

Supporting Our Family

Parental Mental Health Toolkit



Supporting our Family: Parental Mental Health Toolkit
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Acknowledgement - Supporting Our Families Kit

This kit is the combined effort of

'Parenting and Mental Illness Committee of London, Ontario' (now defunct), and the Parental Mental Illness Community of Practice (C.O.P.) of London, Ontario.

We would like to acknowledge the generous contributions of *Dianne Prato*, and the wonderful resources made available by *COMIC – Children of Mentally Ill Consumers – Australia*
www.copmi.net.au!

Parental Mental Health Community of Practice

- [Children's Aid Society of London-Middlesex](#)
- [Craigwood Youth Services](#)
- [Merrymount Children's Centre](#)
- [Thames Valley District School Board](#)
- [Vanier Children's Services](#)

Protective Parenting:

Remember to acknowledge what your child does that is good. Use smiles and comments. Saying something nice about each of your children every day encourages a positive relationship between you and your child. This could be praise for obeying a rule, a compliment for something they did well or an affirmation such as, "I really like spending time with you."

Involve Your Child in Regular Activities Away from Home

Get your child and teenager involved in community activities. For young children this might be day care, Older children will benefit from sports, clubs like Brownies or Cubs, and summer camps. Teens can participate in volunteer opportunities. Such activities have the bonus of building self esteem.

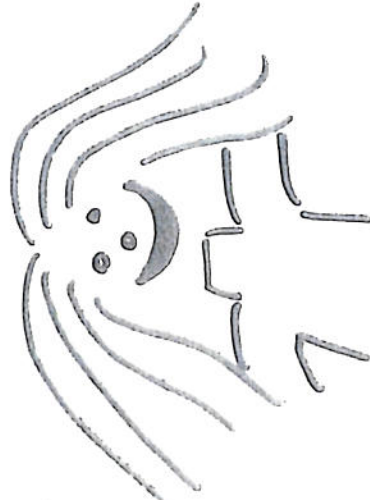
Big Brother or Sister programs are good if you are a single parent.

Involvement in regular activities also includes making sure that your child goes to school on time every day.

Build and maintain a positive parent-child connection so that the child continues to feel loved. This involves spending time with your child:

- Listening and talking with them. In the teen years listen more, talk less.
- Saying I love you
- Kissing, hugging, touching, playing

Mend Angry Feelings. If you have been angry do your best to restore good feelings. That is, let your child know when you are no longer angry and why you got angry. For example, say "It is alright now. I'm sorry, I'm not angry anymore." Give him a hug. Tell her "I love you." Change the mood by changing the pace or activity. Do something together that's fun.



Protective Parenting:



Understanding & Learning Better Ways to Express Anger

It is normal for a parent to occasionally get angry at a child. When you are unwell it is more difficult to be patient. Irritability is a common symptom of mental illness. It is caused by a combination of lack of energy, difficulty making decisions and frustration with life in general. If you can learn better ways to manage anger when you are well then when you are unwell you can use these approaches and will be able to handle frustrating situations better.

Parents often get annoyed when a child doesn't listen or cooperate. The parent feels frustrated and inadequate thinking that if they were a good parent they would be able to handle these difficult situations.

Ideas for Increasing Patience

- Count to 10, take deep breaths, talk slowly and lower your voice.
- Leave the situation; take time out to calm down.
- Reduce the noise and confusion level, turn the TV or radio off.
- Adjust your attitude. Realize that children aren't usually trying to be defiant rather they are trying to get their own needs met and work towards independence.
- Set limits with your children.
- Nurture yourself on a regular basis.

Ongoing Parenting Problems

If you are having ongoing struggles with a child plan how you will handle difficult situations ahead of time. Decide what you can do differently. Notice and comment positively on good behaviour.

Protective Parenting:

It is helpful to take a parenting class in your community. Learning more effective ways of parenting keeps you from getting angry because you have more ideas for effectively managing difficulties with your children and more information about what is normal for children of various ages. Also, your involvement in parenting classes helps you realize that you are not alone in feeling frustrated with the job of parenting from time to time.

Parenting When Your Illness Makes it Difficult

Try your best to maintain the six protective factors:

Listen to your children and answer their questions. If you are not up to doing this get someone else you trust to talk to your children about your illness and what will happen to them while you are unwell. Your spouse, a grandmother or a good friend can calm an upset child.

Maintain the parent-child connection with low-energy activities

- Cuddle while watching a video, look at family photos, go for a car ride.
- Hugs are a good way to provide reassurance.
- Read a story book - for young children reading the same favourite story book over and over is comforting.
- Play board and card games.

Consistency

Consistency helps children to feel safe and secure. Plan ahead for how your children will be cared for if your illness prevents you from caring for them. Knowing that they will be looked after is very important for children. **Try your best to follow the rules and routines that you have established.** Ask other caregivers to follow the same rules and routines.

Involvement in activities away from home. Arrange for your child to continue regular activities outside the home. If you cannot take your child to these activities ask a neighbour or friend. This will provide your child with fun, a break from the seriousness of home and a sense of security.

Getting to school every day provides security and structure for your child.

Protective Parenting:

Briefly summarizing what a child or teen has said also encourages her to tell you more about her ideas and concerns. "You're wondering why Daddy gets angry so often." This response is a good way to provide an opportunity for the child to say more about his or her anxieties. Once concerns are understood, a parent can answer specific questions and offer reassurance. Take your cue from the questions that your child asks. You do not need to tell them everything about your illness.

Providing Consistent Care

Children do best when they know what is expected of them and that they will be cared for. Having regular routines, clear family rules and consistent discipline provides a child with a sense of security. If you establish routines and rules when you are well then it will be easier for you to maintain a safe, secure home when you are not well.

Routines are especially important for young children. Set times for meals, naps, baths and bedtimes. Teens also benefit from a bedtime routine with some flexibility. These could include a set home work time and lights out at a specific time. A snack with warm milk promotes sleep.

Rules are the regular expectations in a family. An example of a rule would be Wash your hands before you eat. Having rules helps you to be consistent.

Be sure your children understand what will happen if a rule is broken. "You have to go back and wash your hands." This eliminates the need for you to decide what must be done and the child is less likely to argue or feel resentful. Children will test the rules so it helps if you have as few rules as possible. Set rules you think are important. Then you will be more likely to enforce them.

As your children get older involve them in deciding what the rules and consequences will be. Provide alternative caregivers with a list of family rules and consequences.

Positive Consistent Discipline. Discipline involves teaching children and teens acceptable behaviour. Remember to tell children or teenagers what they did that was good. Use smiles and words, I like the way you picked up all those toys. "Thanks for taking out the garbage. I didn't even have to remind you." Also, when you correct a child or teenager make sure they understand what they did wrong. Any punishment should relate to the misbehaviour. For example, if a teen gets home late they should have to stay home the next evening. Ignoring behaviour that you do not want while praising good behaviour is a very effective approach for helping children and teens to learn acceptable behaviour.

Protective Parenting:

Talking To Children About A Parent's Mental Illness

Research shows that being able to express concerns and ask questions about a parent's mental illness helps a child or teen to cope. The person that they talk to can be the parent when the parent is well (this is especially good), the other parent or any caring adult.

Talking with an adult who will listen helps the child or teen sort out common concerns such as:

- Thinking that they are somehow the cause of the parent's illness.
- Fears - "Will I get sick too?"
- Practical questions such as "Who is going to take care of me?" or "What's going to happen to Daddy?"

