

sciedrive

Summer 2004

Newsletter for the Parental Mental Health and Child Welfare Network



BRIDGING THE GAP

The Parental Mental Health and Child Welfare Network is a development network coordinated by the Social Care Institute for Excellence (SCIE). The network is for social care and health workers who work with parents with a mental health problem and for those who work with their children. It has been set up to look at how to improve joint working between adult mental health services and child care services.

Practice Development Manager at SCIE and mental health social worker, Marie Diggins, said that much research has been done about bridging the gap between adult and children's services but little has been done at a national level to take the results of this research forward.

"Social care and health workers working with families with a parent with a mental health problem know how they can improve joint working but often find it too difficult or daunting to put into practice.

"By working together and pooling ideas and experiences, the network can make joint working a reality, not just an ideal," she said.

The network, which is the first of its kind, aims to achieve practice change by:

- sharing knowledge about good practice
- improving the knowledge of children and families workers about mental health work
- improving the knowledge of mental health workers about

children and families work

- helping to identify the needs of service users and develop responsive services
- changing the way that services manage risk
- improving the way services communicate with each other and with families
- helping services to clarify their roles.

The network will publish the first ever national practice guidelines in this area and will run three study days over the coming year.

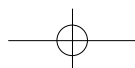
For more information or to join the network email MHnetwork@scie.org.uk, visit scie.org.uk/mhnetwork or call 020 7089 6840.

INSIDE A mum's story **2** A young carer's story **3** Managing risk **4** Living with parents with mental health problems **6** Looking after young minds **7** Good communication **11**

For more information about SCIE visit our website at www.scie.org.uk

To contact us: Social Care Institute for Excellence, Goldings House, 2 Hay's Lane, London SE1 2HB
T: 020 7089 6840 F: 020 7089 6841
E: info@scie.org.uk

social care
institute for excellence



WHAT IS SCIE?

- SCIE's role is to develop and promote knowledge about good practice in social care.

We work with people and organisations throughout the social care sector to identify useful information, research and examples of good practice. Using this information, we produce free paper and web-based publications which bring together existing information about a particular area of social care, draw out key messages for good practice and identify areas where more research is needed to inform good practice.

Our publications are a central point of evidence-based information for social care workers, managers, academics, practice teachers, policy makers, service users and carers.

SCIE also owns and runs the Electronic Library for Social Care (ELSC), an extensive online resource of free information about social care.

For more information visit scie.org.uk

A MUM'S STORY

Jane[•] is 61 and a mother of three adult children. She was first ill in 1970 and after an apparent complete recovery became ill again in 1984. Since then, she has been in the constant care of the local psychiatric services.

Jane's first child was barely a year old when she was first admitted to hospital for five weeks for depression and attempted suicide. During her time in hospital she never saw her child, nor was it ever suggested that she should.

In 1984 Jane became psychotic, overdosed and was admitted to hospital, again for five weeks. During this time her three children were left alone in the house for long periods of time during the day and evenings. She saw the eldest child only once during her stay in hospital. Since then, she has received electroconvulsive therapy, been prescribed a variety of drugs, undergone therapy, made a further two serious suicide attempts and has been detained in hospital under Section 3 of the Mental Health Act.

For many years, Jane's illness was swept under the carpet. She felt guilty and ashamed and feared rejection even though she appeared competent and capable. She lived with a constant dread that she had harmed her children irrevocably.

Jane recalls that the social services responded to her crises well but didn't talk to her children even when they were in their teens, either as a source of valuable information or to reassure them. They were left in the house with only each other for support, wondering when they would



“During her time in hospital she never saw her child, nor was it ever suggested as an option.”

see their mother again: they must have felt unloved, desperate and ignored. Jane also feels that her and her husband's and her families'

“If people had talked to us we could have felt a whole lot better.”

SUE'S STORY

I am 22 years old. I've been helping to look after my mum from an early age. When I was 14 my mum was diagnosed with psychosis, schizophrenia, depression, mood swings, episodes and delusions. She has also suffered from arthritis and epilepsy since she was nine years old.

When I was in primary school, my mum would come into my class shouting and swearing. She told me that my dad was having affairs, that he was the father of the children over the road and that he was an abusive alcoholic. She would get up in the middle of the night and knock on people's doors and accuse them of having affairs with my dad.

