



Working with **parents** with mental illness

Guidelines for mental health clinicians



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Foreword

Children of parents with mental illness (COPMI) have been identified in both the Queensland Plan for Mental Health 2007-2017 and the National Mental Health Plan—An agenda for collaborative government action in mental health 2009-2014 as a priority group in the reform and development of mental health care.

Queensland Health is committed to promoting the protection, safety, health and wellbeing of children and young people who have a parent living with mental illness. The Queensland Health policy—Meeting the needs of children for whom a person with a mental illness has care responsibilities, outlines in detail the principles and requirements for working with these children and their parents/carers within the mental health service system.

These guidelines have been developed to further assist mental health clinicians to support consumers in one of the most demanding, challenging and rewarding life roles—that of parenting. I strongly urge all clinicians to utilise these guidelines as a resource for better understanding and responding to the needs of parents and their children. Furthermore they should be used as the basis for working collaboratively with consumers of mental health services to maximise their own and their children's health and wellbeing.



Executive Director, Mental Health Directorate





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Introduction

One in five adults will experience a mental illness in their lifetime. Of these adults, between 25 and 50 per cent will be parents of a dependent child at the time of their illness. Parenting can have a significant impact on mental health and research indicates that children of parents with mental illness (referred to by the acronym COPMI) are at greater risk of developing significant psychological problems or disorders.

Parental mental illness does not imply an automatic inability to meet a child's needs, however the impact on the whole family when a parent is living with mental illness should be recognised. The majority of mental health service consumers who are parents report their parenting role as extremely important. It is important that the needs of both parent and child are addressed within mental health clinical practice in order to maximise the health and wellbeing of these families.

These guidelines are intended to be utilised as a reference document to support the implementation of the Queensland Health policy—Meeting the needs of children for whom a person with a mental illness has care responsibilities.

These guidelines do not constitute a formal or comprehensive assessment of parenting capacity. They highlight the need for mental health workers to recognise the importance of parenting as one of the consumer's life roles and integrate consideration of the parenting role in routine assessment, treatment planning, monitoring, review, relapse prevention and discharge planning processes. This will have benefits for both the adult consumer and the wellbeing and safety of their child.

For the purposes of this document, the term parent describes any adult consumer who has, or will have, care responsibilities for any child. These care responsibilities may be on a full-time or periodic basis, including access arrangements to their own child or sole care of a partner's, housemate's or friend's child.

Where a parent has care responsibilities for more than one child, it is expected that the individual needs of each child are considered, in addition to general needs of the consumer in relation to their parenting role.

Fact sheet 1

Working with parents with mental illness—overview of guidelines includes a flowchart of actions that support COPMI policy implementation.

1. Aims of the guidelines

1. To provide a framework for the ongoing consideration of risk and protective factors in relation to any child protection concerns

Protective and risk factors related to the parent, the child and the broader social and physical environment are outlined in these guidelines. Clinician knowledge of these factors, and consideration of them in all clinical interactions, can assist in prevention and early intervention of child protection and wellbeing issues and ensure compliance with relevant legislation and policies.

2. To assist in identification of support needs for the parent/carer in relation to their parenting role

The significance of the parenting role, parenting characteristics and the domains of parenting are presented. This information can support clinicians to work more effectively with parents to identify their strengths, the impact of their mental illness on their parenting and any support they require to assist them to meet the needs of their child and family.

3. To assist in identification of the support needs of the children regarding their parent's/carer's mental illness

Information is provided regarding the developmental needs of children and the risk and protective factors which can inhibit or enhance their wellbeing. Clinical interview prompt questions are included to assist in identification of an individual child's needs so that referral to appropriate services can be facilitated.

2. Principles underpinning the guidelines

- Families have the primary responsibility for the physical, psychological and emotional wellbeing of their children.
- The preferred way of ensuring a child's wellbeing is through the support of the child's family.
- Parents and families are diverse, and have a right to support and care that is responsive to their differing needs.
- People with a mental illness have their own rights and responsibilities.
- Many parents with a mental illness provide adequate care and protection for their children.
- Children have the right to protection from harm.
- Mental health workers need to consider the possibility that a child's health, wellbeing and life opportunities may be affected as a result of their parents living with a mental illness.
- Better outcomes may be achieved through continuous care which is collaborative, flexible and effective, builds on parents' and children's strengths, and encourages information sharing within the bounds of confidentiality and privacy.