Accurate information about the parent's illness helps a child to understand that their parent's unusual behaviour is part of an illness and not their fault.

Reading Books Helps Get Talk Started

Reading can be a great starting point for a discussion.

- Provides accurate information.
- Is a positive way to spend time with a child and can include physical closeness.
- Shows how other children and teens deal with having a parent who has a mental illness and thus helps a child learn ways of coping and managing fears.
- Helps children and teens realize they are not alone in having a parent with a mental illness.

Listening Encourages Children To Talk & Express Feelings

Listening involves letting a child or teen talk. Parents often want to "fix" the problem; we want to make a child's worries and fears go away, so we try to reassure them and say things such as, "Don't worry," or "Everything will be fine." But these responses discourage a child from asking questions. When a child hears this kind of response he/she tends to get the message, "They don't want me to talk about these things." Yet we know that if a child is encouraged to talk about worries and fears it helps them.

A good way to help a child talk about his or her feelings is for the adult to listen quietly, perhaps nodding but saying little and then responding by naming the feelings that the child has expressed. "You're pretty worried about Mommy, huh?" This tentative acknowledgement of feelings encourages the child or teen to talk more about their feelings.

Protective Parenting:



Helping Yourself Cope

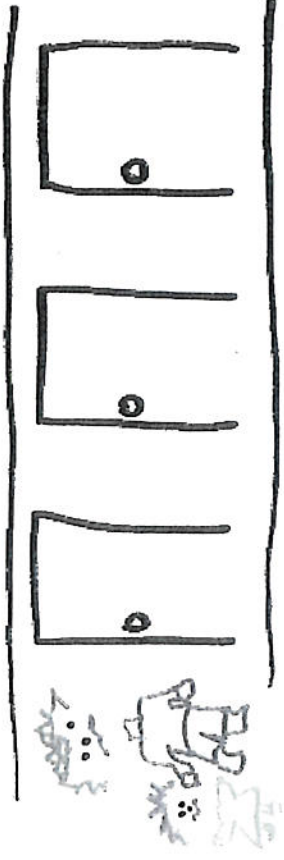
- Focus on what is most important.
- What you can do something about.
- Practical solutions that you can carry out.
- Use written or visual ways to remember; for example, a chart or note on the fridge.
- Use child care or a friend so you can get a break or rest.
- Use your best time of day, typically late afternoon, for higher energy tasks.
- Try not to worry about the housework.
- Buy frozen dinners so you can use your energy with the children.
- Serve your children's favourite foods meal after meal; this decreases eating problems and decision making for you.
- Set small goals for yourself.

Ask for Help from Family and Friends

Family and friends want to be helpful but often they do not know what to do. Ask them directly for what you need; what would be helpful for you and your child.

If You Have to Go Into The Hospital

It helps children understand your illness if they visit you in the hospital. Get someone to bring a story book or game so you will have something to do during the visit. Make sure to touch them, hold their hand, hug them, and



Protective Parenting:

listen to what they are telling you. Answer their questions as honestly as you can.

It is normal for teens to express anger when a parent is hospitalized. If someone can listen to the teen's feelings it helps them cope with their worries and sadness. Try not to take the feelings too personally but if this is too difficult get someone else to be the listener.

Protective Parenting:

Most people with a mental illness are parents. For much of the time they are well but they worry about how their illness affects their children. You can have a mental illness and still be a good parent. You can still provide your children with the essential ingredients of security and love by taking care of yourself and building in protective factors for your children.

Research indicates that children who have a parent with a mental illness do best when they ...

- Have a nurturing adult to talk to who will listen to their feelings and concerns.
- Are told that the parent has an illness, are given age appropriate information about the parent's illness and are reassured that the parent's behaviour (illness) is not their fault.
- Receive consistent care.
- Have regular activities in the community and continue with these activities when the parent is unwell.
- Maintain a positive connection with the parent.
- Have angry feelings mended.

These are the six protective factors that a parent can do something about. These factors foster the well being of children and help them to cope if their parent has a mental illness.



As you read this booklet put yourself on the back about all the things that you are doing right. You are probably using a lot of these protective factors already.

Protective Parenting*:

Approaches to Help a Child Understand and Live with a Parent who Has a Mental Illness



By Dianne Prato M.A., M.Ed.

Together with the Parenting and Mental Illness Committee of London Ontario



www.purplemamma.ca

* Evidence Informed Approaches.

Protective Parenting

Having a mental illness – like depression, anxiety, bipolar, or an addiction – can sometimes make you feel unhappy, afraid, tired, or confused. Sometimes the illness might cause you to do things you wish you didn't. You might worry about how your illness affects your children.

You can have a mental illness and still be a good parent.

We know from research that there are things that you and others can do to help your child feel safe and loved, even when you are unwell. They are called “protective factors”.

We know that when a parent has a mental illness their children do best when:

- They have a caring adult who they can talk to about their thoughts and feelings
- They have information about their parent's illness that makes sense for their age
- They are reassured that their parent's illness and behaviour is not their fault
- They have people who they know will take care of them
- They are involved in activities in the community on a regular basis (such as sports, music, art, or other clubs), and they get to go to those activities even when their parent is unwell
- They keep a positive connection with their parent and they are able to resolve any angry or hurt feelings they might have

Tips for Talking to Children About a Parent's Mental Illness

We know from research that children and teenagers usually cope better when they can talk to someone about their concerns and ask questions about their parent's mental illness. It helps if they can talk to any caring adult, but it is even better if they can talk with the parent who has the illness when that parent is well. They may have questions like like, “Is dad feeling this way because of me?” “Will I get sick too” and “Who will take care of me?” or “What will happen to mom?” When a child has the right information about their parent's illness, it helps them understand that it's not their fault and that their parent still loves them, even when they are having a hard time because of their illness.

Quick Tips

- **Listen quietly** so that you give them the chance to explain what they think and feel.
- After you have listened, **show them that you've heard what they said** (e.g., name the feelings they expressed, like “You're pretty worried about Mommy, huh?” or “It sounds like you were really scared when Daddy yelled like that”)
- **Answer specific questions and offer reassurance**
- **Give information based on what your child asks** – remember they may not be ready to understand or hear everything about your illness
- **Reading books with your child/teen about families dealing with mental illness** may help answer some of your child's questions and help them realize that your family is not alone in dealing with mental illness

- ***Explain plans for how you are taking care of yourself and who else is helping you care for yourself***
- ***Explain plans for who will take care of your child if you become very ill***
- ***Try not to take your child's feelings too personally, but if it is hard for you to hear, ask someone else to be the listener for your child***

Tips for Providing Consistent Care

Children and teens do best when they know that they know what to expect and when they know that they will be cared for. Regular routines, clear family rules, and consistent discipline helps them feel secure. If you set up clear routines and rules when you are well, then it will be easier to keep them going when you are not well. Making the rules clear helps you be consistent, so your children know what is expected of them.