Of course none of these things were true but I was scared that my younger brothers and sister and I would be taken into care. That's what the neighbours said would happen.

Eventually things were so bad that mum was hospitalised for eight months. Even then, she couldn't see that there was something wrong with her. There were always lots of people at our house, but for some reason, no one talked to me and my brothers and sister and asked us about how we felt and what we wanted to know. We felt like we were invisible. We wanted to know what was going on, we had so many questions that we needed answers to. Instead, people would say things like “If you hadn't behaved the way you did, then your mum wouldn't have a

mental health problem.” We thought it was all our fault. If people had only talked to us, we could have felt a whole lot better as a family.

Visiting mum in hospital was difficult too. There was no privacy or nice place for us to sit and chat and act like a family. The whole thing was just so hard. Luckily, during my mum's stay at the hospital we were referred to the Barnardo's Young Carers Project which helped to answer our questions and make us feel better. My mum has been well for six years now and we're a close family – we got through her illness together, not separately.

I work at Barnardo's Keeping the Family in Mind as a Trainee Project Worker and this is part of our Action with Young Carers Project Liverpool. Hopefully I can help make things better for other families like mine.

attitudes to her mental health problem did not affect her children positively.

Now Jane feels inexplicably lucky. She has survived, no longer takes medication and believes she is conquering her illness. Even more important, she has three children of whom she is equally and enormously proud: they are compassionate, understanding, never quick to judge and are loving and caring people.

- Name has been changed to protect the person's identity.





MANAGE RISK – DON'T AVOID IT

One of the most important issues facing people working with families with parents with a mental health problem is risk management.

Sometimes it is possible to judge the effects a decision may have and weigh the risks against the benefits before committing to the decision. However, sometimes it is difficult to accurately judge the risks and it is this type of situation that frustrates practitioners and can prevent them from acting.

Dr Ilan Katz from the Policy Research Bureau, has conducted research into risk management in families with a parent with a mental health problem across the UK and Europe. The research shows that in most systems, practitioners find it easy to deal with obvious risks, even when these are high. For example, a child with bruising and obvious neglect was relatively easy to respond to. However, where the risks are less obvious, such as a mother with depression, or the case is complex, professionals feel less confident and tend to deny the risks, adopt an optimistic attitude or a 'checklist' mentality, or use other risk avoidance techniques.

The research did highlight some European systems where risk is

managed better than in the UK. The research was able to identify a fundamental difference between the UK approach and the European approach to risk management. Practitioners in the UK tend to take a case management approach, characterised by managing risk by diagnosis. In Europe, practitioners take a therapeutic approach, with an attitude of managing risk by building relationships with their clients and

“The preoccupation is with thresholds and interventions.”

basing their decisions on trust.

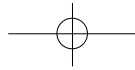
There is no absolute division between these two approaches: UK practitioners genuinely aim to build trusting relationships with their clients, and Italian and Swedish workers are heavily dependent on assessment to inform their interventions. However, there is a different emphasis between the countries. European workers perceive the greatest risk as not having a trusting relationship with their client. UK workers see the greatest risk as 'getting it wrong', in particular, failing to carry out guidance and regulation. UK practitioners focus on

criteria for intervention, boundaries between agencies, budgets, etc. When discussing the family, they tend to focus on the short-term consequences of action or inaction, and whether action is justified. The preoccupation is with thresholds and interventions.

A contrast to this position is provided by the Italian system, which is heavily influenced by a systemic family therapy ethos and by a culture hostile to institutionalising people with mental health problems. The primary aim of Italian professionals is to establish a good relationship between themselves and parents, because only by doing so can they help the family in the long-term. They are concerned about understanding their client's subjectivity, rather than categorising and labelling behaviour

or risk factors. They acknowledge the risks inherent in this approach, but are able to work with uncertainty.

Risk assessment is not necessarily a formal process or activity, but is a frame of mind or an approach to the work. In particular it is important for practitioners to try to understand the situation from the point of view of the family members, both adults and children, and allow enough time to get to know the family. Good supervision is also crucial and should focus on the emotional issues in the case (for the worker as well as the family) and not only on case management.