3. The parenting role— a significant life role

Within the Australian context, a broad social expectation is that the purpose of the parenting role is to facilitate a child's optimal development within a safe environment. Across the community there is a diversity of parenting styles and a significant range in the quality of parent-child relationships. Parents who have a mental illness are, on the whole, ordinary parents with the same concerns for their children as other parents. The parent and child abilities and preferences, family history, cultural identity and broader social and environmental context will all influence the qualities which are seen as important to encourage an individual child. They will also influence how the parental role is approached and undertaken.

Parents have the difficult task of having to attend not only to their own needs, but also to the needs of their child. Issues such as increased irritability, lack of decisiveness and diminished emotional responsiveness are not unique to parents with a mental illness, or to any particular mental illness, but they may have an impact upon children. If a parent is faced with adversity, but the quality of parenting behaviour is still adequate and other supports are in place, the outcome for the child should not be compromised.



Models of parenting generally refer to optimal parenting competence. ‘Good enough’ parenting, on the other hand, is a term used to describe the minimum amount of care needed so as not to cause harm to a child. To achieve ‘good enough’ parenting, a range of factors need to be in place for a child to develop appropriately, and for the parent-child relationship to be able to sustain the developmental needs of the child.

When working with adult consumers of mental health services it is important to identify which consumers are parents (including expectant parents), and to talk to them about their child and experiences of parenting, allowing them to express their joy as well as any concerns or struggles.

Parent characteristics

Competent parenting is about the adult’s adaptability to the changing requirements and circumstances of the child. Adaptability is related to:

Parent’s perceptiveness

- awareness of their child’s developmental needs, age-appropriate capabilities and expectations that match these
- awareness of the possible impacts of their behaviour and their physical and mental health on the child
- parent’s capacity to acknowledge any risks to the child.

Parent’s responsiveness

- emotional and physical availability
- attitude towards child rearing
- ability to regulate their child’s feelings and behaviours
- quality of attachment to the child.

Parent’s flexibility

- ability to respond according to the needs or demands of specific situations
- adaptability to the changing needs and circumstances of the child
- parent’s response to stress
- presence of coping skills or strategies to deal with problems.

Children’s needs

Critically important to a child’s health, development, and wellbeing, is the ability of parents or caregivers to ensure that the child’s developmental needs are being addressed. It is also important that the parent adapts to the child’s changing needs over time. The domains or different areas of parenting which arise from the spectrum of children’s needs can be summarised as follows:

Basic care

- Providing for the child’s physical needs and ensuring appropriate medical and dental care.
This includes the provision of food, drink, warmth, shelter, clean and appropriate clothing, and adequate personal hygiene.

Safety

- Ensuring that the child is adequately protected from harm and danger.
This requires that the parent recognise hazards and danger, both in the home and elsewhere, and protects the child from contact with unsafe adults or other children, and from self harm.

Emotional warmth

- Ensuring that the child’s emotional needs are met, giving the child a sense of being valued and a positive sense of their own cultural or racial identity.
This parenting task involves meeting the child’s needs for secure, stable and affectionate relationships with significant adults, and appropriate physical contact, comfort and positive interactions which demonstrate warm regard, praise and encouragement.

Stimulation

- Promoting the child’s learning and intellectual development through encouragement, cognitive stimulation, and social opportunities.
This includes facilitation of the child’s development and potential through interaction and communication, for example by talking and responding to the child’s language and questions, encouraging and joining the child’s play, and promoting educational opportunities.

Guidance and boundaries

- Enabling the child to regulate their own emotions and behaviour and assisting the child to develop an internal model of moral values, conscience, and social behaviour.
This requires demonstration and modelling of appropriate behaviour by the parent, including control of emotions, and providing guidance for setting appropriate boundaries in interactions with others.

Stability

- Providing a sufficiently stable family environment to enable the child to develop and maintain a secure attachment to the primary caregiver(s).
This includes ensuring secure attachments are not disrupted, that children keep in contact with important family members and significant others and providing consistency of emotional warmth and response to the child’s behaviour over time.

4. Consideration of the impact of mental illness on parenting

Parenting, mental illness and family relationships are intimately and inextricably linked. Parental mental illness does not imply an automatic inability to meet children's needs. However, the impact of parental mental illness has the potential to increase family disruption and disorganisation. This may introduce multiple disadvantages for the family and increase the risks for children.

When some parents become mentally unwell, their parenting skills and abilities may be compromised. For example, the impact of symptoms of mental illness on a parent's cognition, attributions and capacity for empathy has been associated with increased risk for maltreatment of children. Where parental mental illness is chronic and severe and the recovery process is longer, there is an increased risk of a negative effect on the relationship between the parent and child.