QuickTips

- ***Consistent times for meals, naps, baths, and bedtimes.*** These are especially important for young children.
- ***Teens also benefit from routine with some flexibility.*** These include setting up specific times for homework and lights out before bed.
- ***It helps to only have a few rules that cover the things that you think are important.*** That will make it easier for you and your children to remember and follow through with the rules you have set.
- ***Be sure your children understand what will happen if a rule is broken.*** That way you don't have to decide in the moment what has to be done and your child is less likely to argue or feel resentful because they didn't know what to expect.
- ***As your children get older, have them help decide what the rules and consequences will be***
- ***Provide other people who help care for your children with a list of family rules and consequences***
- ***Remember to tell them what they did that was good*** (like, "I liked the way that you picked up all those toys" or "Thanks for taking out the garbage. I didn't even have to remind you.")
- ***Sign your child up for activities in your community***
- ***Make arrangements to help make sure that your child gets to school on time every day***

Tips for Keeping a Positive Parent-Child Connection

Working on keeping a positive connection with your child/teen – when you're well and when you're ill – is important for helping your child continue to feel secure and loved.

Quick Tips

- ***Spend time with your child*** (listening, talking, doing hobbies/activities together)
- ***Show them affection*** (like saying "I love you", kissing, hugging, touching, playing)

- **Learn and practice strategies for managing your own angry feelings** (e.g., count to 10, take deep breaths, lower your voice, take time on your own to calm down)
- **Take time to talk about and mend angry or hurt feelings after a conflict with your child** (e.g., say “I love you”, “I’m sorry”, give a hug, talk about how each of you can do things differently the next time)

Tips for Parenting when Your Illness Makes it More Difficult Than Usual

Even when your illness is causing you more difficulty than usual, there are things you and your supporters can do to help keep protective factors in place for your child.

Quick Tips

- **If your illness is making it hard for you to talk to and listen to your child**, ask someone else that you trust to talk to your children about your illness and what will happen to them while you are unwell
- **Keep your connection with your child going with low-energy activities** (e.g., cuddling while watching a video, reading a storybook together, looking at family photos together, going for a car ride, brushing each other’s hair)
- **Hugs are a good way to provide reassurance**
- **Plan ahead for who will take care of your child** in situations when your illness makes it more difficult for you to do so
- **Try to stick to the rules and routines that you have set up, and ask other caregivers to do the same**
- **Use written or visual ways to remember things** (for example, a chart or a note on the fridge)
- **If you cannot take your child to their regular activities in the community, ask someone else that you trust to help** (e.g., a friend, family member, neighbor, coach/activity leader, or another parent)
- **Don’t try to do everything**, focus on what is most important and the things you can do something about
- **Ask for help from family and friends**
- **Use childcare or ask a friend or family member to watch your children** so you can get a break or rest
- **Use your best time of day for tasks that take more energy** (such as late afternoon)
- **Nurture yourself on a regular basis by doing things that you enjoy and help you to relax** (e.g., taking a walk, spending time with friends, listening to music, watching TV, baking)

Caregiver's Wellness Plan

Practice Tips for Service Providers

The attached 'Caregiver's Wellness Plan' template is intended to be used in situations where a caregiver is experiencing mental health difficulties. This plan is intended to identify the support plan for the caregiver, indicators that additional supports may be required, and what the caregiver's wishes are for their children should they be unavailable / unable to care for their child for a period of time. The following practice tips have been developed in relation to applying this tool in your practice;

- Using this template in practice is a process. Although it is helpful to have a written plan, just having the conversations with caregivers about the areas included in the template is meaningful and helpful. It often requires several conversations with the caregiver to complete this process.
 - The plan should be written in language that the caregiver and their support team use. Avoiding professional jargon is suggested.
 - Empowering the caregiver to identify alternative caregivers ahead of time decreases their worry and concern for their children when they are in crisis.
 - When introducing the idea of developing a 'Caregiver Wellness Plan', explain the purpose to the parent, emphasizing that the goal is to support the caregiver.
 - Include the caregiver's support team as much as possible in developing this plan. It is helpful if the support team comes together towards the end of this process to meet to review the information with the caregiver together. Including the child / youth in this process is helpful.
 - This template can be edited / customized for the unique situation of any family.
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Caregiver's Wellness Plan – Template

Date: _____

This plan has been shared with the following people:

1. *Name*
2. *Name*

They have agreed to be members of my ***support team*** and to follow the guidelines set below, to the best of their ability.

The ***purpose*** of this plan is to provide a clear set of guidelines for actions to be taken by my support team as part of my personal care plan in living with my mental health difficulties.

Understanding my mental health difficulties

I have been diagnosed with (*specify*) _____ . I sometimes feel (*specify*) _____ . Indicators that I may be struggling with my mental health are:

- List very specific behavior, including mood changes impact on judgment, daily activities, feelings, thoughts, etc....

Plan of Action

When individuals on my support team observe these indicators, I would like them to support me by:

- List specifically how each person will support them.

Medication (optional)

I am currently prescribed the following medication:

- Specify

My medication is prescribed and monitored by (*name of psychiatrist / family doctor*). I am committed to attending my monthly medication review appointments.

Care for My Child

If my symptoms interfere with my ability to care for my child, I would like the following plan to be implemented for their care:

- Specify who will care for the child, and where
- Specify plan for access during this period

- Specify who will speak to child and explain the plan

Refer to the attached “Care Plan: Child / Youth” which outlines in detail information related to the child / youth’s needs, routines and support team.

Parent Checklist (Tick off when completed)
<input type="checkbox"/> I have informed my mental health worker that I have children. <input type="checkbox"/> I have informed my family doctor that I have children. <input type="checkbox"/> I have explained to my child what my illness is and how it can affect me. <input type="checkbox"/> I have completed a Child Care Plan for my children in case I need to go to hospital. <input type="checkbox"/> The alternative caregivers that I have identified to care for my child are in agreement to provide temporary care for my children if I am not able. <input type="checkbox"/> I have given a copy of a Child Care Plan to my mental health worker. <input type="checkbox"/> I have given a copy of a Child Care Plan to my family doctor. <input type="checkbox"/> I have given a copy of a Child Care Plan to their teacher/s. <input type="checkbox"/> Other people and organizations who have a copy of my Child’s Care Plan. Please list: <hr/> <hr/> <hr/>

(Source: Initiative of Children of Mentally Ill Consumers, under the auspices of the Mental Illness Fellowship of South Australia. See www.copmi.net.au)

This plan will be reviewed by me and my support team in (*specify time period*). If I want to change this plan prior to that date, I should notify (*specify who on the support team should be notified*). If I become unwell and temporarily unable to care for my children, I give consent for this Plan to be implemented:

<i>Name of Parent/Caregiver</i>	<i>Name of Witness</i>
<i>Signature of Parent/Caregiver:</i>	<i>Signature of Witness:</i>

<i>Date:</i>	<i>Date:</i>

Support Team signatures

(name)

(signature)

(name)

(signature)

(name)

(signature)

Care Plan: Child & Youth

Practice Tips for Service Providers

The attached Care Plan template is intended to be used in situations where a caregiver may become unavailable to care for their child / children due to their mental health. The following practice tips have been developed in relation to applying this tool in your practice;

- Best practice is to gathering medical, educational and caregiving information about the children when the caregiver is not in a crisis.
- Empowering the caregiver to identify alternative caregivers ahead of time decreases their worry and concern for their children when they are in crisis.
- Older children should be included and consulted with in developing the plan about alternative caregivers.
- When introducing the idea of developing a Care Plan for children, discuss the purpose with the caregiver. The plan may never be used- but having a plan will support the caregiver and children in times of crisis.
- Include the caregivers support team as much as possible in developing Care Plans.
- This care plan is specific to the children- refer to “Caregiver’s Wellness Plan” tool which outlines additional information related to the wellbeing of the caregiver.
- This template can be edited / customized for the unique situation of any family.

