



Barnardo's response to  
Draft Revised Mental Health Act 1983 Code of Practice  
consultation

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*Permission is granted for Barnardo's response to be quoted*

### **Our relevant work**

1. As one of the UK's leading children's charities, Barnardo's believes in children regardless of their circumstances, gender, race, disability or behaviour.
2. Every year Barnardo's works directly with over 115,000 children, young people and their families through 394 vital projects across the UK. Over 30 of our services focus on supporting families where a parent or child is experiencing mental health problems.
3. Barnardo's works in a range of ways to improve the emotional wellbeing and mental health of families and children. We aim to intervene early through resilience-promoting interventions which learn from and replicate the factors that enable some children to resist and recover from early adversity. We work with emerging mental health difficulties by providing emotional and practical support to children, young people and families through a variety of approaches including counselling; therapeutic work; someone to talk to; arts; peer support or through helping young people to access counselling or other specialist mental health services. We also support children, young people and families when things reach crisis point.
4. In addition, Barnardo's works with hundreds of young carers in our 18 specialist services across the UK, many of whom care for parents or family members with mental health problems.
5. Barnardo's young carers development project 'Keeping the Family In Mind' has recently produced a *Keeping the Family In Mind resource pack*.<sup>1</sup> The pack raises awareness of the issues faced by children and young people when a parent has mental health difficulties. It is aimed at professionals and agencies that may come into contact with parents with mental health difficulties and/or their children. The aim is to inspire change through: better communication between staff and children and young people; development of appropriate family visiting facilities; and increasing staff understanding and confidence in addressing family issues with parents. The pack has been designed as a multi-media resource containing visual aids such as posters and a DVD, as well as reports and advice sheets. All the resources in the pack have been written and produced with the participation of children and young people.
6. Barnardo's also provides support for parents with mental health support needs through our network of parenting and family support services. Many of our services work with the whole family to make sure they get the help they need.

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<sup>1</sup> Barnardo's Keeping the Family in Mind (KFIM) is a development project which has grown out of Barnardo's Action with Young Carers Project in Liverpool. One of its objectives is to increase awareness and understanding of the effects of adult mental ill health upon the whole family, especially children.

7. Barnardo's recently collaborated with the Care Services Improvement Partnership (CSIP), Family Welfare Association (FWA) and the Mental Health Act Commission to review the policy and practice of 60 adult mental health services in England<sup>2</sup>. It was found that just four out of 21 service policies stood out as being comprehensive user-friendly documents with evidence of commitment to promoting parent-child contact where appropriate (Scott et al, 2007)<sup>3</sup>. In addition, despite the clear provisions set out in these policies, the Commissioner's observations of visiting areas demonstrated that facilities did not always live up to expectations given in the policies. The review also highlighted a considerable gap between the perspectives of staff and those of children and young people regarding the provision offered.
8. Barnardo's recently lobbied (in conjunction with Young Minds and others) on children's issues on the Mental Health Bill as it passed through Parliament. At Lords' Committee Stage our two probing amendments tabled by a Labour Peer, Baroness Gibson of Market Rasen received cross-party support. These would have required professionals to provide information to children in light of the child's age and understanding, and to undertake an assessment under s.17 Children Act 1989 when appropriate. The Minister responded: 'In summary we believe that there is already a legal framework to ensure that children's needs are assessed and met. However we recognise that practice in this area must be improved, hence the need to cover it clearly in the code of practice – not just in the children's chapter – and to continue policy development in this area. Indeed we would welcome cooperative work with Young Minds, Barnardo's and the NSPCC to ensure that the code of practice is, in their view, adequate'.<sup>4</sup>
9. In developing our response to this consultation on the associated Code of Practice we consulted with our services which work directly with children and families experiencing mental health problems.

### **Specific answers to questions raised in the consultation document**

*Question 6: What do you think of the guiding principles in the draft Code? How could they be improved?*

1. Barnardo's has long been concerned that support offered to parents affected by mental health difficulties does not recognize the needs of the whole family. We are concerned that the Code currently contributes to the dominant culture in Adult Mental Health Services where the service user is viewed primarily as a

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<sup>2</sup> The review was funded jointly by the Department of Health CAMHS Programme and from CSIP's Social Inclusion Programme.

<sup>3</sup> Scott, S, Robinson, B and Day, C (2007) *Parents in hospital: How mental health services can best promote family contact when a parent is in hospital*. Barnardo's, Barkingside.