KEEPING THE FAMILY IN MIND

Funded by Liverpool Children's Fund Keeping the Family in Mind is a development project and is part of the Barnardo's Action with Young Carers Project in Liverpool. The Keeping the Family in Mind project aims to improve and enhance services to families with children who are affected by parental mental ill health in Liverpool. The project is based in, and compliments, the Barnardos Action with Young Carers Service, which provides a place where young carers can talk, hang out and get answers to their questions.

The project also aims to influence professionals and agencies in the area by promoting the views of children and young people. In 2003 the group made a video aimed at encouraging social care and health workers to include them in discussions and a resource pack for other young carers to help them understand their situation and how they can deal with it.

The young carers identified 10 messages for social care and health workers:

- "Introduce yourself, tell us who you are and what your job is."
- "Give us as much information as you can."
- "Tell us what is wrong with our parent."
- "Tell us what is going to happen next."

- "Talk to us and listen to us. Remember it is not hard to speak to us, we are not aliens."
- "Ask us what we know and what we think. We live with our parents we know how they have been behaving. Take us to one side and ask us."
- "Tell us it is not our fault. We can feel guilty if our mum or dad is ill. We need to know we are not to blame."
- "Please don't ignore us. Remember, we are part of the family and we live here too."
- "Keep on talking to us and keeping us informed. We need to know what is happening."
- "Tell us if there is anyone we can talk to. Maybe it could be you."

To find out more about the project, contact Louise Wardale at Barnardo's on 0151 708 7323 or email louise.wardale@barnardos.org.uk.

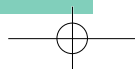


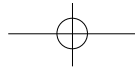
NETWORK STEERING GROUP

The steering group of the Parental Mental Health and Child Welfare Network includes:

- Barnardo's
- Barnardo's Action with Young Carers Liverpool
- City University
- East London and City Mental Health Trust
- Family Welfare Association
- Haringey Primary Care Trust
- Lewisham Mental Health Foundation
- London Borough of Lewisham
- London Borough of Newham
- London Borough of Tower Hamlets
- London Development Centre for Mental Health
- MIND
- National Institute for Mental Health in England
- Policy Research Bureau
- Research in Practice
- Riverside Mental Health Team
- Royal College of Psychiatrists
- Sainsbury Centre for Mental Health
- Social Care Institute for Excellence
- Service users and carers
- Social Perspectives Network
- South London and Maudsely NHS Trust
- The Princess Royal Trust for Carers
- Turning Point
- Young Carers Research Group
- Young Minds.

"Remember, it is not hard to speak to us. We are not aliens."





LIVING WITH PARENTS WITH MENTAL HEALTH PROBLEMS

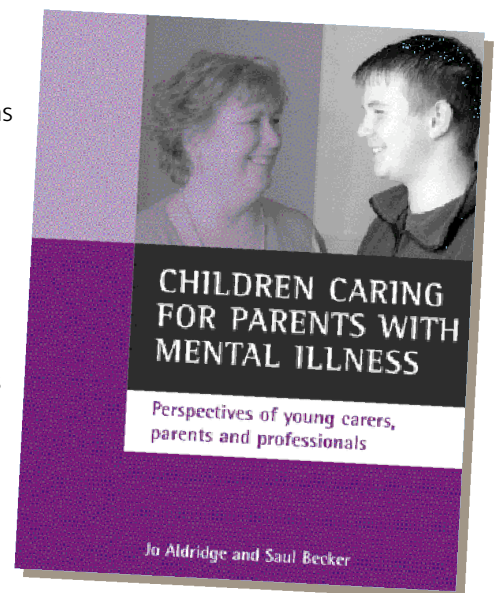
Recently, the Young Carer's Research Group in the Centre for Child and Family Research conducted a study into the outcomes for parents of mental illness, the outcomes for children of living with and caring for parents with mental health problems and the implications for professionals and for practice. The research, conducted by Jo Aldridge and Saul Becker, painted a picture that was often different from the representation of adult mental illness (and its effects on children) from medical and social work investigations.

For instance, the research revealed that professionals from both adult and children's services perceive the effects on children of living with and caring for parents with mental illness to be completely negative and damaging in respect of childhood experiences and psycho-social

sometimes be allayed by caring.

