

Working with parents with mental illness – overview of guidelines

Parental mental illness does not imply an automatic inability to meet a child's needs. However, the impact on dependent children of a parent living with mental illness needs to be recognised. The process for considering the needs of and responding to dependent children of consumers of mental health services is outlined in the Queensland Health policy *Meeting the needs of children for whom a person with a mental illness has care responsibilities*. See overleaf for flow chart to support implementation of COPMI Policy and guidelines.

Aims of the guidelines

- Provide a framework for the ongoing consideration of risk and protective factors in relation to any child protection concerns.
- Assist in identification of support needs for the parent/carer in relation to their parenting role.
- Assist in identification of the support needs of the children regarding their parent's /carer's mental illness.

Assessment of the impact of parental mental illness

In order to determine the impact of parental mental illness, the current functioning and needs of the parent, the child, and the parent-child relationship should be considered, as well as their social and physical environment. In each of these domains both **protective and risk factors** should be examined.

	Parent living with a mental illness	Child or young person	Social and physical environment
Illness related	<ul style="list-style-type: none"> ● symptoms, severity and phase of the mental illness ● access to treatment and support ● co-morbidities 	<ul style="list-style-type: none"> ● child/youth mental health, disability, chronic illness or developmental delay 	<ul style="list-style-type: none"> ● socioeconomic status ● ethnicity and cultural identity ● discrimination and racism ● family/community violence ● housing and employment – quality, stability and security ● recreation and leisure opportunities ● health, education and psycho-social support services ● extended family and community support
Individual factors	<ul style="list-style-type: none"> ● coping and interpersonal skills ● personal history – childhood experiences, loss & trauma ● sole/shared parenting and other family supports 	<ul style="list-style-type: none"> ● age and gender ● temperament ● academic achievement ● social skills ● peer relationships 	
Parent-child relationship	<ul style="list-style-type: none"> ● understanding of child development ● attitude to parenting role ● interest and concern for child ● provision of basic care needs 	<ul style="list-style-type: none"> ● quality of relationship with and between parents ● sibling relationships ● extended family relationships/ support 	

For further information see the table of risk and protective factors (Fact sheet 2).

Clinical judgement

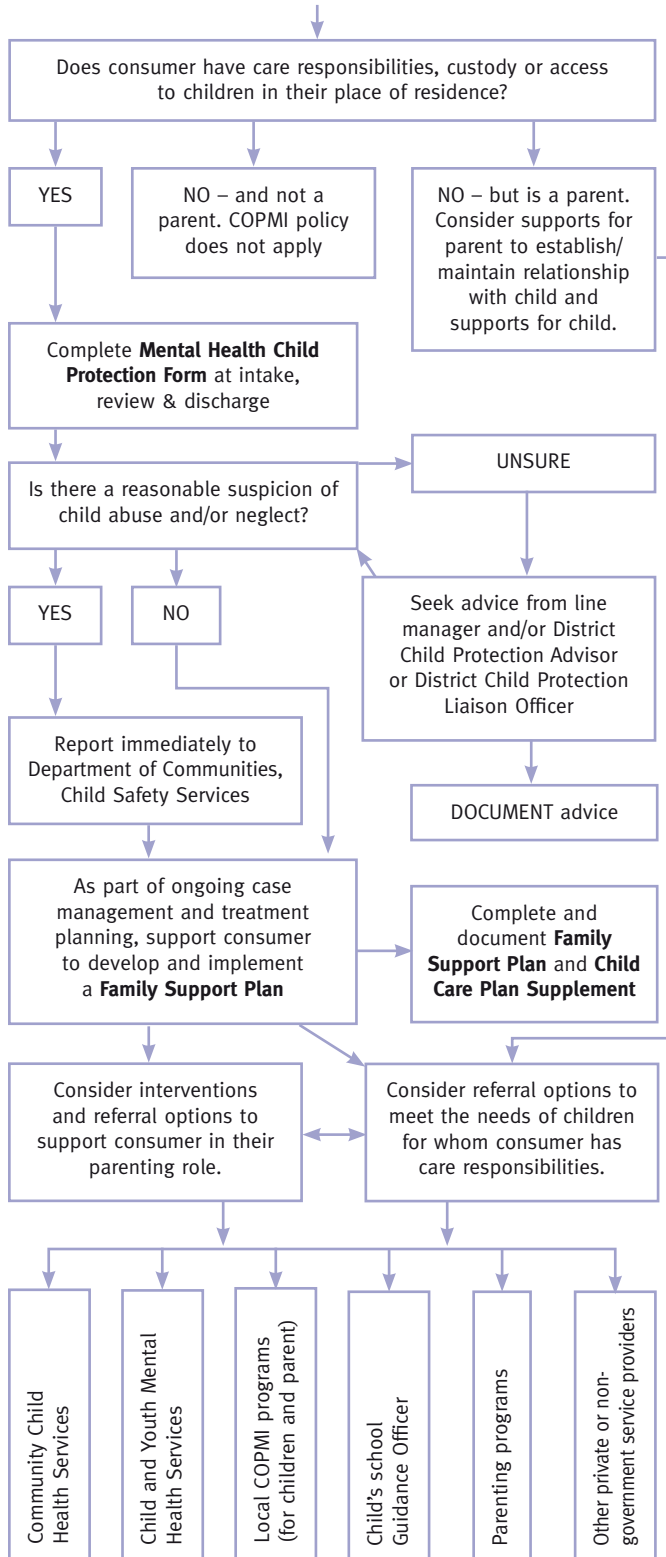
Establishing whether the parent has the ability to ensure the child's needs can be met, and whether any additional interventions or supports are required for parent or child will rely on your observations (direct or through report from reliable others) of:

