



Mental health services need to realise that patients may be parents too. Catherine Jackson reports

Me When I cheer
my mummy up
by Dancing

Up to half of all mental health service users are parents of children under the age of 18, and one in ten have children under five – yet this central aspect of their lives is all too often ignored by both adult mental health services and local authority children’s services.

We aren’t talking here just about parents with so-called common mental health problems: it has been estimated that some 40% of people being treated for psychosis have dependent children. Moreover, of the 175,000 children and young people providing some level of care for a relative in England, at least 30% are caring for a parent with mental health difficulties – a role widely acknowledged to have a potentially adverse impact on their health, education, relationships and life opportunities.

Yet to date there are no national guidelines, either for mental health or social services, about meeting the needs of patients who are parents and their children and, until the publication of the Social Exclusion Unit report on mental health in 2004, no official acknowledgement that this needed to be on the mental health agenda at all.

The Social Exclusion Unit’s report on mental health specifically highlighted the needs of families where a parent has a mental health problem. It recommended that SCIE (the Social Care Institute for Excellence) produce national guidelines for mental health and social care services on parenting support, in association with NICE (the National Institute for Health and Clinical Excellence). It also recommended closer working and joint training between mental health and children’s services. A small national stakeholder group was formed by the National Social Exclusion

Programme within CSIP (the Care Services Improvement Partnership) and SCIE to ensure the recommendations were acted on, and their efforts are at last beginning to bear fruit. The SCIE/NICE guidelines are nearing publication, and will be tested out in a small number of pilot sites to assess what is needed to aid their implementation nationally and to evaluate the impact. The group has also successfully persuaded the Department of Health to prioritise people with parenting needs under the new Care Programme Approach (CPA), issued in March. Now the group is putting together guidance for mental health professionals on what action they should take, which will be published this autumn.

Says Marie Diggins, practice development manager at SCIE: ‘Mental health services don’t take notice of the adults as parents, and children’s services don’t recognise the impact of the mental health of the parent on the child. We know from the research that children and family workers find it particularly difficult to identify a mental health problem in the parent, so their behaviour can be misinterpreted. They won’t suggest that the person may need to see their GP and get help. Mental health services are not much better – they are not particularly interested in parenting and parenting responsibilities. There’s an over-concentration on pathology and the mental health problem. Services understand that your family, or work, or physical health might impact on your mental illness, but what has been missing is any attention to the parenting role. It’s never been a standard question. What we are saying is you have to think “adult, parent, child”. We’re not being critical of people in the service. There is enormous pressure on statutory services to deliver and, as in most jobs, you do what you have to do first. So, if there’s



All illustrations are by young carers and are taken from the Barnado’s Keeping the Family in Mind resource pack

nothing in the guidance that mentions parenting or children, it doesn't feature.' That, she says, is why the new CPA guidance is a major step forward.

There have been some attempts to improve matters, Diggins says. The Parental Mental Health and Child Welfare Network, previously lodged within SCIE but now part of the Social Perspectives Network, has provided a national forum for discussion and practice development. The voluntary sector has also made a strong contribution, 'but they struggle to get funding because it crosses adults and children's services'. This is also a major reason why progress has been so slow in the statutory sector, she believes: the increasing specialisation within mental health and social services means that individual practitioners are experts in either adults or children – and neither feels confident to deal with the other. 'People tend to look only at the person they are providing the service for, and not the whole family. When we consulted over the SCIE/NICE guidelines, people told us awareness of the issue was getting better, and that what is now needed is guidance that crosses health and social care, children and adults, and that would help people look at the issue and give them a mandate for moving on.'