Based on this picture between reality and what professionals see, the authors have drawn implications for practice. They recommend:

- increased awareness among professionals about the impacts of mental illness on affected parents and their children, and the implications for children of caring in these contexts
- formal recognition of the triggers for the contexts in which young caring occurs
- assessments for children as potential children in need and as carers. Assessments should empower parents rather than scrutinise their parenting capacity
- the development of a formal strategy for mapping and monitoring young carers' experiences and needs based on a family approach



“Caring can help to enhance parent-child relationships.”

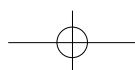
development. However, in some instances caring can help to enhance parent-child relationships and can make children feel included when often, outside family environs, they are socially and politically excluded from health and social service practice. Children worry less about themselves and more about their parents' well being. Children's concerns and anxieties can

- that practitioners recognise that patients can also be parents and that sometimes children can be undertaking caring roles and responsibilities that they may or may not want to take on or that may be inappropriate for their age. This requires a family-oriented, inclusive and anti-discriminatory approach
- children, as children and as carers, need to be included in decision

making and consultation with professionals from adult and children's services. Children also need to have their contributions to care recognised and choice should be conferred which allows children to continue or to stop caring

- children's caring roles and responsibilities can be reduced or even prevented if families receive continuous, reliable and appropriate health and social care support and services.

To order the research called 'Children Caring for Parents with Mental Illness: perspectives of young carers, parents and professionals' contact Marston Book Services on 01235 465 500 or email direct.orders@marston.co.uk.



“Most parents with mental health problems are good parents.”

LOOKING AFTER YOUNG MINDS

Many people suffer from a mental health problem during some time in their lives. When they do, and particularly if the problem becomes serious or develops into a mental illness, it can affect the whole family.

If the person suffering from a mental health problem is a parent, their children will probably also be affected in some way. Most parents with mental health problems are good parents, but children can feel very confused and unsettled particularly when the focus is on the person who is unwell and their

own development needs are being neglected. But with appropriate support for the children and the family, mental illness can be treated and children can be helped to cope and understand what is happening with their parent.

is acting strangely, hearing voices and saying hurtful or worrying things to them because of their psychotic experiences.

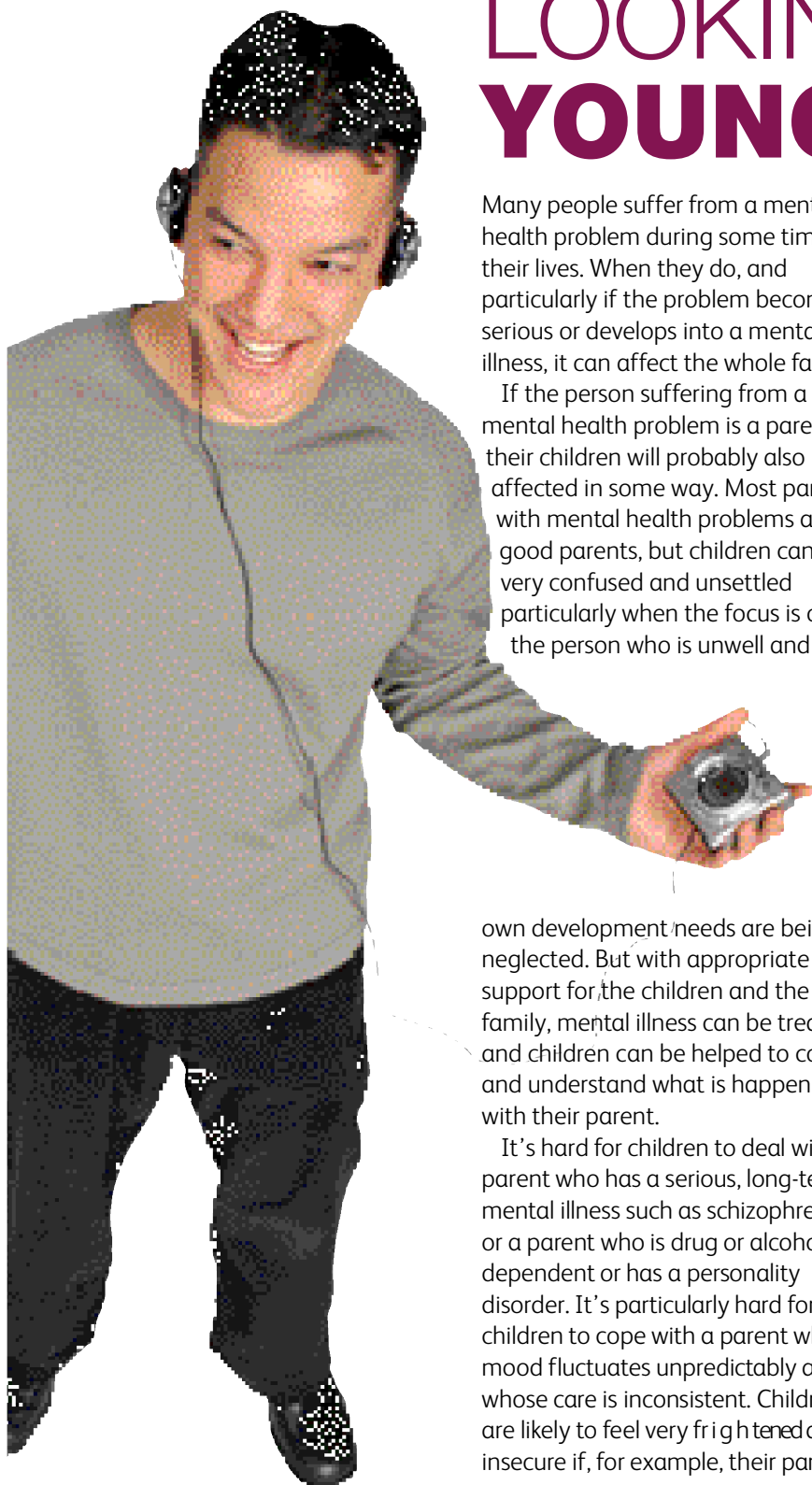
Children may also have to cope with sudden and possibly frequent separations if their parent requires in-patient treatment. This need not be too traumatic if there are other adults in the family, or wider family, who can continue to provide care and security. However, sometimes this is not the case and shared parenting schemes – where these exist – can provide support when the parent is unavailable. Some children may worry that they are responsible for the illness in their family or may be frightened that they will also become unwell.