Care Plan: Child / Youth

This Care Plan aims to help parents if they become unwell and are temporarily unable to care for their children. Please complete your details and your children's details. If you are unsure, ask your mental health worker, your Doctor, or a close trusted relative or friend for help. It is important to **include your child** in the planning and ask for their input. It can be so reassuring for your child to know what will happen should you become unwell and either need respite or spend time in hospital.

Personal, Health & Contact Information

Child's Information

Child's Name	Date of Birth	OHIP #	Allergies / medical conditions	School & Teacher

Caregiver's Information

Caregiver's Name	Contact #	Email Address	Address

Support Team's Contact information: Include formal (Family Doctor, mental health workers) and informal (friends, families who are part of the plan)

Name	Relationship	Contact information
Kids Help Phone	Support telephone line	1-888-668-6868
CMHA Crisis Service	Adult Crisis Service	1-866-531-2600
Crisis and Intake Team	Child / Youth mental health services	519-433-0334

Do any of your children have allergies?			
Child's Name	Allergy	Known Reaction	Treatment

Are any of your children on any current medication?			
Child's Name	Medication	Dose	Times to be Given

Are there any contact restrictions? (ie. CUSTODY Restrictions)

Caregiving and Educational information

Do any of the children have any specific concerns or worries? This may include events which have previously happened in the child/young person's life.	
Child's Name	Concerns or Worries

School Contact Details			
Name of Child	Name of School, After School Care or Child Care	Teacher's Name	Phone Number

Information related to the education plan that is important to note:

Indicate in order of preference, adult caregivers that your child/children can stay with if you need to go to hospital, or are unable to care for them.

Name of Child	Name of Proposed Caregiver	Address & Phone Number	Are they aware of this plan?

Are there any cultural, religious, spiritual or language influences for the child/young person?

Child's Name	Cultural, religious, or spiritual

Child/Children's special dietary requirements, eg. diabetic, gluten free, lactose intolerant, vegetarian, etc.

Child's Name	Food likes/dislikes, including baby formula details

Child/Children's Other Needs / Routines

Child's Name	Community activities and routines: sports, household tasks, bedtime routine, special Toys, Care of Pets, etc.

Other Information:

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Template Letter to a School / Day Care Provider

Practice Tips For Service Providers

- Informing school and day-care staff about the child's care plan in advance is helpful when the plan needs to be implemented.
- There are many ways in which a caregiver could communicate with school / day-care staff. Attached is a template that could be used by the caregiver.
- The template can be edited to include as much, or as little, information as the caregiver is comfortable sharing.
- Ensure that the information on file at the school / daycare remains up to date.
- When working with school / daycare staff, encourage them to reinforce with the child / youth that mental illness is just another form of illness and not something to be frightened or ashamed of.



To: _____
(teacher, school counselor, principal)

Re: _____
(child's name)

I would like to share with you the 'Care Plan' that has been developed for

(child's name)

There may be times when I need extra support as a parent. The following people have agreed to provide this extra support to my child:

(name)

(relationship)

(contact information)

This person has agreed to inform you when our family is experiencing a stressful time so that you can provide extra support to my child, as needed. They will be available to meet with you to develop appropriate support strategies.

In the event I need to be out of the home, my child will be cared for by:

(name)

(relationship)

(contact information)

The plan will be for my child to continue to attend their home school. Should you have any questions or concerns, please contact either of these people.

(signature)

(date)

Children's Aid Society and Parental Mental Health

Quick facts:

We are here to help!

Q: Will CAS be involved just because I have a mental illness?

A: No, many parents with mental illness are able to parent safely.

Q: Why may CAS be called?

A: If it is suspected that a mental health challenge may negatively impact your ability to meet your children's needs, any member of the community has a duty to report this to the CAS.

Q: What can I expect if CAS becomes involved with my family?

A: CAS wants to keep children safe and families together:

- ✓ A CAS worker will talk to parents and others who are caring for the child, or children and his/her siblings, and anyone else who may work to help your family
- ✓ The CAS will work to help parents and the child's existing support system to make a plan for your family.

Q: Can I call CAS if I have other questions?

A: Yes, Parents may call an intake screener @519-455-9000 with any questions about the safety or wellbeing of their children.

Frequently Asked Questions from Children / Youth

Practice Tips for Service Providers

- Use language that the child understands- based on their developmental stage.
- When introducing a new term (eg. Mental illness) explain to the child what it means in a child-centered manner.
- When speaking to children / youth, ensure you are validating their experiences and feelings.
- Additional resources for speaking to children / youth about a caregiver's mental health difficulty include:
 - Center for Addiction and Mental Health "What Kids want to know..." brochure series;
 - http://www.camh.ca/en/hospital/health_information/for_childr_en_youth/Pages/default.aspx
 - Children and youth books at the library (see attached reading list)
 - Mind your Mind website
 - www.mindyourmind.ca
- Including the child / youth's caregivers in this process is helpful.

If your mom or dad has a mental illness it is likely there are many questions you would like answered...

What is it? Will I get it too?

We all experience mental health problems. Sometimes we feel sad, worried, angry or scared. These feelings are all okay and are normal, but don't usually last very long. If they do last for a long time, become overwhelming or get in the way of your day to day life, then it may be more serious. Mental illness is different than these regular emotions; it involves our mind and feelings, these feelings often take more than just something good to happen to make it better.

How can I tell if a parent is struggling with their mental health?

Mom or dad may want to stay in bed and sleep lots, they may want to be left alone or may seem sad and cry often. Sometimes they may not be able to do things they used to do, like showering, cooking, visiting with friends or hanging out with you.

Remember: It is not your fault if your parent has a mental illness!

What's going to happen to my parents?

Example: A parent living with depression:

"Sometimes your parent may need to talk to someone. This could be a doctor, counsellor, or a psychologist (sy-kolo-gist) and maybe a psychiatrist (sy-kia-trist) who can help mom or dad to find the right care or medicine to help them get better. Sometimes a parent may need to stay in the hospital for a while."

Remember: It is okay to go visit them there!

What can I do to help myself?

- ✓ *Do things you like to do, like sports or hanging out with your friends*
- ✓ *Ask for help!*
- ✓ *Write down or draw how you feel and then you can share it with an adult you trust*
- ✓ *Keep a list of good things that happen each day and look at it when things don't feel good*
- ✓ *Make a care plan - who you can stay with if mom or dad is not well*
- ✓ *Talk, talk, talk to someone you trust. This could be an aunt, uncle, grandparents, teacher, school counsellor, or a close friend. They can help you to understand.*

**Remember: Anyone can have a mental illness, it can happen to all kinds of people. Lots of famous people like Britney Spears, Michael Jackson, Justin Timberlake and Lindsay Lohan have all had mental illnesses! You are not alone, and neither are your parents.*

Sample Reading List for Children / Youth

Picture books:

- *Sometimes My Mommy Gets Angry*; Campbell, B. M.
- *Mama One, Mama Two*; MacLauchlan, Patricia

Fiction: 8-12 Years Old

- *Travels with Rainie Marie*; Martin, Patricia
- *The Shell Lady's Daughter*; Adler, Carol, S.
- *Pocket Change*; Jensen, Kathryn
- *The Keeper*; Naylor, Phyllis Reynolds
- *A Piece of Heaven*; Wyeth, Sharon Dennis

Fiction: Young Adult

- *Adrift*; Burtinshaw, Julie
- *Amazing Gracie*; Cannon, A.E.
- *My Father the Nut Case*; Caseley, Judith
- *St. Michael's Scales*; Connelly, Neil
- *Pictures of the Dark*, McCord, Patricia

Information Books for Children

- *Can I Catch a Cold*; Kelbaugh, Gretchen; CMHA
- *Bi-Polar disorder and Depression*; Gold, Susan Dudley
- *Know About Mental Illness*; Hyde, M. O. & Forsyth, M
- *When a Parent is Mentally Ill*; Ross, Allison
- *Everything You Need to Know About Schizophrenia*; Freidman, Michelle. S







Kid to Kid






Do you know a child
between 7 & 14 years
who is coping with
mental illness in his/her family?