Last year, in response to another of the Social Exclusion Unit's recommendations, the Family Welfare Association, with the Mental Health Act Commission, Barnardo's and CSIP, published *Parents in Hospital*, guidance on how mental health services could support family contact when a parent is admitted to hospital. Mental Health Act commissioners had found many hospitals still didn't have a 'family visiting room' and even if they did, it didn't necessarily mean it was child-friendly – some were described graphically as 'grim'. Nor did existence of family visiting policies and procedures mean they were always implemented. Many staff said they did not routinely ask if a patient had children, assuming that somewhere along the line children's services had taken care of the children's needs. Only a minority said they would offer support or referral if needed.

Clare Mahoney is a senior consultant at the CSIP North West Development Centre and has a national lead role within CSIP on parenting and mental health. She has been working for many years with the Barnardo's Action with Young Carers project in Liverpool to improve the support offered locally and nationally to parents with mental health problems and their children. This isn't about children who meet the threshold for social services intervention, or even about children who can be formally described as 'young carers'; it's about ensuring that the needs of the children are acknowledged when their parent is unwell, by signposting them to existing services that can offer the supports they may need, she says. Nor is it asking mental health professionals to take on parenting skills support work: 'There are other specialist services to do that. It's about acknowledging the practical day-to-day issues that concern their patients. This is preventive work. Too often nothing is done until there's a crisis and the children end up on the child protection register.'

'It's about empowering staff. There's no point making them aware of needs and leaving them powerless to do anything about it. We want adult mental health services to "think family". The perception is they aren't willing, but I don't think that's the case; I think they lack confidence.'

Mental health and children's services in Liverpool have been pioneering initiatives to improve services to parents with mental health problems and their children, thanks to the efforts of the Barnardo's Action with Young Carers project. Barnardo's launched its Keeping the Family in Mind (KFM) project there back in 2001, in response to research with parents and children it commissioned in 1998. The report painted a bleak picture. The parents voiced their concerns about the impact on their children's emotional and educational development, their struggle to

Talk to us

Messages to mental health staff from children and young people

- 1 Introduce yourself. Tell us who you are and what your job is.
- 2 Give us as much information as you can.
- 3 Tell us what is wrong with our mum or dad.
- 4 Tell us what is going to happen next.
- 5 Talk to us and listen to us. Remember, it is not hard to speak to us. We are not aliens.
- 6 Ask us what we know, and what we think. We live with our mum or dad. We know how they have been behaving.
- 7 Tell us it is not our fault. We can feel really guilty if our mum or dad is ill. We need to know we are not to blame.
- 8 Please don't ignore us. Remember, we are part of the family and we live there too!
- 9 Keep on talking to us and keeping us informed. We need to know what is happening.
- 10 Tell us if there is anyone we can talk to. **MAYBE IT COULD BE YOU.**

maintain an adequate parenting role while ill, their grief at being separated from their children if they were admitted to hospital and the lack of support and acknowledgement from mental health services that they even had children. The children talked of being ignored by mental health professionals, of not being informed, of struggling to make sense of their parent's behaviour, and of wanting a 'normal' life like that of their peers at school.

Says Louise Wardale, KFM co-ordinator:

'We could have employed another young carers worker, but the message we were being given was that we needed to do something for those kids who either would not be able to walk through the door of a young carers project, or who chose not to, or who didn't have formal carer responsibilities but were still struggling with their parent's mental illness. We decided we needed to get to other parts of the health and social care system, to be more strategic, so we decided to approach the mental health trust because, like it or not, they do have contact with the children because they are seeing the parents.'

She hit on the idea of making a short film with young carers so they could speak for themselves. 'Telling It Like it Is', →





→ now reissued as a DVD in the recently published revised second edition of a Keeping the Family in Mind resource pack, was completed in 2002, and used to explain to Mersey Care NHS Trust, the local mental health services provider, why it needed to act on what these young carers were saying. In response, the trust has introduced major improvements to the way it cares for service users who are parents, and the way it involves their children.

‘We didn’t expect the trust to be undertaking direct, therapeutic family work. It was about them recognising how to bring things together strategically. We were working with the children who were on the receiving end of a poor service, and we took their messages to then bring influence at strategic level. We needed to get the trust’s Safeguarding Children Group on board,’ Wardale says.