YoungMinds, the national charity committed to promoting and improving the mental health of all children, has two resources which can help children and young people to understand more about when someone in their family has a mental illness.

The Wise Mouse is an illustrated book for 5-11 year olds, written by Virginia Ironside.

Mental illness in your family? is a booklet for 11-16 year olds that explains what mental illness is, the different kinds of mental illness and looks at the causes and the impact that it has on other family members.

For more information about these resources or if you'd like to know more about the work of YoungMinds, please visit youngminds.org.uk



“The mental health system should take a lifespan approach.”

CROSSING BRIDGES DOWNUNDER

Dr Adrian Falkov, Consultant Child and Adolescent Psychiatrist and Deputy Director of the Child and Adolescent Mental Health Service Network talks about what he’s learned in Australia.

Over the past 10 years Australia has established an impressive track record in its commitment to families with parents or carers with mental health problems. It has three key national documents which currently specify the requirement to prioritise children and their mentally ill parents.

The National Mental Health Plan 2003 – 2008: A Vision for Mental Health states, ‘The mental health system should take a lifespan approach to meeting the needs of the population. It should recognise the differing experiences of consumers and carers across the lifespan from childhood to old age. The needs of children with, or at risk of, mental health problems, and children of parents with a mental illness should be afforded the same attention as adult consumers and carers’.

The National Practice Standards for the Mental Health Workforce promotes the recognition and support of children with a parent with a mental health problem or mental disorder with appropriate information, care and protection. Specifically, the standards state that practitioners should:

- recognise that children are a



particularly vulnerable group and a prime focus for prevention strategies

- recognise the impact of parental mental health problems and mental disorders on children
- adopt a long-term proactive and planned approach to care, where appropriate, rather than a short-term, crisis-oriented and reactive approach.

The standards are complemented by a Commonwealth-sponsored report which provides specific resources and recommendations. While they do not link directly, together the documents provide a useful framework for encouraging frontline changes in practice.

Now funding is being sought by

the Australian Infant, Child, Adolescent and Family Mental Health Association to facilitate implementation nationally. With the variety of approaches in use across the country, it will be a challenge to implement more systematic approaches and effect better outcomes for all family members. A consultation paper currently being circulated by the Royal Australia and New Zealand College of Psychiatrists (RANZCP) will provide further high-level leverage to assist changes on the ground.

