

# Presentation & discussion notes

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## **Working with families with a parent with a mental health illness: what works?**

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## **Presentation notes**

### **History**

Family Welfare Association (FWA) first began in 1869 and provided a range of services including:

- relief in need
- support and advice
- labour exchanges
- citizen's Advice Bureaux
- social work training
- early direct service provision:
  - invalid children's care
  - breakfast in school scheme.

After 1947 FWA services continued to emerge, particularly after end of WWII:

- direct services to families and individuals in need
- innovation in family casework, marital and family therapy
- research and training
- constant development and innovation of new projects to support families
- educational Grants Advisory Service
- grant administration, 70+ Trusts

### **Why do we need Building Bridges?**

- 5.7 million adults with mental illness
- 33 per cent of these adults are parents
- 33 per cent of parents have dependent children
- In addition, there are many more with an undiagnosed condition
- How does this affect experience of children in the family?

### **Impact of parents' mental ill health on children**

- Building Bridges does not suggest that parents with mental health difficulties are bad parents.
- Cassell & Coleman 1995, Aldridge & Becker 2003 found that in many cases parents with mental ill health have strong and effective relationships with their children.

- In addition it is increasingly acknowledged most parents value support and sometimes guidance on their parenting skills – this may be particularly valuable for this group.

**Impact of parental mental illness on children can be:**

- developmental
- educational
- emotional and social:
  - Radke-Yarrow's 1991 study found insecure attachments in 76% of children whose mothers were diagnosed with bipolar affective disorder; 62% of children whose mothers had unipolar depression – as compared with 38% with well mothers.)
  - Lack of secure attachments result in low self-esteem and poor identity development and can be linked to the increased rate of psychiatric illness among children who parents have a mental health difficulty (Bowlby 1966, Rutter & Cox 1985)
- cognitive: delay in areas of language development, motor skills and concentration – linked to mothers with depression & schizophrenia (Cooper 1998, Sheppard 1993, Webster 1992)

There is significant research which demonstrates the link between maternal depression and child abuse. (Sheppard 1997, Falkov 1996, Reder & Duncan 1999)



An example of a drawing done by a young service user – aged nine - to describe his mum's depression  
The flies are depression flies, buzzing round her head so she can't get away from them.

### **Key roles of Building Bridges model:**

- Promote positive attachments – working with family holistically, identify support resources and encourage sustainable links.
- Give time and attention not available via statutory service – they don't have resources. For example, Building Bridges may visit twice a week during contact. They would tend to visit more at first while establishing relationship. For a child on the register, it is a statutory requirement to visit every six weeks - as a minimum.
- Containment – often will be chronic situation, managing the case over time, containing adult's anxiety (e.g. someone to phone when things get bad) service user feels less isolated with their condition – as they feel better about themselves this in turn improves their enjoyment of family life. And this in turn often leads to a reduction in domestic abuse and child protection issues because of regular presence.
- Manage risk e.g. monitoring and liaison with statutory services – Building Bridges are in a position to be aware of changing circumstances and alert and link in with other services when necessary e.g. If there is a violent incident in home (domestic abuse) Building Bridges are in a position to continue to support/monitor, thus saving other resources which may otherwise have been necessary.
- Enable children's understanding of parents' mental illness
- Meet cultural needs e.g. don't use interpreters, employ staff of appropriate culture whenever possible

### **Who do we work with?**

Building Bridges work with a range of service users, whose issues might include:

- bi-polar disorder
- schizophrenia
- post traumatic stress disorder
- depression-related illnesses

Building Bridges works across boundaries and works collaboratively with other agencies.

For example, they have been commissioned in one project by adult services, and draw in other agencies as needed when working with a family.

### **Why does it work?**

- Building Bridges has flexibility in working across the family, not limited by professional specialisms which have developed, e.g. a mental health professional may be used to dealing with an individual adult with a diagnosed illness, not considering them as a parent and those issues which concern this role.
- Or a children/family professional may feel less confident working with an adult with a mental health difficulty.
- Specialist training in social work professions may have made it harder to work across families as a whole, which is what Building Bridges aims to do.

### **Case studies**

Building Bridges works beyond the label, for example, a parent who has a diagnosis of schizophrenia is able to take his children to school when he's well.