Talking with parents about their children and their parental role is an important component of assessing psychiatric symptoms and providing appropriate and effective treatment. Risk assessment and identification of existing supports and strengths are essential to ensure the child's needs are met, the parent's concerns are addressed and the necessary extended family and community supports are available to the family.

Cultural and linguistic factors

Cultural background and identity influences the understanding of what constitutes 'good enough' parenting, the impact of social and environmental factors, and beliefs about mental health problems and access to services. In many families from a variety of cultural backgrounds, grandparents or other members of the extended family play a key role in parenting. Attachment to non-biological caregivers is important to consider in relation to all children. For example, in many Aboriginal and Torres Strait Islander communities, traditional adoption may result in a child being raised by grandparents or other extended family.

A lack of understanding about cultural practices may pose significant barriers to appropriate service delivery, particularly in relation to assessment and intervention of culturally diverse parenting practices. It is imperative that all mental health workers undertake cultural awareness training in relation to a broad variety of cultural and linguistic groups.

When English language skills of consumers and/or other family members are limited it is important for staff to access interpreter and translator services to ensure a mutual understanding of issues. Staff should refer to the Queensland Health—Working with Interpreters Guidelines which provide information on when an interpreter should be engaged, how to work with an interpreter, and what staff may do if a consumer might prefer not to use interpreter services. The guidelines are available through QHEPS.

Risk and protective factors

Consideration of risk and protective factors with respect to the parent, the child, and the social and physical environment provides a framework for clinicians to work with consumers to identify parenting strengths and weaknesses, assist them in the parenting role and undertake assessment and management of any child protection issues. The following domains should be considered.

Parent living with a mental illness:

- factors relating to the mental illness and co-morbidities
- factors intrinsic to the parent's life
- parenting role and parent-child relationship.

Child or young person:

- factors related to the parent's mental illness
- factors intrinsic to the child's life
- parent-child relationship.

Social and physical environment:

- social relationships
- psychosocial issues
- socioeconomic status
- support for parenting.

An outline of risk and protective factors in each of these domains is provided overleaf.

Fact sheet 2

Working with parents with mental illness—risk and protective factors provides a table of risk and protective factors relating to the parent, the child and the social and physical environment.

Working with parents with mental illness

Phase and pattern of mental illness and co-morbidities—the type, length, duration, persistence, frequency and acuity of symptoms of mental illness should all be considered when assessing the impact of mental illness on parenting. The parent, child, extended family and community experience of, and knowledge about, mental illness are also important to understand and evaluate. Other mental or physical health problems or disabilities experienced by parent or child should be carefully considered. Children of parents with co-existing mental health and substance use problems (dual diagnosis) need to be identified as they are a particularly vulnerable group in need of additional support.

| | RISK FACTORS | PROTECTIVE FACTORS |
|---------------------------------|---|--|
| Parent | <ul style="list-style-type: none"> ● poor impulse control ● irritability ● extreme lethargy ● suicidal intent ● dis-inhibited behaviour ● homicidality ● obsessions, hallucinations or delusions that incorporate child ● alcohol or substance misuse ● personality disorder ● intellectual or learning disability ● physical disability or chronic illness ● no insight into impact of mental illness ● rejects or denies need for help | <ul style="list-style-type: none"> ● good pre-morbid/inter-episode functioning ● mild symptoms with minimal impact on parenting ● actively engaged in parent role ● acknowledges impact of mental illness on child and has strategies in place to minimise impact (e.g. Family Support Plan) ● engaged in effective treatment, has insight into mental illness ● above average cognitive abilities and educational skills ● stable and rewarding employment ● good general health ● extended periods of wellness/stability and recovery |
| Child or young person | <ul style="list-style-type: none"> ● both parents unwell ● lengthy or frequent hospital stays for parent ● predisposition or increased risk of mental illness ● child taking on inappropriate behaviour or responsibilities ● child or young person not informed about parent's mental illness ● alcohol or substance misuse ● developmental or learning disorder ● chronic physical illness/disability | <ul style="list-style-type: none"> ● other parent or carer well ● child's basic care needs are met in the home ● household rules/structure and parental monitoring of child in place ● child has knowledge and understanding of parent's mental illness ● child is healthy ● health care available and accessible |
| Social and physical environment | <ul style="list-style-type: none"> ● mental health service does not consider parent role ● unstable and changing composition of household membership ● poor condition or crowded housing ● financial or legal problems ● unemployment or insecure employment ● social isolation ● family/friends/neighbours not aware of mental illness ● alcohol or other substance misuse in living environment | <ul style="list-style-type: none"> ● mental health staff maintain child/family focus across settings ● range of treatment support options available ● good housing conditions with adequate and child friendly space ● financial security ● family, friends/neighbours aware of mental illness and available to support child and parent ● school aware of parent's illness and supportive of family |