There are an increasing number of initiatives across Australia (see www.aicafmha.net.au for details). In New South Wales (NSW) the Centre

for Mental Health (CMH) has established a number of priority areas including parenting and mental health and children of parents with a mental illness. The CMH has supported the development of a network for children with parents with a mental illness and since the mid 90s money has been provided to support initiatives in this area, although the extent to which this money has been appropriately targeted and evaluated is now the subject of an audit.

The recently established state-wide Child and Adolescent Mental Health Service Network is responsible for raising the profile of children with parents with a mental health problem within all mental health services across NSW, as well as establishing better interagency partnerships through funding of posts and the development of interagency protocols and training based on the UK Department of Health Crossing Bridges programme.

While it remains to be seen whether the issue of children with parents with a mental health problem can become a more integral part of mainstream public sector service provision, the prospects for better identification of children and parents, targeting of intervention and prevention have never been better 'downunder'.

PUTTING RESEARCH IN TO PRACTICE

Research in Practice (RIP), the largest children and families research implementation project in England and Wales, will shortly publish a research review called *Parental mental health: Key messages from research and practice* by Jo Tunnard. In keeping with RIP's aim of making research findings accessible and bridging the gap between the research and practice worlds, this booklet provides a valuable and easily accessed resource for managers and practitioners in the mental health field.

The review identifies messages to help practitioners and managers improve their understanding and practice with children and families living with parental mental health problems. The key findings on the impact of parental mental health on critical aspects of the lives of children and families – their living situation, family and social relationships, behaviour, health, education and employment – are reviewed in the earlier part of the study and include practice points. It is hoped that the review will also help support improved working between adult mental health services and children and family services.

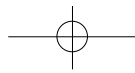
The author, Jo Tunnard, notes that despite the wealth of material available there are relatively few studies, and hardly any in the UK, that have measured the change that different service responses make to children and families' lives. The focus of research has typically been on process – what

“The focus of research has typically been on process rather than outcome.”

happens – rather than outcome. The review looks at what we do know from research about improving or re-focusing service delivery and includes a range of good practice models and an outline model of a family mental health service that will be helpful for managers responsible for service development.

The review is the latest in a series of research in practice publications that focus on one particular aspect of parenting and family life. *Parental Mental Health – Key Messages from Research and Practice* is available from RIP. To order a copy email Jo Tunnard at jo@rip.org.uk.

“Australia has established an impressive track record in its commitment to families.”



A GOOD ALLY

The National Institute for Mental Health in England (NIMHE) was launched in June 2002 to improve the quality of life for people of all ages who experience mental distress, working alongside and beyond the NHS to implement positive change. It provides a gateway to learning and development, offers opportunities for sharing experiences and a place to find information. NIMHE is creating new partnerships at a regional and national level and takes a lead in connecting mental health research, development and delivery, monitoring and review.

NIMHE aims to address health inequalities, discrimination, stigma and social inclusion in all aspects of its work. Service user, family and community involvement is a central driver for its work, as well a key component of the developing evidence base on what works in the recovery of people with mental health problems.

At both a local and national level NIMHE is exploring how it can contribute to strengthening the resilience of

children affected by parental mental illness, and in particular how to mainstream this as a social inclusion issue across all NIMHE programme areas. For instance, it is supporting parents affected by mental illness and their children, is undertaking health promotion initiatives and mental health awareness training, is consulting on the service redesign of children and adolescent mental health services (CAMHS), is helping with CAMHS/ adult mental health services (AMHS) transition pilots, is building capacity in CAMHS strategic partnerships and is involved in early intervention service networks and identifying gaps in provision, to name but a few of its projects.

For more information about NIMHE and its work visit nimhe.org.uk or email Clare Mahoney at clare.mahoney@nimhenorthwest.org.uk.

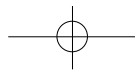
ONLINE NETWORKING

SCIE has developed a website for the Parental Mental Health and Child Welfare Network. It will be updated with information about the network as it develops including study day and conference information. It will also include practice examples and list resources, publications and papers. You can also register to join the network through the website.

The website will be a work in progress and will be a key source of information about joint working between adult mental health and child care services.

You can access it free at scie.org.uk/mhnetwork.





