

Family Minded

Supporting children in families affected by mental illness



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BELIEVE IN CHILDREN



Barnardo's

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'You want your mum even when she's ill, especially when you're just a kid.'

Children rely on their parents for practical and emotional support to grow up. But when a parent becomes mentally ill, that support changes. Although most parents go on looking after their children effectively, some find it difficult for a time to continue as before. Then, the whole family needs to be able to rely on services that are 'family minded'.

About one in six adults in the UK experience some form of mental illness during their lifetime.¹ It is likely that many of them are parents. Studies have shown that 10 per cent of all female patients have a child under one year old, and that a quarter of women referred for mental health treatment have a child under five years old.²

In this report, Barnardo's wants to highlight some of the best policy developments and practices that sustain families when a parent becomes mentally ill. We also address some of the challenges that remain for creating services that take the whole family into account.

About this report

Family Minded is based on the experiences of a number of Barnardo's services that work with children whose lives are affected by parental mental ill-health. It is informed by the academic literature in this field. We explore the challenges of parental mental illness for both policy and practice, addressing mental health policy and practice in all four nations of the UK.

A wide range of Barnardo's services work with children and young people whose parents live with a mental illness. These include services for young carers; children's centres; parent education projects; behaviour support; family centres; help for people with substance abuse problems, and psychological support. The aim of this report is to share knowledge and information from our work in order to:

- Raise awareness that many people with mental illness are parents and that their illness can affect children and family life in many ways.
- Highlight the need for both children's and adults' services to 'think family' – by focusing on the needs of the whole family when parents are mentally ill and working together to commission and deliver services.
- Show how some Barnardo's projects across the UK work with families affected by parental mental illness.

¹ Office for National Statistics, 2000 ² Royal College of Psychiatrists, 2002

How does parental mental illness affect children and families?

Mental illnesses may be as varied as physical illnesses in their presentation and impact. The type, severity and duration of a parent's mental illness influences the impact on children³. Children can become isolated from friends and wider family; they are often burdened by caring responsibilities, and can feel embarrassed or ashamed because of the stigma of mental illness and discrimination associated with it. But with the right support and clear information⁴ children can be helped to cope with what is happening.

Most parents with mental illness go on caring with great love and commitment for their children. But their situation can be made more difficult than it should be if they do not receive the understanding and support they need – such as appropriate care packages, financial support, practical support and advocacy in decision-making. They are also more at risk of unemployment or low pay and the poverty that goes with this⁵.

We also know that since women are still overwhelmingly the primary carers for children, especially in the early years, the mental illness of a mother is likely to have a particular impact on children⁶.

A parent's mental illness affects the whole family

Impact on parents

Coping with a mental illness at the same time as looking after children can put parents under considerable pressure. Although they generally want to care for their children as usual, mental illness can leave parents isolated and preoccupied with their own feelings and needs. Asking for help with parenting is hard to do, especially if parents fear their care-giving skills may be criticised, or the family separated⁷.

Parents worry about the impact that their mental illness may have on their children⁸. Even when they are in hospital they go on thinking about their children and caring about their welfare. For example, parents admitted as in-patients have voiced concerns about unsuitable hospital visiting conditions for children⁹. It is important for the family to maintain contact in these circumstances and hospital staff need to be aware of these issues and make visiting facilities as welcoming as possible¹⁰.



Impact on children and young people

Children can feel afraid, anxious or guilty about their parent's illness, and find it hard to make and keep friends¹¹. Mental illness can be difficult to understand and some children and young people fear that the same thing could happen to them. Young people can blame themselves, thinking that their parent's illness is somehow their fault. A mentally ill parent can behave in ways that can be confusing or distressing for children¹² who may then feel too embarrassed to invite friends back to their homes¹³.

Some children are more resilient than others and seem to cope better with their parent's mental illness, understanding more of what is happening and supporting their parent with confidence. A child's age, gender, temperament and intelligence are among a range of factors that affect a child's resilience to this particular situation¹⁴.

The 2001 Census estimated that 175,000 children and young people aged 18 and under help provide care for an ill or disabled person¹⁵. There are no reliable estimates about how many of these are caring for someone with a mental illness, but our services for young carers indicate that a majority of their service users have parents with mental illnesses. Many young people show great maturity in the care they provide to their parents, dealing with medication and providing emotional support. Our services report that this is all the more so when, for one reason or another, their parent is not getting all the help they need from other services. We know that this can be a strain on children and affects their schoolwork and social lives¹⁶.