<sup>4</sup> Lords Hansard 17 January 2007, Col.688

- patient, but overlooked as a parent. We strongly suggest that the Code should emphasise the importance of viewing the patient from a family perspective as far as possible.
2. Barnardo's welcomed the government's recent commitment to a whole family approach which was outlined in the Cabinet Office (2008) paper *Think Family*<sup>5</sup>:
 

*"In a system that 'thinks family', contact with any service offers an open door into a broader system of joined-up support. This does not mean that every problem is solved by every service, but that staff see any moment of engagement as an opportunity to identify need and direct support to the individual and their wider family."*
  3. Barnardo's strongly recommends that the language and content of the Mental Health Act Code of Practice should support the government's commitment to a 'no wrong door' policy. The guiding principles in particular should outline this ethos so that the needs of children and young people are consistently taken into account when assessment, treatment or aftercare of a patient is delivered.
  4. In 1.5, we recommend amending the statement to include reference to children as follows (In italics): "The involvement of carers, family members, *including children*, and other people who have an interest in the patient's welfare should be encouraged (unless there are particular reasons to the contrary) and their views taken seriously". A recent review<sup>6</sup> concluded that children and young carers in many NHS Trusts are discouraged from being involved in their parent's care by Adult Mental Health Practitioners who are insufficiently trained in engaging appropriately with them.
  5. Barnardo's is also concerned that young carers in particular are neglected by the Code. The term 'carers' is used frequently and throughout and it is important that young carers are explicitly referenced throughout in the same way (currently they receive just one mention - at section 18.23). It is suggested that an explicit reference to young carers is provided in the guiding principles section, and then continued throughout the Code.

*Question 4: Is there material that the Code ought to cover that is missing from the draft? If so, what is missing, and how should it be addressed in the Code?*

## **Chapter 4 – Assessment**

1. In 4.10, we welcome the reference to the patient's social and family circumstances (bullet point 5) and the effect on those close to the patient of a decision to admit or not to admit under the Act (bullet point 10). However,

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<sup>5</sup> Cabinet Office Social Exclusion Taskforce *Think Family: Improving the life chances of families at risk* (2008) P.7

<sup>6</sup> Scott, S, Robinson, B and Day, C (2007) *Parents in hospital: How mental health services can best promote family contact when a parent is in hospital*. Barnardo's, Barking.

- explicit reference is needed with regard to the patient's role as a *parent* specifically. The Cabinet Office report *Think Family*<sup>7</sup> states that adult services should "consider their clients as parents and ensure that they are supported to fulfil their parental responsibilities". We therefore suggest including a bullet point stating: *The patient's role as a parent, and the support needed to enable him / her to fulfil this potential.*
2. In section 4.60/4.61, reference is made to involvement of 'carers and other family members' in the decision making process. We propose that the guidance should also include directions on involving young carers, the patient's children or children's services in the decision making process where it would be appropriate for the child and agreed by the patient. Barnardo's services frequently report that young carers are the 'hidden help' and often take considerable practical and emotional responsibility for their parent and other family members. It is therefore important that Adult Mental Health Services actively identifies young carers and involves them in the decision making process. Specifically, the guidance should recommend: *Appropriate liaison with children's services in the event that an application for detention of a parent is considered.*
  3. Likewise, at sections 4.68/4.69/4.70, we would like to see guidance that the *outcome* of assessment should be provided to the patient's children in an age-appropriate way.
  4. Note: although reference is already made to providing age appropriate information to children and young carers in 18.23, this only refers to the *treatment* stage, and we feel that the same is needed for the child and/or young carer at the point of *application for detention* and at *assessment* stage.

## Chapter 18 – Information for parents and nearest relatives

5. At 18.23 we welcome the inclusion of guidance for age appropriate information to children or young carers about the patient's treatment, however, we would also welcome the inclusion of two important points:
  - Adult Mental Health Services must take on the role of assisting the child in understanding and dealing with the information provided. This is an explicit aim of government - the recent Cabinet Office report *Think Family* stated that adults' services should explore the support needs of their clients' children, just as children's services need to look out for the problems parents may face<sup>8</sup>.
  - NHS Trusts should seek to offer training to mental health professionals about the importance of age appropriate information, and how best to offer

<sup>7</sup> Cabinet Office Social Exclusion Taskforce *Think Family: The key characteristics* (2006) P.7

<sup>8</sup> Cabinet Office Social Exclusion Taskforce *Think Family: Improving the life chances of families at risk* (2008) P.12

this. Barnardo's *Parents in Hospital* report confirmed that professionals are not confident about providing information in an age appropriate manner.