THE KEY TO GOOD PRACTICE IS GOOD COMMUNICATION

A recent study by Nicky Stanley from the University of Hull and her colleagues researched communication between health and social care practitioners working with mothers with mental health needs and identified models of working which might improve practice in this area. They found that problems in communication and coordination were most evident between child care social workers and doctors, specifically GPs and psychiatrists.

Such problems are often a result of differences in role and remit: GPs work with a broad cross-section of the population and child care social workers' focus is narrower. However, differences in knowledge base, training and status also come into play. Lack of communication can negatively affect both parents and children: for mothers with mental health problems, GPs represent the gateway to specialist services and gaps in inter-professional communication may limit their access to therapeutic and support services.

Child care social workers may also have difficulty in assessing risks and strengths in parenting without information from psychiatrists. An earlier study by the authors found that child care social workers



sometimes expected psychiatrists treating adults to assess parenting capacity for them, whereas adult psychiatry's expertise is in assessing mental health need. That information needs to be used to inform assessment of parenting.

The recent study recommended providing families who have parental mental health needs and child protection concerns with two key workers: one from child care services and one from community mental health services. These workers would jointly coordinate assessments and services for the family. Community mental health workers could assume

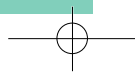
particular responsibility for facilitating communication between adult psychiatry and child care services.

Other suggestions include the designation of specialist workers within community mental health teams who have particular responsibility for liaison and joint working with children's services. There have also been calls for family mental health services but these seem unlikely to emerge at present. However, there are a number of ways in which mental health services might be made more family-friendly. For example, crèches or childcare could be made available to mothers who are meeting with mental health professionals or therapists.

This study also talked to mothers with mental health problems and found that they wanted to receive services from professionals who offered them time to talk and respectful attitudes. Without a trusting relationship with professionals, parents were unlikely to request the support they needed. In identifying ways of improving services for families with a parent with a mental health problem, it is essential to seek the views of parents and children.

For more information see 'Stanley, N. et al (2003) Child Protection and Mental Health Services: Interprofessional responses to the needs of mothers', Bristol: Policy Press.

“Lack of communication can negatively affect both parents and children.”





government perspective

Deputy Director of Care Services at Department of Health (DH), Mark Davies looks at what lies ahead for the DH, patients and the Parental Mental Health and Child Welfare Network.

Why do you think a family focus is so important?

We all belong to families. The start a child gets in life determines their success. It's important to have a family focus so that later generations develop to their full potential. Focusing on the family is good for society, not just for the individuals involved. It's important to improve adults' life chances but the potential benefits for children are much greater.

The Department of Health (DH) is going through some major changes. How will this affect people who are using services?

The DH is changing the way it functions. We are moving from centralised control of the NHS to shifting power to the people at the front line. It is changing its relationship to Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) by taking a more strategic role. PCTs and SHAs will need to change too, to focus

on patients rather than institutions. For example, Children's Trusts will focus all local services on the needs of children.

How do you see the DH contributing to the Parental Mental Health and Child Welfare Network?

The DH and SCIE have a genuine partnership. We intend to be involved in the network to help ensure the national guidelines fit with the National Service Framework. We will also do what we can to promote the network's messages and guidelines.

How would you like to see the network develop?

I want to see the network be clear and consistent about its focus on families and working in a coordinated way. The more input the network can have from adult mental health and children's services and the more coordinated work in can generate, the better it will be for families.

KEEP UP-TO-DATE

Don't forget SCIE's electronic Library for Social Care for all your research needs. It's free to use and provides a single point of access to an extensive range of social care knowledge, including practice information, skills tutorials, and around 70,000 abstracts of books, reports, research papers, journals, official publications and articles. You can access it free at elsc.org.uk.

FREE PUBLICATIONS

Report 2: Working with families with alcohol, drug and mental health problems

This report looks at joint working between adult mental health and child care services for families where a parent has a persistent mental health, alcohol or drug problem. It provides examples of good practice, a summary of findings and recommendations.

Resource guide 1: Families that have alcohol and mental health problems: A template for partnership working

This guide looks at how to delivery high quality, coordinated adult mental health and child care services to families with a parent who misuses alcohol or who has a mental health problem. It promotes the use of collaborative protocols to further good practice and provides a template for agencies to use when developing local initiatives.

All SCIE publications are free. You can download copies from our website at scie.org.uk or order them by emailing publications@scie.org.uk or by calling 020 7089 6840.