– risk and protective factors

Individual factors and parent-child relationship—each parent and child has their own personality, coping style and life history, and hence strengths and vulnerabilities they bring to the parent-child relationship. Understanding more about the individuals, how they are managing and the quality of their relationship over time is important for assessing both how the parent is managing their parenting role and the wellbeing of their child.

| RISK FACTORS | PROTECTIVE FACTORS | |
|---|--|---------------------------------|
| <ul style="list-style-type: none"> ● poor coping skills, inability to manage stress ● loss, experience of abuse or trauma and other negative life events ● belonging to minority group/poor English proficiency ● parent has unreasonable expectations of child ● child not viewed as autonomous being ● tone of voice, language and emotion is critical or negative with regard to relationship with the child ● parental anxiety, indifference, hostility, or intolerance toward child ● negative attitude to child rearing ● parent emotionally unavailable | <ul style="list-style-type: none"> ● good social skills, capacity for harmonious relationships ● positive life events including good experiences and relationships in childhood and with own parents ● good literacy level ● awareness of child development and has age appropriate expectations ● child given appropriate levels of independence ● praise and expressions of warmth and empathy are evident with regard to relationship with the child ● realistic attitude to child rearing ● harmonious and mutually supportive relationship with partner and other children in family | Parent |
| <ul style="list-style-type: none"> ● infant/young age ● emotional or behavioural difficulties ● difficult temperament ● loss, experience of abuse, trauma and other negative life events ● belong to minority, being 'different' ● child-parent relationship is disturbed or discordant ● oppressive, discordant or absent sibling relationships ● disruption in education, lack of educational skills | <ul style="list-style-type: none"> ● older child/adolescent ● parent able to help regulate child's feelings and behaviours ● healthy, warm and secure child/parent attachment and temperament is a 'good fit' with parent ● child has English language skills and able to bridge different cultures ● good social skills and positive peer group ● has own hobbies and interests ● warm, supportive sibling relationships ● stable participation in education and sound academic achievement | Child or young person |
| <ul style="list-style-type: none"> ● absent or discordant social relationships or presence of anti social influences ● family support services not available or parent not willing to access ● family violence ● conflicting family/community ideas on parenting and age appropriate behaviour ● perceived or actual racism, threats, discrimination, alienation/exclusion in community ● multiple moves within or between cities, regions or countries | <ul style="list-style-type: none"> ● supportive and involved social and family relationships ● stable and secure home environment ● parenting information, skills training and support services available to family ● availability of recreation and leisure opportunities for parent and child ● access to health and psychosocial care services e.g. grief counselling, respite care, psycho-education, peer support ● available community networks supporting and promoting multiculturalism and cultural inclusion ● knowledge of rights and responsibilities as an Australian resident/citizen | Social and physical environment |

Issues specific to parents living with mental illness

When working with parents and assessing the impact of their mental illness on their functioning in the parenting role, clinicians should keep the following points in mind.

- Parents with a mental illness need to be approached with empathy and support so they are able to discuss any parenting concerns and request and receive additional support in their parenting role.
- Parenting needs will change over time and these may or may not relate to the parent's mental illness.
- Parents with a mental illness are less likely to raise parenting issues as they may attribute any difficulties to illness related deficits, fear negative judgment, or have concerns regarding potential loss of custody of their children.
- Separation due to hospitalisation or alternative care arrangements arising from the parent's acute mental illness can result in disruption in the parent/child relationship. Promoting the development of good quality attachment relationships between child and parent is very important to mediate against negative impacts of separation.
- The parenting role for many parents living with mental illness is fraught with issues of loss and separation. The consequences of this, such as diminished confidence, guilt and low self-esteem, should be incorporated into any therapeutic work with the parent.

Continuum of need for children of parents with a mental illness

One model of service response for children of parents with mental illness has identified several subgroups of children within the population of families in which a parent has mental illness. The subgroups include:

- well children
- children who are resilient but in need of support e.g. young carers
- children who are vulnerable and in need of services
- children who are at risk of maltreatment or injury and in need of services and protection.

Mapping of a child's current level of wellbeing along this continuum can enable clinicians to match the level of assessed need with appropriate resources. Clinicians need to be aware that a child may move in any direction along this continuum of 'risk' or need over their lifetime, and a child's wellbeing should be monitored on an ongoing basis over the course of their childhood and adolescence.