Says Trish McCormack, senior manager, adult mental health, with Mersey Care NHS Trust: ‘It’s about people’s confidence levels and ability to work flexibly. Mental health services work in clearly defined ways and once practitioners embrace the notion of social inclusion, seeing people in the context of all of their life, then the need to work across boundaries is so much more obvious. With the video, it was the first time many mental health professionals had heard a child speaking about their experiences. It was very powerful because by and large people who work in mental health services want to deliver the best possible service and work collaboratively. The video really brought the child’s experiences to the forefront and helped clinicians adopt a more family-centred approach.’

Mersey Care opened its first family visiting room in an acute psychiatric unit back in 2001. It was also the first trust in England and Wales to produce a formal family visiting policy. Barnardo’s provided training and support. Says Wardale: ‘At first the family visiting room never got used. The staff were scared. We were able to help the policy come alive.’ There are now 10 family rooms across Mersey Care’s adult mental health, learning disabilities, older people’s and secure services. The family visiting rooms are designed to meet standards agreed with young carers, and awarded a ‘jelly baby’ kite mark. The initiative won an NHS Centre for Involvement impact award in 2007. Family rooms are also a ‘must have’ feature in all future new builds.

The policy makes clear that service users have a right to have contact with children when in hospital, gives clear guidelines on risk assessment, and states that if the decision is made that a child should not have contact

with their parent, the reasons have to be explained, in writing, and reviewed at each ward round. ‘It is about making sure staff facilitate visits as far as possible, and we aren’t intrusive,’ says Fran Fitzgerald, the trust’s safeguarding lead for children.

The trust has also included a safeguarding children element to its staff induction training, and uses the Telling It Like It Is video to raise awareness of the impact of parental mental illness on the lives of children. ‘It is important that we give the message that parental mental illness does not equal poor parenting. However, it can be a stress factor for families, who should be able to access support. We are trying to take the stigma out of it,’ Fran Fitzgerald says.

Also key is the trust’s joint young carer’s assessment and care planning policy and procedure, which applies across the mental health trust and local authority adult and children’s services covering Liverpool. This requires any practitioner, in either mental health or children’s services, who identifies a child whose parent has a mental health problem, to carry out an assessment and make any necessary referrals to a special children’s provider panel. ‘Quite often the children won’t qualify for referral to children’s social care because the threshold is so high. But there are other child and family support services that can help,’ Wardale says.

The latest initiative, currently being piloted with one inpatient and community mental health team, is the Message in a Bottle pack, based on the Lions Club scheme for people with a medical condition. The pack includes a booklet about mental health, written for children and young people; a list of further resources, including books about mental illness for young people; a prompt list of questions a child might want to ask about their parent and their care and treatment, and a list for the child to complete giving the names and telephone contact details of people who are available to help when the parent becomes unwell, and contacts in the trust if the child is concerned about their parent’s mental health. The contact list can be stored in a plastic pot that can be kept in the fridge, so the child knows where it is and the mental health and emergency services can find it if they are called to the child’s home in a crisis. ‘The children told us, sometimes you don’t know your own name in a crisis, let alone what medication your parent is taking,’ Louise Wardale says.

Says Trish McCormack: ‘Working in an inner city such as Liverpool presents challenges. It would be easy for mental health services to focus on just one part of the jigsaw. I think most of the challenges came from fear of the unknown and concern among staff that they may be expected to work outside their area of expertise. Clearly that is not the case. The work we have undertaken has given the staff the confidence to ensure that if you are an adult mental health professional then considering the needs of the patient’s child is also paramount.’ ■

For copies of the Keeping the Family in Mind pack (£34.99) visit www.barnardos.org.uk/research_and_publications

A national conference on Keeping the Family in Mind takes place in London on 10 June. Details from www.barnardos.org.uk/conferences