Case study of a couple who recently had their first child:

The mother has bi-polar disorder, and was off medication during her pregnancy. She had a short stay in hospital following the birth. She was not sleeping well (as most of us don't with a new baby) and this was likely to be a trigger to upset her well-being. The baby's father has been getting up in the night to feed the baby, enabling the mother to stay well at the moment and care for her child.

This is an example of how we can work preventatively with a family. This case was referred by adult mental health team.

A service user spoke of how Building Bridges helped her children to understand her illness through a range of support mechanisms including phone support, family days etc. Building Bridges was flexible to the support needed and service users could use it to suit them. With Building Bridges, the mother was able to develop a strategy for coping for when she felt she was becoming unwell so that her children would not have to act as carers.

#### **Who do we work with? Who refers to us?**

- Community mental health teams
- Health visitors
- Adult services
- CAMHS
- Children & Family services
- Education
- Other voluntary organisations.

#### **What happens? / How do we deliver the service?**

Through a range of strategies:

- Work with individual/family needs: child and parent – acknowledging that these needs not always the same, requiring negotiation and compromise.
- Encourage independence not dependence: may initially be in contact several times a week, either through face to face visits, telephone and even texting – working towards independence of service user and empowerment to feel more in charge of their lives.
- Enable parents to recognise child's needs: modelling and teaching parenting skills, in a practical way – eg Birthday tea party, going to park and learning how to swing.
- Enable adult to meet own needs – and balance this with needs of those around them: children and perhaps other adults.
- 1:1 support with individuals, family, children and/or adults.
- Group support.
- Emotional and practical issues e.g. teaching how to swing.
- Gaining understanding of parent's illness.
- Work Within the home and outside.
- Activities for children: run after school / holiday / fun activities for children, birthday teatime.
- Guidance and Information about their parent's illness for children.

- Modelling and guidance to parent on parenting skills.
- Opportunities for service users to become volunteers.

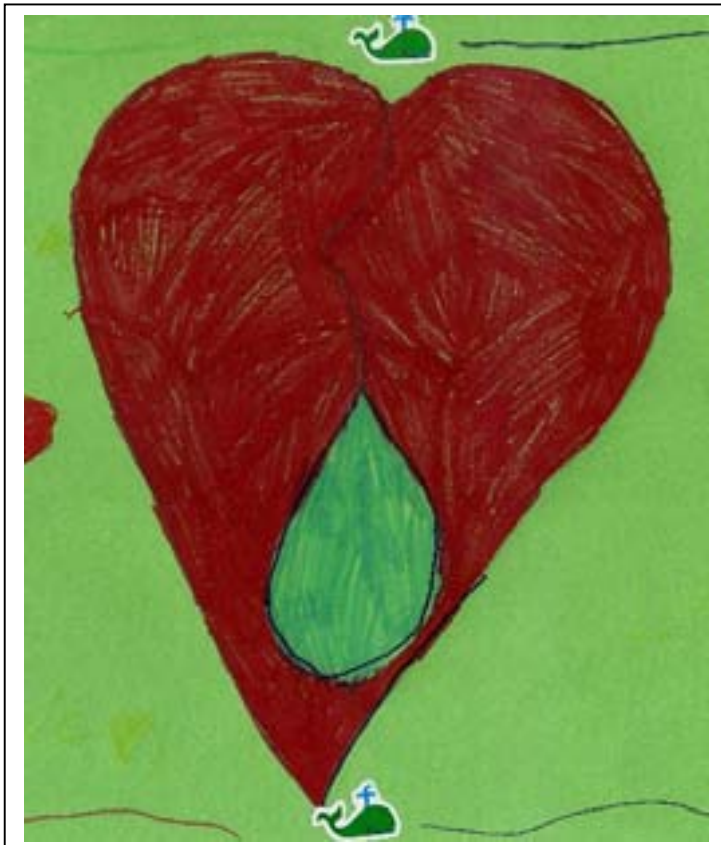
### **Sample of services by Greenwich Building Bridges Autumn Winter 2004-05**

#### *Current:*

- Home support: Whole family, individual, adult, child.
- Drop in: For parents and Pre school children.
- Closed support groups: For mothers with mental health problems (crèche for pre-school children).