Children of parents with co-existing mental health and substance problems (dual diagnosis) are at greater risk of harm, and have been identified as a vulnerable group in need of additional support. For more information, refer to the Queensland Health Policy—Service delivery for people with

dual diagnosis (co-occurring mental health and alcohol and other drug problems) and related clinical guidelines, which include a chapter on supporting parents with a dual diagnosis.

Working with consumers from Aboriginal and Torres Strait Islander backgrounds

Aboriginal and Torres Strait Islander people experience higher rates of mental illness, and have higher levels of co-morbidity and difficulties with social and emotional wellbeing than other Australians. In addition, Aboriginal and Torres Strait Islander people do not tend to access health services as often as other Australians, or do so only when problems are acute. Lack of finances to travel to the nearest service, a lack of culturally appropriate services that include evidence-based programs, workforce issues, and a lack of education and community awareness and understanding of mental illness may also be barriers to the delivery of culturally-appropriate treatment.

The following factors should also be considered when supporting Aboriginal and Torres Strait Islander parents:

- English may not be their first language, so appropriate services need to be put in place to address any language needs.
- Outreach models may be a more appropriate form of assistance when there is reluctance to access services and difficulty trusting mainstream services.
- Family members, friends and partners need to be taken into consideration in planning the delivery of services.
- The composition of a household may be fluid and all members need to be taken into consideration, especially when constructing a genogram.
- Aboriginal and Torres Strait Islander Mental Health Workers should be engaged to ensure cultural respect and appropriateness of clinical intervention.

Working with culturally and linguistically diverse consumers

Consumers from culturally and linguistically diverse (CALD) communities tend to present to services only when mental illnesses are acute. Consumers who have come from countries impacted by war, natural disaster or other major political or social upheaval are likely to have direct experience of loss and trauma, and possibly conditions where authorities are not trusted. Often consumers do not want family members to be aware of hospital admissions or clinical interventions due to stigma, and therefore have little support. Accessing the support and services of bicultural workers is advised in order to formulate an understanding of family dynamics and plan clinical interventions.

Contact the Queensland Transcultural Mental Health Centre to access the statewide Transcultural Clinical Consultation Service and for information on available bicultural workers. Telephone (07) 3167 8333 or find details about the service on the Queensland Health website or through QHEPS.

5. Clinical judgement with respect to the parenting role

Mental health workers are required to make decisions about how a consumer's mental illness affects their parenting role in order to provide improved services and attend to the legal and ethical responsibilities of their role as a health professional. This is a challenging task because, although some guidelines exist, there are no definitive boundaries as to what constitutes 'good enough' parenting. Decisions about how a consumer's mental illness may be impacting on their parenting role, and vice versa, require a degree of clinical judgement.

Talking with consumers about their parenting

Information about the parenting role may be obtained while discussing family history and composition. As parenting is one of the adult's life roles, it is important to:

- talk to the adult about how they are managing as a parent
- ask the parent about their child and whether they have any worries or concerns about them
- seek out and consider updates on parent and child wellbeing from significant others in the parent and child's life e.g. partner/other biological parent, grandparents, extended family, friends, teacher/child carer, youth worker
- find out what support mechanisms the parent and child have in place
- find out what the parent has told their child about their mental illness
- ask for the parent's permission to talk with the child
- ask the parent if they need extra support in maintaining positive parenting skills, especially while unwell.

Fact sheet 3

Working with parents with mental illness – clinical interview prompt sheet provides suggestions about the range of questions which may be used when talking with consumers about their parenting.

If circumstances allow, the mental health worker should:

- observe the parent with the child (preferably in a variety of settings)
- assess for any signs of distress in the child (anxiety, regressive behaviour, sleeping difficulties, unwarranted displays of anger or aggression, appearing withdrawn, and school related problems or school refusal).

It is recognised that mental health workers are often not in a position to directly observe the parent-child relationship or the behaviour of the parent in the company of their child. Without observing parent-child interactions, the mental health worker will need to rely on the following to form an opinion of how the parent is coping in their parenting role:

- the tone of voice used by the parent when talking about their child
- the descriptive language used by the parent
- the level and quality of emotion when the parent talks about their child
- the parent's willingness to engage in discussion about their child; if reticent or suspicious, it is important to clarify why this is the case
- the parent's description of their ability to provide guidance, boundaries and stability for their child
- the parent's report of their child's behaviour (e.g. anxiety, regressive behaviour, sleeping difficulties, unwarranted displays of anger or aggression, appearing withdrawn, and school related problems or school refusal)
- talking with significant others in the lives of parent and/or child e.g. partner/husband/wife, other biological parent, grandparents, extended family, friends, teacher/child carer, youth worker.