KID TO KID

- 
- 
- Helps kids understand more about mental illness & helps them connect with others in a similar situation
 - Provides an accepting and sharing place for kids dealing with this issue
 - Suggests coping and self-care strategies
- 
- 

This is done in a small group with
2 experienced adult facilitators
TUESDAYS, 4:30 - 5:45 PM. Groups are
offered several times each year. Please call
for specific dates and to register.

For more information, contact:
Marion Whitfield, Madame Vanier Children's
Services, Crisis & Intake 519-433-0334.
Please ask for INTAKE into KID to KID



Kid to Kid



Kid to Kid

Kid to Kid

Kid to Kid

Kid to Kid

Wellness Planning with Children and Youth “My Action Plan”

Children and youth need to be involved in developing this individual plan for themselves when there is a family crisis. This will help reduce their worry about what will be happening for them and the family, during a crisis. This should be done with the parent/guardian as well. Use the template “My Action Plan” to assist with the planning and leave this plan with the child/youth, the parent/guardian, and anyone who is identified as a support person within the plan.

WHY – have a discussion with the family about the types of possible situations that might occur that would require the child/youth’s wellness plan to be implemented. Talk about the mental health problem openly.

WHEN - have a discussion with the family and try to identify the cues or events that would alert the child/youth that the plan would need to put in place.

WHO - ask the child/youth to identify the people in their lives that they trust...for example: peers; coach; teacher; or neighbour. It could be a more formal like the CIT (Crisis Intake) line 519 433 0334. The child/youth may not see certain people as supports. It is important that these are the people that the child/youth trusts. Include contact information and addresses.

WHERE -identify where the child youth will be going (they should have some say) if they need to stay with a support person while parent is not available. The child’s current activities should continue if at all possible. This would include attending their school, afterschool clubs, sports or other activities. Arrangements for transporting of the child/youth need to be made. The child/youth needs to know how they will get to school and their activities.

WHAT - Ask the child/youth to identify their favorite toys/electronic game/stuffed animal that helps them to stay calm when dealing with transitions or change. This is to ensure that this item is taken with the child/youth if they need to leave the family home. This is to minimize disruption in their lives.

WHAT - Identify with the child/youth their favorite food. Food can be comforting and having food that they like will help the child/youth during their transition.



Who?

My Action Plan

Where?

Why?

What?

<hr/>	<hr/>
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When?





Parental Mental Health Toolkit Introduction

Supporting families where a caregiver has mental health difficulties requires a family-centered, collaborative and multi-system approach. Throughout this toolkit, the term caregiver is defined as any person caring for a child (for example a parent, kinship caregiver, etc.). This toolkit provides service providers and family members with information, resources and tools that were developed based on existing leading practices literature and based on the practice wisdom of professionals in the field.

This toolkit is divided into 3 sections;

1. Information and tools for caregivers;
2. Information and tools for children and youth;
3. Information and tools for service providers

Within each section, there are multiple resources and handouts that can be used as needed. Service providers are encouraged to familiarize themselves with the tools contained in this kit, and select tools as needed when working with families. We have included practice guidelines for each section to assist service providers in applying the tool into practice. There are other helpful tools and resources outside of this kit that service providers may utilize.

This toolkit was developed by the “Parental Mental Health Community of Practice” in London and Middlesex. This COP includes representatives from CYMH and the child welfare sectors. We welcome any feedback related to this toolkit as it is a work in progress and is revised and updated regularly. We can be contacted at ParentMentalHeath@vanier.com.

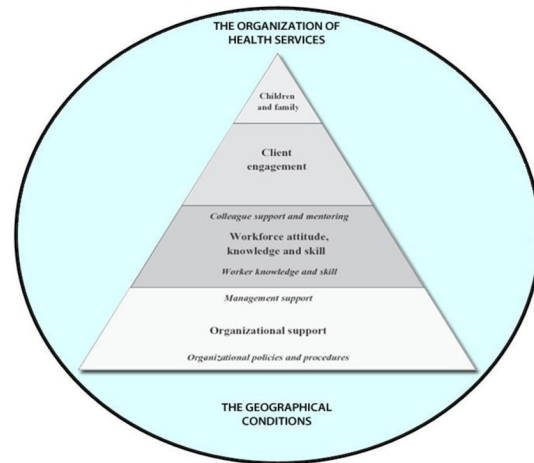
Organizational Policies and Practices

TO SUPPORT HIGH QUALITY PARENTAL MENTAL HEALTH SERVICES

Recent literature suggests that more than one in ten Canadian children under age 12 has a mentally ill parent. Of these, most parents (78%) reported not receiving mental health care (Na, 2014). It is also estimated that 15-21% of Canadian children and youth are affected by mental health disorders that cause some significant symptoms or impairment (Government of Ontario, 2006). It is then not surprising that children serving agencies, child protection services and the adult mental health sector are being presented with families with multiple-complex needs.

It is not enough to have knowledge of the best practices in working with families affected by parental mental health problems; there must be policy in the system and a plan to implement this knowledge into practice. Maybery and Reupert (2009) developed a model designed as a hierarchy of points of intervention to affect workforce change, because it is unlikely that higher level activities can be successful unless the lower levels of the hierarchy already exist in the organization.

Hierarchy of Points of Intervention to Affect Workforce Change



(Maybery & Reupert, 2009)

The base level: represents the importance of the policies within an organization. Strategies to change practice have to be embedded in the organization, and management needs to be onboard with the aims to change.

The second level: represents issues relating to the workforce, looking at attitudes, skills, and knowledge.

The third level: represents client engagement. Once organizational support has been established and training has been provided, workers are in a better position to engage with parents and to identify and work appropriately with their family, including children

The final level: Children and Families are reached as barriers that families bring will be less prevalent, when the organizational issues and worker attitude, skill and knowledge gaps or problems have been addressed.

CAPACITY TO MEET THE INDIVIDUAL NEEDS OF CHILDREN, PARENTS AND FAMILIES

It should be a priority to enable families to get the support they need as soon as possible and the focus should be on promoting good mental health and wellbeing for all family members

(Social Care Institute for Excellence, 2011).

Services that meet the full spectrum of need in families include:

- Services that tackle secondary issues due to poverty and isolation;
- Family-focused mental health services;
- Services for families who are less severe, but need help in maintaining their health and wellbeing;
- Interventions that will reduce other stressors on parents (e.g., relief plans shared care options);
- Services for young carers;
- Services that help parents with parenting (e.g., childcare, parenting courses);
- Services that support parents through a crisis.