## Chapter 20 – Visiting patients detained in hospital

6. At 20.11 / 20.12 we welcome the inclusion of guidance on policies and procedures for children who are visiting family members in hospital. However we feel that this guidance should go further. Barnardo's recent research (Scott et al, 2007)<sup>9</sup> revealed that some NHS Trusts need to address a significant gap between what is *said* in their policies and what is *happening* in practice. The research found no correlation between good policies and good practice, and in fact, three of the family visiting facilities identified as 'poor' were found in three of the four NHS Trusts with the best policies. In addition, the majority of settings did not provide child-friendly spaces for family visits. The Code must emphasise the importance of actually providing appropriate visiting facilities in practice.

*"We met in a horrible doctor's office – no room, dirty, full of papers and some staff didn't realise we could use the room, so dithered when my family arrived and left them waiting in the corridor with all the other patients looking on"* (ex-patient interviewed for the research).

7. We would also recommend an amendment to the Code to state that NHS Trusts must seek to ensure that staff are provided with information and training. This training must not only address practitioners' confidence in working with children and young people but also increase their understanding of the *importance* of working sensitively and appropriately with children and young people. Barnardo's believes that guidance should consistently emphasise a holistic approach to care so that a culture of 'thinking family' (as envisaged by the Cabinet Office *Think Family* report) will be created.
8. It is also anticipated that the forthcoming SCIE / NICE guidelines will guide on whole family ways of working, and the Mental Health Act Code of Practice should refer practitioners to these guidelines where appropriate.
9. Young people told us that:

*"They say things like, 'we only work with your mum', but my mum lives with me so it's all connected"* (young person)

*"nobody talked to you... and the nurse was quite snappy with us. ... I just wanted some questions answered about my mum's illness."* (young person)

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<sup>9</sup> Scott, S, Robinson, B and Day, C (2007) *Parents in hospital: How mental health services can best promote family contact when a parent is in hospital*. Barnardo's, Barking

## Chapter 24 – Treatment Plans

10. Barnardo's welcomes the reference in 24.10 / 24.11 / 24.12 to recognising the vital role of carers in the care planning process and addressing the concerns and wishes of the carer. However, it is important that the Code also recognises that young carers have very different needs to adult carers. Barnardo's would like to see a statement in the Code that explicitly states that Adult Mental Health Practitioners are responsible for ensuring that young carers are appropriately involved in decision making about leave of absence.
11. Barnardo's *Parents in Hospital* Research (Scott et al, 2007)<sup>10</sup> found that there is often an assumption that social care professionals will support the concerns and wishes of the child or young carer. However, in reality, our services tell us that social care is often not involved with the family because the child does not meet the minimum threshold. The Adult Mental Health Practitioner may be the only professional supporting this family, and therefore the government would envisage that he or she undertakes this role of supporting the child or young carer. (See the 'no wrong door' section of the Cabinet Office (2008) *Think Family* report<sup>11</sup>. This must be emphasised in the Code of Practice.

## Chapter 28 – Supervised community treatment

12. Barnardo's welcomes the section on responding to concerns raised by the patient's carer or other people. However, we are very concerned that consideration is not given to children or young carers in this section. Supervised community treatments should be reviewed within the context of a whole family assessment so that children and young carers are identified and supported according to their needs.
13. Barnardo's practice experience has shown that young carers often refuse to ask for help because of fear of losing their parent. This means that responsibility falls on young carers and there is often no advocacy within the statutory sector for them. The Cabinet Office (2008) *Think Family* report advocates for coordinated assessment processes which take into account interrelated needs and the wider family situation. The Mental Health Act Code of Practice must therefore clearly state the role that Adult Mental Health Services have in ensuring that high priority and consideration is given to the impact on the young carer of a supervised community treatment.

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<sup>10</sup> Scott, S, Robinson, B and Day, C (2007) *Parents in hospital: How mental health services can best promote family contact when a parent is in hospital*. Barnardo's, Barking

<sup>11</sup> Cabinet Office Social Exclusion Taskforce *Think Family: Improving the life chances of families at risk* (2008)