The above sources of information can provide the mental health worker with an indication of the parent's current ability to attend to the child's physical, intellectual, social and emotional needs, and some idea of the quality and style of parental interaction that predates any episodes of mental illness, as well as that which occurs when the parent is well and unwell.

Determining the needs of parent and child

By identifying risk and protective factors in relation to the parent, the child and the social and physical environment, the mental health worker can identify areas of strength, needs and concerns, further support which may be required for the child and/or parent and whether there is a need to involve other staff or agencies.

In conjunction with an understanding of the parent's attitude to the parental role, and their perceptiveness, responsiveness and flexibility, the clinician should use clinical judgment to formulate an assessment of a consumer's ability to provide adequately for their child's needs. Treatment and recovery planning should then incorporate appropriate intervention responses for the consumer and their family, including each child.

Use of this framework can also support the mental health worker in determining whether, in some cases, there may be child protection issues. The Queensland Health Fact Sheet 4.11–Risk vs Protective Factors Assessment Framework, also provides information for undertaking assessment in relation to child safety. This fact sheet can be accessed through the child safety unit website on QHEPS.



Reporting a reasonable suspicion of child abuse and neglect

There will be times when the mental health worker has sufficient concerns to form a reasonable suspicion of child abuse and neglect. The *Public Health Act 2005* mandates reporting of reasonable suspicions of child abuse and neglect directly to the Department of Communities, Child Safety Services for medical officers and registered nurses. It is Queensland Health policy that all Queensland Health staff report a reasonable suspicion of child abuse and neglect to the Department of Communities, Child Safety Services. See the Queensland Health Human Resources Policy—Child Safety—Health Professionals Capability Requirements and Reporting Responsibilities.

The following points are important to consider in the process of reporting a reasonable suspicion of child abuse or neglect:

- Reasonable suspicion needs to be well founded and based on the presence of signs, disclosures, injuries, symptoms and behaviours that heighten concerns about the safety, health and wellbeing of a child or young person.
- All reports to the Department of Communities, Child Safety Services should be based on a comprehensive clinical assessment of both the risk and protective factors which are impacting on the child or young person.
- A review of the past history of the child and family should, where possible, be included.
- Concerns need to be documented and discussed with colleagues and the line manager.
- Investigation of child protection matters are the responsibility of the Department of Communities, Child Safety Services and/or the Queensland Police Service. The mental health worker's role is to support the parent and child living with mental illness through this process.
- Principles of privacy and confidentiality should be respected throughout the process of assessing risk, and when making and following up a notification.

Further information may be obtained from the Child Safety Unit website on QHEPS, particularly Fact Sheet 5.1—Forming a Reasonable Suspicion of Child Abuse and Neglect.

Maximising supports for the child, parent and family

Whether or not there are support and/or protection needs that exist in a family, case management should build on the strengths of the parent, family, community supports and available professional services. This is especially relevant in rural and remote communities where there may be few appropriate additional services. Positive management of parental mental illness may require some additional planning, however if supports are in place the role of parenting may be maximised to the benefit of all, as opposed to it becoming a significant stressor for the parent.

Issues to consider in care planning and review include:

- the development of a Family Support Plan with the parent and their family (see Appendix 7.3)
- how to ensure sufficient services/supports are in place for when the parent becomes unwell, including strategies to minimise disruption to the child
- provision of age appropriate information about mental illness, and keeping open communication with the child about their parent's wellbeing
- the need for legal, advocacy or grief and loss services, especially when a relapse has threatened family stability
- any specific parenting issue and needs for the parent or child arising from these
- referral to community services and resources for the parent and child
- relationship counselling if needed
- relapse prevention and recovery planning which includes the parenting role to maximise areas of strength.



6. Summary and conclusion

Parenting can be stressful and those parents having to cope with mental illness are often additionally burdened with the management of symptoms and treatment side effects. Furthermore, uncertainties associated with relapse and recovery, concern for the impact of their mental illness on their child/family, economic adversity and stigma are all commonly associated with the experience of living with chronic mental illness.

By viewing all aspects of standard clinical processes in terms of the impact of the experience of mental illness and recovery on the parenting role and the child, the mental health worker may more readily ensure that the care and protection needs of children are met, and can assist parents to access the support they may need to function effectively.

In order to support families in which there is a parent with a mental illness, clinicians need to be familiar with:

- whether the consumer is, or will be, in a parenting role
- the potential impact of mental illness on parenting and children
- how the child and parent are currently managing
- available resources and services to assist children, parents and families
- legal and policy frameworks, including roles and responsibilities of child and family agencies/service providers
- child protection procedures and contact details of child protection staff within both Queensland Health and the Department of Communities, Child Safety Services
- interagency protocols for assessment and joint work with families.