Service provision processes need to be developed that enable:

- Parents and children to be involved;
- Cross-sector collaboration;
- The development of non-traditional and creative ways of delivering services as a means of targeting families and improving access;
- Service provision based on reliable information about how well services are meeting local needs;
- Ongoing monitoring and evaluation to inform future planning.



Collaboration, Coordination & Consultation

Organizations can:

- ✓ Develop interagency policies/protocols in collaboration with parents and children that include a performance management and evaluation framework to ensure their use in everyday practice.
- ✓ Develop, implement and regularly review interagency protocols that include clear pathways for decision making, that are explicit in who makes decisions and in what circumstances, so that decisions are timely and delays in allocating services are avoided.
- ✓ Develop information-sharing and joint working policies/protocols to improve communication, coordination and collaboration within their organization and across agencies.
- ✓ Develop and implement 'family' threshold criteria for access to services that takes into account the individual and combined needs of children, parents and families. Making sure that vulnerable families meet necessary service thresholds, to ensure better access to services regardless of setting and agency.

SUPPORTING STAFF, SUPPORTING FAMILIES

STAFF SUPPORT & SUPERVISION

- Adequate support is provided to increase staff satisfaction and ability to adapt practices appropriate to each child, parent and family.
- New systems and tools are developed in collaboration with parents and children to routinely collect information about families where a parent has a mental health problem and record the data for future use.
- Existing assessments and recording processes are adapted or new ones developed, that take into account the whole family.
- Staff are provided with assessment tools that identify the needs of parents, children and young carers, and take into account families strengths as well as their difficulties.

STAFF TRAINING

- Training to improve the functioning and effectiveness of interagency working will support in the making of joint-assessments and the development of coordinated care plans.
- Increased knowledge and understanding of mental health problems and their impact on the family in the present, over time and across generations, helps staff to identify when to intervene early or as a preventative measure.
- Training is necessary to recognize signs of adult mental distress so staff are aware of neglect, abuse and domestic violence, and are equipped to follow any safety seeking or duty to report procedures necessary.
- Training may also be needed in knowing how to talk with children, young people, and adults to support the use of new screening tools as well as training to clarify roles and responsibilities in terms of collecting this information and action on it.



Towards an Integrated Mental Health System

In 2014 partners from the London community joined together forming TIMHS, an intra-agency community of practice, designed to help support the needs of entire families affected by parental mental health issues.

The aim of TIMHS is to create effective collaboration across sectors of children and adult mental health as well as child welfare sector, effectively servicing entire families, supporting mental health and alleviating risk of future harm.

The process of coordinated mental health services for children and parents including planning with all members of family systems as well as service providers, is seen to be an important shift in response to parental mental health.

Competencies for Practice in the Field of Parental Mental Health were developed to assist community partners for the TIMHS initiative to highlight personal and organizational strengths and opportunities for improvement.

MEMBERSHIP

The group is open to a wide range of members, including staff, managers, and senior managers of organizations providing mental health services for child, youth, and adult populations, physicians and independent service providers, representatives for parents and for cultural community groups, and representatives from the justice, child protection, and educational sectors.

To date, participants have come from the following agencies:

Parent Representatives; Vanier Children's Services; Craigwood Youth Services; Merrymount Family Support and Crisis Center; Child and Parent Resource Institute; Children's Aid Society London and Middlesex; Merrymount Family Support and Crisis Center; Southwest Ontario Aboriginal Health Access Centre; Middlesex Public Health Unit; Canadian Mental Health Association Middlesex; London Health Science Centre; St. Joseph's Health Care; Center for Addiction and Mental Health; Daya Counselling Center; Family Service Thames Valley; Addiction Services Thames Valley; Southwest Ontario Aboriginal Health Access Centre; University of Western Ontario; Thames Valley District School Board; Private Practice

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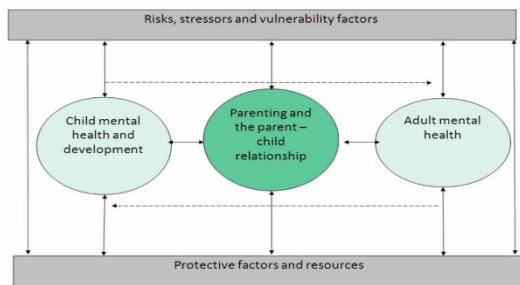
CHAIR: DR. JEFF CARTER

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Fax: 519-433-1302
E-mail: jcarter@vanier.com



Competencies for Practice in the Field of Parental Mental Health



Adapted from Falkov (1998)

The Family Model by Adrian Falkov, (2012) helps to frame how the parent-child relationship, the mental health and development of the child, and mental health of the parent, is intertwined. It provides a comprehensive account of how mental illness in a parent is intimately linked to the mental health and wellbeing of children and other family members. The model can be used to facilitate a better understanding of the mutual interactions and influences between symptoms, family life circumstances, parents and children.

Supervisors can:

- ⇒ Develop a whole family perspective and improve their knowledge and understanding of the interrelated nature of mental health difficulties, parenting and child development, and reflect this learning in decision making;
- ⇒ Provide advice and guidance, both informally and through more formal systems, to help direct service staff work across agencies and refer families to appropriate services;
- ⇒ Use information management systems, staff supervision, and appraisal to ensure that appropriate referral, assessment and screening take place.

Attitude and Knowledge based competencies:

- I know what to look for when considering potential mental health needs for children, youth and parents.
- I am able to ask the right questions to identify families with a parent with a mental health problem.
- I have a good understanding of the relationships between risk and protective factors and can identify these factors.
- I look at the family as a unit and focus on positive interdependency and supportive relationships.
- I help parents to understand their mental health problems, their treatment plan, and the potential impacts their mental health problem may have on parenting, the parent child-relationship and the child.
- I work with children to have age-appropriate understandings of what is happening to their parent, information about what services are available for them in their situation, and how they can access these.
- I am able to identify the impact of any mental health problem on parenting the child.
- I have sufficient training to understand the importance of a family focused approach in identifying possible issues with parental mental health and know how to change my practice to support this understanding.
- I have developed a working knowledge and confidence in how other services operate, what they have to offer and how to refer parents to the right services.
- I am proactive in developing good working relationships with other service providers, so as to facilitate joint working and shared case management .

FAMILY FOCUSED ASSESSMENTS

Throughout the literature early identification of mental health issues was identified as critical in supporting the wellbeing of families. Timely intervention is paramount and should be aimed at supporting these parents in properly managing their illness and symptoms (Westad, & McConnell, 2012).

Those working in child welfare have a role in identifying possible parental mental health concerns. Using a family approach is valuable in assessing the mental health needs for entire families.

There are gaps in the services between adult and children sectors that do not reflect the extent to which parents and children's needs are interlinked. Unfortunately, there are few services that aim to support the entire family.

Different professional groups may not share the right information as they work to different criteria for information-sharing, use a different language and lack an understanding of each other's roles. Therefore, it is necessary to be proactive in building collaborative relationships.

