

In this blog, Andrew Balfour, Chief Executive of Tavistock Relationships, argues that without greater government and other support for families struggling with poor relationships, the long term consequences are profound.

## **Government support for universally accessible relationship help would send a message of hope to millions of families**

The Archbishop's Commission on Families and Households has been established "to consider how to renew support for families and households in England".

However, before getting on to the 'how', it's important to address the 'why'. Why should we bother supporting families?

Tavistock Relationships would say that the matter of supporting couples and families when the relationships of which they are comprised become troubled and distressed is a crucial one for the Commission to take seriously. There is an argument of course about the common good, and our responsibility to others when in need - the moral case perhaps. But there is also an argument that speaks to our self-interest: failing to support relationships only stores up societal problems which then become apparent in different domains later on - such as increases in family poverty, added pressure on the housing market, a rise in children's mental health difficulties, more homelessness, increased levels of antisocial behaviour, and so on.

Tavistock Relationships takes the view that the consequences – for adults, and for any children involved – of people struggling with poor relationships, often over many years, is so significant that it represents something of a public health emergency.

Exposure to frequent, intense or poorly resolved parental conflict puts children's mental health and life chances at risk. This is widely acknowledged now, including by Government, and is the major driver behind the Government's Reducing Parental Conflict programme.

But poor-quality relationships also have a deleterious effect on adults' mental and physical health, being associated with greater rates of depression, cardiovascular disease, alcohol misuse etc. Conversely, improving the quality of people's relationships leads to reductions in depression and improved physical health. And there is good evidence from delivery in community settings that interventions to support the couple relationship can improve relationship quality and communication between parents/couples, while also reducing violent problem-solving between them.

So our message, as a charity, is one of hope. It is possible to help people who are experiencing relationship difficulties and distress. And of course the church has a key role to play in this, as a trusted institution in local communities. This is true generally, but perhaps particularly so in relation to ethnic minority communities, for whom the concept of relationship support may be unfamiliar or suspect somehow. The role the church might play in helping to normalise and de-stigmatise help-seeking in terms of relationship support should not be under-estimated.

Turning now to the 'how'.

Tavistock Relationships published the largest naturalistic study of couple therapy, drawing on data from 900 people which showed improvements, as a result of therapy, in domains such as psychological wellbeing (i.e. mental health) and communication. In addition, we have

demonstrated that mentalization-based therapy couple therapy, tested through the Government's Reducing Parental Conflict programme, shows improvements in psychological wellbeing, and reductions in violent problem-solving, as well as in children's wellbeing. We also know that Couple Therapy for Depression, available through Improving Access to Psychological Therapies NHS services, boasts one of the highest rates of recovery from depression compared to other talking therapies available.

The danger now – with the success of the Reducing Parental Conflict programme – is at least twofold. Firstly that the interventions which have been found to work in that programme are not made sufficiently available across the country. Family hubs are a logical place for parents to access these interventions, and it is our hope that they will become available – but that requires local authorities to be supported to ensure that this happens.

Secondly, we must guard against any notion that simply because 'parental conflict' has become a 'thing' – i.e. it is an entity which is on the radar of Government and local authorities – that relationship support as a policy area is done and dusted.

There are, of course, millions of adults across the country who do not have children. Where can they turn when they experience relationship problems? Their problems will have as great an impact on their health and wellbeing as they would were they parents. And yet there is little or no provision for them, other than paid for services delivered by charities such as ourselves. Yes, some relationship support services are delivered by volunteers, but this is relatively rare – and we believe that helping couples and individuals in relationship distress is primarily the job of skilled professionals, due to the nature and severity of the distress which generally presents itself.

Essentially, we believe that a fundamental shift in how we approach health and wellbeing is required, such that the enormous impact which the quality of couple relationships has on health and wellbeing is recognised, and translated into the support which people receive.

Couple Therapy for Depression is, essentially, the only couple-focused intervention available at any scale (and even then, only minimally) in the NHS. Given the significant amounts of evidence showing the links between relationship quality and physical health, mental health and wellbeing, surely it is time for the Government to test and develop couple-focused approaches in order to improve people's health and wellbeing?

In terms of child mental health, we believe that the Government should trial the introduction of couple therapists, or practitioners with experience of working with couples, into child and adolescent mental health services. The pilot which Tavistock Relationships and the Tavistock and Portman NHS Trust ran achieved impressive outcomes in terms of children's mental health and parental wellbeing. In terms of adult mental health, psychological therapy/relationship support for couples should also be a routine part of adult mental health provision (particularly given the relatively high recovery rates seen in IAPT services from the delivery of Couple Therapy for Depression).

In terms of physical health, we would like to see the Government trial couple-focused approaches which support patients with diabetes, \_\_\_\_\_

cardiovascular issues (including stroke), dementia and alcohol problems in order to test whether improving the quality of the couple's relationship leads to better outcomes.

All in all, we feel that the impact of poor relationships on the nation's health and wellbeing is such that it requires a revolution in how we address it.

**Andrew Balfour is the Chief Executive of [Tavistock Relationships](#). Since 1948, Tavistock Relationships has been building an international reputation as a leading training and research centre in therapeutic and psycho-educational approaches to supporting couples. The views expressed are his own and do not necessarily reflect those of the Archbishops or the Church of England.**

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