³ Henry & Kumar, 1998; Aldridge & Becker, 2003 ⁴ Barnardo's, 2007; RCP, 2004; National Schizophrenia Fellowship (Scotland), 2004
⁵ ONS, 2000 ⁶ Mental Health Foundation, 2002 ⁷ Stallard et al, 2004 ⁸ Stallard et al, 2004 ⁹ Barnardo's, 2007 ¹⁰ Barnardo's, 2007

¹¹ see Hall, 1996; Hindle, 1998; Aldridge & Becker, 2003; Stallard, 2004 ¹² Hindle, 1998 ¹³ Cogan, Riddell & Mayes, 2005 ¹⁴ Aldridge & Becker, 2003; Hall, 1996 ¹⁵ Cited by Mind 2007 ¹⁶ Barnardo's 2006

Policy context

The policy framework and strategic environment in which services operate is complex, leaving practitioners struggling to fulfil the competing responsibilities placed on them by mental health, child protection, community care, carers, and other legislation. Young people have at times been invisible in adults' mental health plans and strategies. A review of the English National Service Framework for Mental Health noted 'impressive' progress in some areas but 'little to report on improving the support we provide for family carers'¹⁷. But policy *can* be changed to reflect the needs of children and their families. For example, in 2006 the Mental Health Bill for England and Wales was 'age-blind', with no recognition about the specific needs of children whose lives are affected by parental mental health problems. Now the Bill has been significantly amended to provide better support and treatment for young people receiving services¹⁸ and the associated Code of Practice includes guidance for children of adults receiving mental health treatment¹⁹. There is also a lot of good advice on developing collaborative policy – for example, from the Department of Health,²⁰ Royal College of Psychiatrists²¹ and SCIE²² (2003).

There is growing awareness too that attitudes and policies in health, education and social care must change, to take account of the needs of children with parents who have long-or short-term periods of mental illness. There are signs that this is beginning to occur in the way services are designed and how accessible they are. Moves towards joint commissioning – where adults' and children's services jointly plan and deliver support for families – are particularly welcome.

For example, in England, the Children's Plan (2007) stresses that services should adopt a whole family approach: 'This means that children's and adults' services must have arrangements in place to ensure that no young person's life is unnecessarily restricted because they are providing significant care to an adult with an identifiable community care need'²³.



The Cabinet Office's Think Family (2007) document challenges many of the ways in which services are delivered²⁴. It emphasises that adults' services should always consider whether service users are parents and what implications this has for the service that is required: 'There should be "no wrong door" for services: any engagement with a particular service should lead to opportunities for help with the range of issues a parent and their family faces.' These aims are reflected in the positive practice guidance for caring for mentally ill patients, which includes a section about parents. This calls for assessments to 'assess the potential or actual impact of mental health not only on the parent, but on parenting, the parent and child relationship, the child and the impact of parenting itself on mental health'²⁵.

Barnardo's welcomes the recent aspirations for developing policy in Northern Ireland where 'Families Matter' gives support for more family-focused outcomes, integration and multi-agency working²⁶.

In Scotland, the 'Getting it Right for Every Child' programme sets the overall agenda for outcome-focused policy and multi-agency working in support of children and families. The forthcoming Early Years and Early Intervention framework will provide detailed policy on early intervention work with the 0–8 age group – a joint policy between national and local government²⁷. In common with other UK policies, 'Getting it Right' aims for 'children and families [to] experience a coordinated and unified approach to having their needs met'²⁸.

In Wales, the National Assembly is drafting legislation for 'vulnerable children'. This includes support for parents who have a mental illness that may affect their children's wellbeing and opportunities. Welsh legislation recognises the importance of supporting parents as well as children. Welsh policy-making takes a holistic view of families when parents or carers have mental health needs; the National Service Framework for Adult Mental Health (2005) makes it a performance target to 'address the needs of children experiencing... vulnerability as a consequence of their parent's... mental health problem'²⁹.



¹⁷ Appleby, 2004 ¹⁸ Mental Health Act for England and Wales, 2007 ¹⁹ Forthcoming, consultation closed, 01/08 ²⁰ Falkov, 1998

²¹ RCP, 2002 and forthcoming ²² SCIE, 2003 ²³ DCSF, 2007

²⁴ Cabinet Office, 2007 ²⁵ DH, 2008 ²⁶ Dhsspsni, 2007 ²⁷ The Scottish Government, (forthcoming 2008) ²⁸ Scottish Executive, 2006 ²⁹ NHS Wales, 2005

The challenges for practice

Whilst much progress is being made in policy development, many challenges remain which in practice make it difficult for families to get the right support and help. Recent research by Barnardo's and others, including the Mental Health Act Commission, indicated that practice in supporting children whose parents suffer from a mental illness still often falls short of policy³⁰.