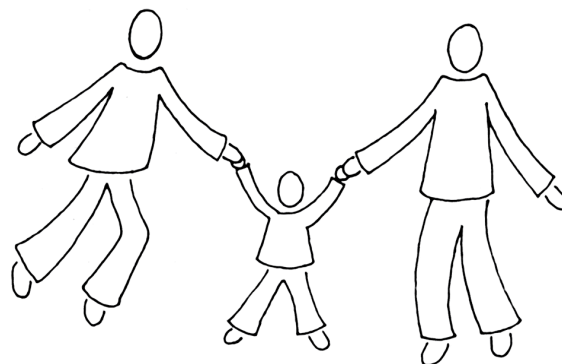
Supervisors can:

- ⇒ Increase their knowledge regarding all parts of greater mental health sectors.
- ⇒ Develop strong working relationships across sectors, particularly at the senior management level.
- ⇒ Foster a culture of respect for staff in other disciplines.
- ⇒ Agree and record strategies for the management of joint cases where the situation is complex or there is a risk of poor outcomes.
- ⇒ Develop new or adapt existing information management systems to ensure the quality and timeliness of assessments as part of their day-to-day supervision of staff.

2

Assessment related Competencies:

- I routinely screen families to identify which parents have mental health problems .
- I take a holistic approach to assessment which takes into account the environment, family, cultural and social systems within which individuals live.
- I involve all members of the family including children in the process of assessment (as well as subsequent care planning and review).
- I consider what support can be provided to maintain family wellbeing in my assessments.
- My assessments take into account present and future needs, considering whether intervening in the present will help to avoid crisis and prevent future ill health for any member of the family.
- I have developed good working relationships with their counterparts in other agencies to support information sharing and joint-assessments.
- I have a good understanding of other professionals' roles and their differing perspectives and feel confident enough to challenge other agencies where appropriate.
- I am very clear with families about what information is being sought as well as shared, and with whom, when obtaining informed consent from parents and young people.
- I am well informed about forms of adult mental health problems, their symptoms and associated behaviours that could present a risk of harm to children.



DEVELOPING AND COORDINATING FAMILY-FOCUSED PLANS

Those who are trusted with supporting children's emotional development and mental health are often tasked with supporting children of parents affected by mental illness. There is evidence that in order to support children, parents need to be supported in their own mental health recovery as well as in their parenting skills.

It is clear that in order to addressing multiple, complex, and intertwined needs in families, cross-sector collaboration is necessary especially between the adult and child mental health sectors. However, evidence suggests that effective clinical collaboration between services is currently not routine (Maybery, Goodyear, O'Hanlon, Cuff, & Reupert, 2014; Robson & Gingell, 2012). It is necessary to build cross-sector collaboration into current practice.



Supervisors can:

- ⇒ Manage and monitor the use of intra-agency policies/protocols and make them part of every day management and practice.
- ⇒ Consider adapting an existing management systems to include a requirement for staff to record that they have followed a protocol and that managers have observed that this has happened.

Service Provision related Competencies

- I ensure that the needs of parents and their child(ren) are addressed separately and together in the plan of service.
- I am transparent and honest with parents when I am concerned that their mental health functioning is negatively impacting parenting.
- I quickly identify and work to support family members in receiving treatment for mental health problems.
- I am clear with all family members about what the plan of service intends to achieve and how progress will be measured, including progress with parents and children's understanding of the mental health problem.
- I aim to review the family's plan of service, and child's plan of care as close as possible to the parent's mental health care plan review, ensuring that the plans work better together and reflect both individual and family goals.
- I work to maintain clear lines of communication between service providers and individual family members receiving the services.
- I help parents, children, and young carers, to recognize when to ask for help and from whom.
- I encourage and facilitate the development of advanced plans with families, ideally in times of stability that address needs for child care in the event that a parent needs to be hospitalized or is unable to parent.
- I help parents with mental health problems better deal with their symptoms.
- I work to prevent crises and promote good health and wellbeing.

Towards an Integrated Mental Health System

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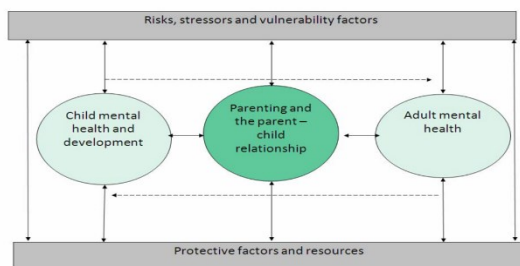
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Adapted from Falkov (1998)

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- I know what to look for when considering potential mental health needs for children, youth, and parents.
- I am able to ask the right questions to identify families with a parent with a mental health problem.
- I have a good understanding of the relationship between risk and protective factors and can identify these factors.
- I look at the family as a unit and focus on positive interdependency and supportive relationships.
- I work with children to have age-appropriate understandings of what is happening to their parent, information about what services are available for them in their situation, and how they can access these.
- I reassure parents that identifying a need for support is a way of preventing rather than precipitating child protection measures.
- I am able to identify the impact of any mental health problem on parenting the child.
- I have sufficient training to understand the importance of a family focused approach in identifying possible issues with parental mental health and know how to change my practice to support this understanding.
- I have developed a working knowledge and confidence in how other services operate, what they have to offer and how to refer parents to the right services.
- I am proactive in developing good working relationships with other service providers, so as to facilitate joint working and shared case management.

Managers can:

- ⇒ Develop a whole family perspective and improve their knowledge and understanding of the interrelated nature of mental health difficulties, parenting and child development, and reflect this learning in decision making;
- ⇒ Provide advice and guidance, both informally and through more formal systems, to help direct service staff work across agencies and refer families to appropriate services;
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There are gaps in the services between adult and children sectors that do not reflect the extent to which parents and children's needs are interlinked. Unfortunately, there are few services that aim to support the entire family.

Different professional groups may not share the right information as they work to different criteria for information-sharing, use a different language and lack an understanding of each other's roles. Therefore it is necessary to be proactive in building collaborative relationships.

Managers can:

- ⇒ Increase their knowledge regarding all parts of the mental health sectors.
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- I consider what support can be provided to maintain family wellbeing in my assessments.
- My assessments take into account present and future needs, considering whether intervening in the present will help to avoid crisis and prevent future ill health for any member of the family.
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DEVELOPING AND COORDINATING FAMILY-FOCUSED PLANS

Those who are trusted with supporting children's emotional development and mental health are often tasked with supporting children of parents affected by mental illness. There is evidence that in order to support children, parents need to be supported in their own mental health recovery.

Professionals want to work together in a way that supports the entire family, however, strict entry criteria and service boundaries do not always allow practitioners to collaborate or undertake joint working agreements across settings. There can also be disagreements about where responsibilities lie.

It is clear that in order to address multiple, complex, and intertwined needs in families, cross-sector collaboration is necessary especially between the adult and child mental health sectors. However, evidence suggests that effective clinical collaboration between services is currently not routine (Maybery, Goodyear, O'Hanlon, Cuff, & Reupert, 2014; Robson & Gingell, 2012).



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- I quickly identify and work to support family members in receiving treatment for mental health problems.
- I am clear with all family members what the plan of service intends to achieve and how progress will be measured, including progress with parents and children's understanding of the mental health problem.
- I aim to review the family's plan of service, and child's plan of care as close as possible to the parent's mental health care plan review, ensuring that the plans work better together and reflect both individual and family goals.
- I work to maintain clear lines of communication between service providers and individual family members receiving the services.
- I help parents, children, and young carers, to recognize when to ask for help and from whom.
- I encourage and facilitate the development of advanced plans with families, ideally in times of stability, that address needs for child care in the event that a parent needs to be hospitalized or is unable to parent.
- I assist children in understanding their parents' mental health difficulties.
- I help parents with mental health problems better cope with their symptoms.
- I work to prevent crises and promote good health and wellbeing.