#### *Planned*

- Workshops for social workers: Lunch time sessions
- Volunteer training: training current service users to provide support to new service users
- Service users meetings: Four monthly meetings for all users to discuss current and future services.
- After-school club: Weekly fun activity for parents and children together.
- Hospital link work: providing a specialist service to families in which one parent is hospitalised.



This drawing by a five year old, shows his mum's heart, holding a tear. This work was done with the children in the family to enable them to understand their mum's illness better.

### **What is Building Bridges' preventative role?**

- Relationship with service user is vital – they feel, and are, cared about.
- Model of behaviour: offer an appropriate model, e.g. playing on the floor with children, teaching parenting skills (e.g. boundary setting).
- Crisis prevention: because Building Bridges are there, around and accessible they are likely to be aware of the potential for a crisis, and able to link into or alert appropriate other services if needed.
- Monitoring: again because Building Bridges are there, they have been aware of how life is going in the family and offer feedback to them.
- Containment: for all of us we often feel able to deal with difficulties better if there's someone else around – that's what we are able to do here. When the project worker helps contain the adult's emotions, the adult can in turn be more responsive to their child's feelings.
- Befriending –working alongside, befriending, making the relationship, not just working as 'the professional'.
- When people feel valued and respected it will increase their self-esteem.

### **Interface with statutory services**

Prevention: costs – so how can this be successful?

- Reduction of LA children
- Avoidance of arranging case conference
- Avoid duplication of services
- Avoid CP Register for children
- Improve school attendance
- Avoid future mental health problems for children, now and in adulthood.

### **Shane, aged eight:**

*"What I think is best for me is that since we've been seeing Maggie my mum doesn't shout at me when she sees me coming out of school. Maggie explained that it made me embarrassed and all the big boys bullied me about my mum."*

### **Clare, aged 34:**

*"It's like a medicine but without the pills and I feel better when I leave."*

### **Gill, aged 28:**

*"It's cathartic to find that other people have come through things – they're scarred but they've survived."*

### **Evie, aged six:**

*"It's better for me now that I know I can't catch my mum's illness: it's inside her head and you catch things from throats and coughing usually."*

### **What are the outcomes of FWA's Building Bridges service?**

- 50 per cent of children demonstrating difficult behaviour showed positive and sustained change.

- 89 per cent of children who were not the primary cause for concern were supported and stable during the period of crisis, and improved school attendance.
- 78.5 per cent of parents demonstrated that their general health improved in a positive way (Goodman and Health Perception Questionnaires).
- 50 per cent of parents showed a positive change in relation to the stress they experienced in parenting (Parenting Stress Inventory).
- 67 per cent of new cases demonstrate significant positive change in the first three months.
- Many families go on to function independently – the impact of Building Bridges service has been sustained over time.
- Families are aware the service is with them until they are able to function independently – staff were not seen to be doing things for their families but doing things with them.
- Parents particularly value the relationship with the FWA staff above all else.
- Children particularly value the fact that FWA is helpful to their parent – relieving their child's anxiety for their parent.
- 95% of referrers rate the service highly
- 100% of practitioners believe that Building Bridges fills a vacuum that cannot be met by any other agency existing in their area.

Responses from an independent evaluation of Building Bridges service, Luton, Bedfordshire.

**For more information:**

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## Workshop discussion

- How do we assess risk and overcome the fear of being in the tabloids?
- How do we change systems and attitude to enable us to our skills and work across teams and break down barriers?
- The key to supporting families is a whole service approach. It needs to be remembered that the needs of children and parents may sometimes be conflicting.
- There are so many defined specialisms which are fragmented. There are many barriers to overcome. Attitudes regarding people's roles need to change.
- People are busy protecting their own territory. The growth of specialism is making it more difficult to work across and with agencies.
- Increased specialism is resulting in some workers feeling de-skilled.

Working on the premise that:

- a) offering a service to the family will probably best support its individual members as well as the family as a whole *and*
- b) that the needs of a parent and child may conflict with each other (and that is mirrored by the split between adult and children and family services

what are the key issues to think about in developing a service for the future that will support the whole family as well as its individual members?

- Better communication
- Sharing in-depth information
- Increased resources
- Effective resources
- More joint working
- Joint training
- Understanding how systems work in a different teams and understanding related jargon.