- parent's perceptiveness, responsiveness and flexibility with respect to parenting role
- parent-child interactions and relationship
- child's physical, social and emotional wellbeing
- availability of family and community support.

Clinicians should aim to create an environment in which parents are comfortable discussing their child's needs and any difficulties they experience in their parenting role. For suggested questions see clinical interview prompt sheet (Fact sheet 3).

COPMI Policy: Meeting the needs of children for whom a person with mental illness has care responsibilities

At each contact with the consumer consider and document the impact of consumer’s mental illness on their ability to parent, including risk and protective factors in relation to the child, the parent and the social and physical environment.



Provision of ongoing support

Appropriate supports for the child and parent should be facilitated. This may include development of a **Family Support Plan** and referral to local child, parenting and family support services. Significant risk factors, with few protective factors, may constitute a reasonable suspicion of child abuse or neglect, which must be reported to the Department of Communities, Child Safety Services. For additional information, refer to the full copy of **Working with parents with mental illness – guidelines for mental health clinicians** and speak to your line manager, a Child and Youth Mental Health Service (CYMHS) worker, your local Child Protection Liaison Officer (CPLO) or Child Protection Advisor (CPA), or cultural workers as appropriate.

Additional information and resources

Queensland Health – www.health.qld.gov.au

- Working with Interpreters Guidelines
- Child safety – Health Professionals Capability Requirements and reporting responsibilities

Mental Health Directorate – www.qheps.health.qld.gov.au/mentalhealth/default.htm

- COPMI Policy – Meeting the needs of children for whom a person with mental illness has care responsibilities
- Family Support Plan and Child Care Plan supplement
- Working with parents with mental illness – guidelines for mental health clinicians
- Dual Diagnosis Policy – Service delivery for people with dual diagnosis (co-occurring mental health and alcohol and other drug problems)

Child Safety Unit – www.qheps.health.qld.gov.au/csu/home.htm

- Fact Sheets
- Key District Contacts (CPLO/CPA)
- Protecting Queensland Children – Policy Statement and Guidelines on the Management of Abuse and Neglect in Children and Young People (0-18 years)

COPMI National Initiative – www.copmi.net.au

- Keeping families and Children in Mind – COPMI mental health worker education resource
- Workers resources
- Parents and families
- Children and young people

For more information and to view COPMI policy and guidelines visit the QHEPS site: qheps.health.qld.gov.au/mentalhealth/html/careofchild