Acknowledging the parent-child relationship

Increased awareness of the relationship between children and their parents is important if services are to be designed in a way that acknowledges the complex effects of mental illness on the whole family³¹.

As some of our case stories indicate, many young people show great maturity in the care they provide for their parents, taking responsibility for medication and dealing with emergencies. In this situation, adults' mental health services may learn much from a young carer's knowledge of their parent. According to Aldridge and Becker (2006), recognising children's experiences and contributions leads to more helpful interventions for children and parents³².

Specialist services and communication barriers

Adults' and children's services tend to work in specialised ways; each has its own organisational, legislative and practice challenges. Taken together with large caseloads, and specialist training, this can mean that practitioners feel cautious about working holistically with families.

But for parents and families to get the care they need, every practitioner must be equipped to consider the needs of the whole family, making referrals for specialist support where necessary and communicating across service boundaries.

Barnardo's (2007)³⁰ identified a need for information and training for staff to increase their:

- knowledge of the benefits to parents and children of family contact
- confidence in addressing family issues with patients
- skills in communicating with children and young people
- ability to challenge the stigma of mental illness and barriers that it creates between parents, carers and children.



Working collaboratively

Protocols and processes need to be in place to support collaborative working, assessment and support between mental health and children's services with clear lines of responsibility. SCIE³³ (2003) found that the very act of writing a joint protocol 'is a model for good working together'. But concerns regarding confidentiality and information sharing, as well as a lack of resources, can create barriers to collaboration³⁴ and increase the separation between parents' and children's needs.

There can be confusion about which services are involved with the family, and how roles should be co-ordinated. When several agencies are involved in a parent's care, families feel better supported if they can identify a key worker³⁵. It means that the knowledge and skills of different agencies and professionals can be coordinated to make sure that the whole family's needs are recognised. The literature indicates that collaborative working between adults' and children's services, which includes training, resources, and clear lines of accountability and communication is therefore the best way to proceed³⁶.

Stigma around mental illness

In 2006 The Chief Nursing Officer's review of mental health nursing³⁷ in England called for the stigma associated with mental illness to be challenged by mental health services. Social attitudes surrounding mental illness deter some parents from seeking help. Discrimination against black and minority ethnic groups and asylum seekers adds to the burden of stigma for these groups³⁸. Stigma can also stop children from talking through their concerns about their parent's illness.

Together, these complex challenges mean that children's needs may be overlooked, to the detriment of the family. Barnardo's believes it is important to meet these challenges if services are going to be able to support the whole family in coping with mental illness.

³⁰ Barnardo's, 2007 ³¹ RCP, 2002 ³² Aldridge and Becker, 2003; Aldridge, 2006

³³ SCIE, 2003 ³⁴ Hetherington & Baistow, 2001; Aldridge, 2006 ³⁵ Aldridge and Becker, 2003 ³⁶ Hetherington & Baistow, 2001

³⁷ DH, 2006 ³⁸ Walker, 2002

How does Barnardo's help?

Barnardo's provides direct support to over 115,000 children and young people and we campaign to bring about lasting improvements to their lives. We estimate that in 2006/2007 we worked with 18,550 children and young people whose parents are affected by mental illness. We also supported approximately 8,750 parents with mental illnesses over the same period, providing families with ongoing support or parents with one-off sessions or drop-in counselling, for example.

Making sure that families get the help they are entitled to

Our experience is that many parents are not aware of the range of support to which they are entitled, such as benefits, help with childcare or family support. Their illness may leave them feeling overwhelmed and not knowing where to go for help. So we try to make sure that parents receive thorough assessments and have access to welfare rights advice.

Supporting children and young people, liaising with schools and other services

Barnardo's projects liaise with schools and teachers working closely with the child to make sure they can cope at school and that the consistency which school provides in their life is maintained, even though there are upheavals at home. This may include, for example, making staff aware of the pressures a child is experiencing at home, which may at times lead to poor attendance or disruptive behaviour. When a parent needs to go into hospital this sort of support becomes doubly important; our projects continue to offer practical, emotional and social back-up for children at this time, and also help them to cope when they are reunited with their parents.

We help children to form relationships with people working with their parents, such as community psychiatric nurses, because this can be a really effective way of ensuring appropriate treatment – after all, the child may be the person who knows the parent best. By being able to help in this way, children can feel more in control of a difficult situation and many children can feel proud of the support they give a mentally ill parent.