Through gathering and sharing of information about parenting, child developmental needs and how all family members are responding and managing, clinicians will be better placed to consider the impact of mental illness on the parenting role and any child for whom a consumer has care responsibilities. Through a partnership approach with parents, their child and other services and agencies, mental health clinicians can build on existing family strengths and service expertise as an integral part of mental health service delivery. Working with consumer's in their parenting role will enable mental health services in Queensland to better meet the needs of children, parents and families affected by parental mental illness and ensure they receive optimal support to enhance their health and wellbeing.

7.3 Family Support Plan



| | |
|--|---|
| <p>FAMILY SUPPORT PLAN</p> <p>Facility: _____</p> | (Affix consumer identification label here) |
| | URN: _____ |
| | Family name: _____ |
| | Given names: _____ |
| | Date of birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F |

Supporting children, young people and families where the parent or carer has a mental health problem

While being a parent/carer can be rewarding it can also be very challenging at times – and more so if you, or your partner, are struggling with ill health.

Planning for your children’s needs is important and ensures that you have a say in what happens to them should you become unwell.

This form is designed to be completed by a parent/carer in conjunction with their mental health worker. A copy of this form will be kept on your chart and will be reviewed every 3 months depending on your needs and those of your children.

Important Telephone Numbers

Parent/Carer’s Mental Health Worker *(name and number)*

GP *(name and number)*

Kids Helpline **1800 55 1800**

Parentline **1300 30 1300**

Crisis Care **131 611**

Lifeline **131 114**

This **Family Support Plan** aims to help reduce anxiety for parents/carers if they become unwell and are temporarily unable to care for their children. Please fill out your details and your children’s details and if you are unsure, get your mental health worker to assist.

You will need to complete a supplementary care plan for each of your children.

Name of child: _____ Sex: Male Female Date of birth: ____ / ____ / ____

Care Plan attached? Yes Name of parent or other primary carer: _____

Parent/Carer address: _____ Phone: _____ Mobile: _____

Name of child: _____ Sex: Male Female Date of birth: ____ / ____ / ____

Care Plan attached? Yes Name of parent or other primary carer: _____

Parent/Carer address: _____ Phone: _____ Mobile: _____

Name of child: _____ Sex: Male Female Date of birth: ____ / ____ / ____

Care Plan attached? Yes Name of parent or other primary carer: _____

Parent/Carer address: _____ Phone: _____ Mobile: _____

Name of child: _____ Sex: Male Female Date of birth: ____ / ____ / ____

Care Plan attached? Yes Name of parent or other primary carer: _____

Parent/Carer address: _____ Phone: _____ Mobile: _____

Are there any contact restrictions (eg. Family Court Order or Domestic or Family Violence Order)?

| Subject’s Name | Details |
|----------------|---------|
| | |
| | |
| | |
| | |

DO NOT WRITE IN THIS BINDING MARGIN

FAMILY SUPPORT PLAN

SW0000 - 02/2008 - v1.03



Queensland Government
Queensland Health

FAMILY SUPPORT PLAN

Facility: _____

(Affix consumer identification label here)

URN: _____

Family name: _____

Given names: _____

Date of birth: _____

Sex: M F

People to notify and inform if you need to go to hospital

| Name | Contact Details |
|------|-----------------|
| | |
| | |
| | |

Family Doctor/s

| Name | Practice | Phone Number |
|------|----------|--------------|
| | | |
| | | |
| | | |

Mental Health Worker/s or other Support Services

| Name | Place | Phone Number |
|------|-------|--------------|
| | | |
| | | |
| | | |

I/We give consent for this Family Support Plan to be actioned, if I/we become unwell and temporarily unable to care for my/our children

I/We give consent to the release, by a mental health professional, to:

Name: _____ Contact details: _____

of information contained within this Family Support Plan of other relevant health information

Name: _____ Contact details: _____

of information contained within this Family Support Plan of other relevant health information

Parent/Carer name: _____ Signed: _____ Dated: / /

Parent/Carer name: _____ Signed: _____ Dated: / /

Witnessed by: _____ Signed: _____ Dated: / /

Parent Checklist (tick when completed):

- I/We have informed my/our GP that I/we have a child/ren
- I/We have explained to my/our child what my/our illness is and how it can affect me/us
- The adult carer/s that I/we have nominated to care for my/our child/ren (as specified in the Child Care Plan Supplement) are in agreement to provide temporary care for my child/ren if I/we are not able

