?

From the literature we have learnt about some of the key components that other researchers have used in interventions to impact on health behaviour and psychological health in either parent carers specifically or carers more generally.

We have started to think about developing our own intervention (with the MRC intervention development funding stream in mind) with the aim to improve health behaviour in parent carers, and have a positive impact on psychological health a) as a result of the relationship between psychological and physical health and b) because of some of the components we may include in the intervention have been linked to psychological health in other studies.

Although these are very early days, the diagram below shows where we have got to so far:



We discussed the diagram and the following important considerations were raised by the group:

- Confirmation of the importance of the support of others in the same situation. Parent carers are often isolated in their successes and challenges. The support of others (which can be online as well as face to face) really helps.

- Although working together as a group face to face has many benefits there would be a significant time cost for parent carers to commit to this type of intervention. We discussed the relative benefits of delivering some elements of the package in an online format to reduce the time commitment. We also talked about the potential of an online forum for parents participating in the intervention. We felt this would require careful thinking about and would need someone to act as moderator to ensure that what people were sharing was appropriate and constructive.
- It may be helpful to have a website where people can easily access information that they want to know about the scheme, catch up on any missed sessions etc Weightwatchers, as an example, offer participants the option to attend a group or access the service/information online, whichever suits their lifestyle better.
- Flexibility may be important to ensuring our intervention is feasible/realistic for parent carers to be part of. For example, if the young person is in hospital for a period, the programme must enable the parent carer to maintain their participation and still feel part of the programme even if they can't attend.
- Whatever the content of our intervention, we need to think about what would motivate people to join up and stay joined up. One thing that would probably put people off is if they felt pressured into it by a professional.
- We talked a little about the fact that one of the things that would motivate parent carers would be if the intervention included their children in some way. The flip side of this point was that we are talking specifically about parent health and wellbeing and while in the broader context children will benefit from any positive effects, the intervention itself should be specifically for parent carers.
- While goal setting and 'homework' can be important elements of an intervention, we also need to be mindful of the tipping point where they might stop being a positive encouragement and becomes an additional burden for parent carers that might put people off or cause them to drop out. It is possible that parents most in need of support could be most vulnerable to feeling this pressure – we don't want to add to the guilt!
- Guest speakers could be invited to talk to the group as part of the educational and practical components of the intervention – with resources available on the website for people that can't attend.
- The group were very aware that members of the family faculty are not necessarily representative of all parent carers. Part of the research could incorporate this fact; that there are large numbers of parent carers that we are not in contact with and that aren't part of other parent groups who may have different views on and needs from an intervention.
- Within 'parent carers' are many subgroups who not only have different needs but have different capacity to access an intervention. For example, if your young person doesn't sleep, the day may be spent trying to catch up on your own sleep so attending a regular group would be challenging (I read through a number of examples of different groups sent in by Sarah via email).
- We also need to consider different cultural and ethnic groups that may engage with the intervention differently.
- At the very end of the meeting (and in a follow up email conversation with Tricia), we mentioned the idea of certificates for participants which may have some value in terms of motivation as well as recognition of achievement.

I briefly introduced Health Promotion Devon, a group who deliver the kind of interventions we have been discussing to isolated communities. If you have time, have a look at their website:

www.healthpromotiondevon.nhs.uk/community-development