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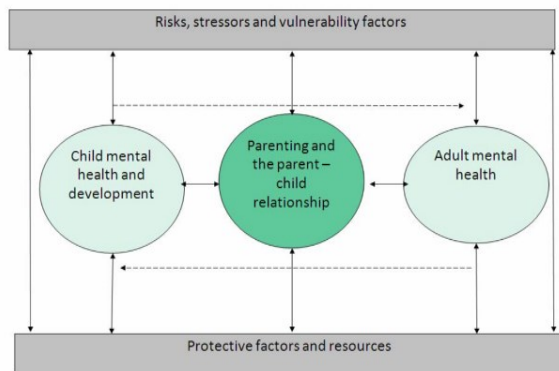
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Competencies for Practice in the Field of Parental Mental Health

The Family Model by Adrian Falkov, (2012) helps to frame how the parent-child relationship, the mental health and development of the child, and mental health of the parent, is intertwined. It provides a comprehensive account of how mental illness in a parent is intimately linked to the mental health and well-being of children and other family members.



Adapted from Falkov (1998)

The model can be used to facilitate a better understanding of the mutual interactions and influences between symptoms, family life circumstances, parents and children. As well as an understanding that the risks to health and wellbeing that occur across generations and manage these risks to reduce their impact.

The care of your patient in the wider family context can enhance recovery. Involving the patient's family along the various stages of the care pathway is likely to lead to improved recovery rates, reduced relapse rates and better outcomes for the health and wellbeing of children and young people both in the short term and long term (Public Health Agency, 2011).

Attitude and Knowledge based Competencies:

- I know what to look for when considering potential mental health needs for children, youth, and parents.
- I am able to switch my focus on diagnosis and pathology to concentrate on individual strengths and interventions that are strongly associated with promoting mental health and recovery, sustaining families and promoting inclusion.
- I look at the family as a unit and focus on positive interdependency and supportive relationships.
- I help parents to understand their mental health problems, their treatment plan, and the potential impacts their mental health problem may have on parenting, the parent child-relationship and the child.
- I work with children to have age-appropriate understandings of what is happening to their parent, information about what services are available for them in their situation, and how they can access these.
- I have sufficient training to understand the importance of a family focused approach in identifying possible issues with parental mental health and know how to change my practice to support this understanding.
- I have developed a working knowledge and confidence in how other services operate, what they have to offer and how to refer parents to the right services.
- I am proactive in developing good working relationships with other service providers, so as to facilitate joint working and shared case management.
- I reassure parents that identifying a need for support is a way of preventing rather than precipitating child protection measures.

FAMILY FOCUSED ASSESSMENTS

Throughout the literature early identification of mental health issues was identified as critical. Timely intervention is paramount and should be aimed at supporting parents in properly managing their illness and symptoms (Westad, & McConnell, 2012). Using a family approach is valuable in assessing the mental health needs for entire families.

There are gaps in the services between adult and children sectors that do not reflect the extent to which parents and children's needs are inter-linked. Unfortunately, there are few services that aim to support the entire family.

Different professional groups may not share the right information as they work to different criteria for information-sharing, use a different language and lack an understanding of each other's roles. Therefore it is necessary to be proactive in building collaborative relationships.

How can I support adult patients and their families in times of hospital admission?

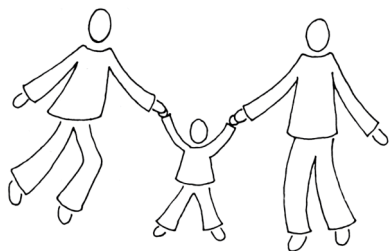
- 1) Ensure that care plans for the parent and child(ren) are reviewed when a parent is hospitalized or receiving respite, and again before they are discharged.
- 2) Contact or help parents to contact supports identified in advanced plans to make them aware of the temporary changes in the family; to maintain family life during a time of crises; and ease the path of return when the parent returns home.
- 3) On discharge from hospital or during periods of hospital leave, ensure that enough time is given to put any identified supports into place for the parent and child as 'coming back together' for families can be a very stressful time with high expectations.

Assessment related Competencies:

- I routinely screen adults with mental health problems to see which adults are also parents and document the current child care-arrangements.
- I take a holistic approach to assessment and take into account the environment, family, cultural and social systems within which individuals live.
- I think beyond the issues presented by the individual adult patient.
- I am aware that other family members may help me with information to support the patients care or treatment.
- I involve all members of the family including children in the process of assessment (as well as subsequent care planning and review).
- My assessments take into account present and future needs, considering whether intervening in the present will help to avoid crisis and prevent future ill health for any member of the family.
- I have developed good working relationships with their counterparts in other agencies to support information sharing and joint-assessments.
- I am very clear with families about what information is being sought as well as shared, and with whom, when obtaining informed consent from parents and young people.
- I am well informed about how adult mental health problems, their symptoms and associated behaviours could present a risk of harm to children.
- I consider the wellbeing or safety of other family members, including children and young people.



DEVELOPING AND COORDINATING FAMILY-FOCUSED PLANS



Those who are trusted with supporting and treating adult mental illness and mental health problems are often faced with supporting the needs of children of parents affected by mental illness. Staff need to develop plans that aim to improve resilience. Research has shown that by increasing family members understanding of a parent's mental health problem is highly successful in increasing their ability to cope.

Difficulties seem to arise in developing treatment plans when more than one agency is involved. This is because staff from different disciplines adopt different views. For example staff from adult services may not acknowledge that there is a risk of harm for children. At the same time children's services may not accept that change may be achievable for the parent. As a result, any joint care plans may not realize the potential to promote either the resilience of either parent or the child. In the absence of any preventative measures and advanced planning, families may end up drifting until they find themselves in crisis.

It is clear that in order to address multiple, complex, and intertwined needs in families, cross-sector collaboration is necessary especially between the adult and child mental health sectors. However, evidence suggests that effective clinical collaboration between services is currently **not routine** (Maybery, Goodyear, O'Hanlon, Cuff, & Reupert, 2014; Robson & Gingell, 2012).

Service Provision related Competencies:

- I quickly identify and work to support family members in receiving treatment for mental health problems.
- I am clear with all family members what the treatment plan intends to achieve and how progress will be measured, including progress with parents and children's understanding of the mental health problem.
- I work to maintain clear lines of communication between service providers and individual family members receiving the services.
- I help parents, children and young carers to recognize when to ask for help and from whom.
- I have a good understanding of other professionals' roles and their differing perspectives and feel confident enough to challenge other agencies where appropriate.
- I encourage and facilitate the development of advanced plans with families, ideally in times of stability that address needs for child care in the event that a parent needs to be hospitalized or is unable to parent.
- I assist children in understanding their parents' mental health difficulties.
- I help parents with mental health problems better deal with their symptoms.
- I work to prevent crises and promote good health and wellbeing.
- I ensure care plan reviews include changes in family circumstances over time (e.g., the birth of another child, or summer holidays coming up), then this needs to be explored and any contingency or extra support included in the plans if necessary.

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