Details of people who have a copy of this plan

| Name | Organisation (if applicable) | Phone Number |
|------|------------------------------|--------------|
| | | |
| | | |
| | | |

Websites

- Children of Parents with a Mental Illness – www.copmi.net.au
- Children of Mentally Ill Consumers (COMIC) – www.howstat.com.au/comic
- It's Allright – SANE Australia – www.itsallright.org
- Australian Infant, Child, Adolescent and Family Mental Health Association – www.aicafmha.net.au

This Family Support Plan is a guide only. Queensland Health accepts no responsibility for people relying on, or using the information in this plan. Adapted from the 'Support Our Family Kit' developed by COMIC (Children of Mentally Ill Consumers) and work produced by the Koping Forum – Brisbane, Queensland, Australia.

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Queensland Government
Queensland Health

FAMILY SUPPORT PLAN: CHILD CARE PLAN SUPPLEMENT

Facility: _____

(Affix consumer identification label here)

URN: _____

Family name: _____

Given names: _____

Date of birth: _____

Sex: M F

This plan contains information to be used in the care of my/our child

(print child's full name) _____

Preferred name: _____

should I/we be temporarily unable to care for him/her.

Please list in order of preference, adult carers that your child can stay with if you need to go to hospital.

Are these people aware that you have nominated them? (see parent checklist in Family Support Plan)

| | Name of Proposed Carer | Address | Phone Number | Discussed with Proposed Carer |
|---|------------------------|---------|--------------|-------------------------------|
| 1 | | | | <input type="checkbox"/> Yes |
| 2 | | | | <input type="checkbox"/> Yes |
| 3 | | | | <input type="checkbox"/> Yes |

I/We do not wish the following people to visit or care for my/our child

(if there are any current court orders in place preventing a person from visiting or caring for your child, please attach details)

| Name | Other Information |
|------|-------------------|
| | |
| | |
| | |

IMPORTANT PEOPLE IN MY CHILD'S LIFE WHO MAY NEED TO BE CONTACTED

Doctor: _____

Phone: _____

Family member/significant other: _____

Phone: _____

School: _____

Teacher: _____

Phone: _____

Other: _____

Relationship to my child: _____

Phone: _____

Other: _____

Relationship to my child: _____

Phone: _____

IMPORTANT INFORMATION ABOUT MY CHILD

Medicare Number: _____

Expiry date: _____

Card ID: _____

Medications or special health care my child requires (include medication name, dose and times to be given etc): _____

Vaccination due dates and details: _____

Allergies (include known reaction and treatment): _____

Any specific concerns or worries that your child has (this may include events which have previously happened in the child's life): _____

Any cultural, religious, spiritual, or language influences for your child: _____

Parent Signature: _____

Date: / /

Parent Signature: _____

Date: / /

DO NOT WRITE IN THIS BINDING MARGIN

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FAMILY SUPPORT PLAN: CHILD CARE PLAN SUPPLEMENT



Queensland Government
Queensland Health

FAMILY SUPPORT PLAN: CHILD CARE PLAN SUPPLEMENT

Facility: _____

(Affix consumer identification label here)

URN: _____

Family name: _____

Given names: _____

Date of birth: _____

Sex: M F

FEEDING

My child is currently (tick all that apply):

- Breastfed - Details: _____
- Bottle-fed - Details (including how much and how often, is the bottle heated? are there any additives to the bottle?): _____
- Introducing solid foods - Details (including how much, how often): _____
- Full diet

Food and drink likes/dislikes: _____

OTHER INFORMATION ABOUT MY CHILD

Baby sitter: _____

Phone: _____

Child care centre/family day care centre: _____

Phone: _____

After School care: _____

Phone: _____

Regular activities/commitments (eg. playgroup, sports etc) (include days, times etc):

Bedtime and other routines including settling routines (eg. favourite toys, music, nursery rhymes, sleep times, lighting etc):

IF I'M HOSPITALISED, I WOULD LIKE THE FOLLOWING TO OCCUR IF POSSIBLE

- My child to be brought to see me when I'm well enough
- Photos of my child brought/sent to the hospital to have with me
- Regular photos/videos of my child to be sent to me if I'm too far away for visits
- To speak to my child regularly by phone when I'm well enough
- My child to be shown photos of me regularly
- Other: _____

PLEASE RECORD ANY ADDITIONAL INFORMATION HERE

Parent Signature: _____

Date: / /

Parent Signature: _____

Date: / /

DO NOT WRITE IN THIS BINDING MARGIN