Sometimes parents need help to resume their parenting role and to care properly for their children. Barnardo's services help with practical parenting and liaise with other services like child and adolescent mental health services to ensure that the children are coping emotionally. Some Barnardo's family centres offer specialist therapies to help the whole family to cope with trauma.

Promoting understanding, breaking down stigma

Barnardo's provides children with clear information about their parent's illness to increase their understanding and ability to cope. Often a key element of this is helping children to realise that their parent's mental illness is not their fault.

Social stigma can leave children and their parents feeling ashamed to talk about their illness and afraid that the family will be split up. By liaising and encouraging communication with a range of support services, Barnardo's helps families to break the stigma and talk openly with each other and with people who want to help them, about their illness and how they can be supported as a family.

Promoting collaborative working

Promoting collaborative working between adults' mental health services and children's services is a critical element of Barnardo's work with children whose parents have a mental health problem. Project workers liaise with services to make sure that everyone is working together in the best interests of the family and help all to understand the parent's crucial importance as a parent. They not only advocate for the child, but often also for the parent, especially if it seems his or her role as a parent might be overlooked.

Barnardo's experience is that, at times, children go unnoticed when a parent needs mental health treatment. Barnardo's is also concerned that although a patient may be identified as a parent, a lack of clarity about whose role it is to support the children can prevent adults' mental health services from providing appropriate support. Clear roles and responsibilities, collaborative working and good inter-agency communication are needed to ensure better services for the whole family; joint commissioning provides a valuable basis for developing such practice.

'Think family!'

Barnardo's work confirms the belief that providing consistent support for the whole family improves long-term outcomes for children and parents and alleviates the distress of mental illness. Barnardo's services recognise the strong link between parents' and children's welfare and aims to support both parents and children. By working in this way, we can deliver lasting improvements for the whole family.

Barnardo's expertise and experience means we support and influence policy developments that encourage working with the whole family and look forward to more strategies being put in place that will enable children's and adults' services to work together.

Barnardo's services featured in the stories on the next pages work in a way that takes the whole family into account. They know that parents with mental distress cannot be treated in isolation from the rest of their family and how important it is to 'think family'.

Stories from our work

Ellen

'Now mum's got people she can call, I can get out with my mates.'

Ellen's life was very different to most 16-year-olds. Her mother Lou has suffered from epilepsy and depression, and frequently felt miserable and tearful. As a result, Ellen became the main carer for her mother, coping in all emergencies and being on call 24/7.

A lively teenager, Ellen was unable to have any social life and this led to stress and arguments. The normal ups and downs of growing up became traumatic for Ellen, who felt isolated and trapped by her caring responsibilities. The pressure of looking after her mother and making sure Lou took all her medication, including the anti-depressants, became too much. Ellen began to self-harm and even wished to end her life, in a bid to escape the stress.

At this point, Barnardo's became involved and arranged for Ellen's older brother and aunt to help look after Lou, so that Ellen could have one-to-one counselling. She was given an emergency mobile number for a counsellor at the project to call when she needed help. And, as she began to feel more confident, Barnardo's arranged for her to go out socially with other young people in a similar situation.

Once support was organised for her mother, Ellen was able to attend peer support activities, visit her brother and go out with her boyfriend. For the first time, she began to enjoy teenage life.

Of course, there are still difficult times, but Ellen hasn't cut herself or wished to die for eight months now, which is a great achievement.

Martin

'Phew! We all went on the scariest ride ever. You should've heard me scream!'

For most 11-year-olds, going swimming or bowling is nothing special. But for Martin, simple social activities that kids enjoy have turned his life around.

For Martin, helping look after his mother Lorna, who suffers with mental health problems, had become a way of life. Lorna was diagnosed with severe depression when Martin was young. She struggled to cope, she self-harmed and when a bout of depression became particularly severe, she would hear voices.

During Lorna's most difficult times, it became hard for her to organise the home, or take Martin out. Martin's physical health was affected; he became overweight. Bullying at school made him angry and withdrawn.

But the family was referred to a Barnardo's service, which focused on practical support for Martin, particularly when his mother was in crisis. He was encouraged to join a group that helped him understand his mother's mental illness and worked on his self-confidence. The group helped Martin deal with his emotions and manage his anger and invited him to take part in fun holiday activities, like swimming, bowling and even visiting theme parks.

From being a withdrawn, angry, overweight child, Martin is healthier and happier. Now not only does he get the support he needs to care for and understand his mother, but he gets to have fun like any other 11-year-old.

Joanne and Alex

'When mum went into hospital, we got split up. It was hard. Now there's a plan to keep us together.'

When Trish's severe and enduring depression led to her being admitted to a psychiatric hospital, her children, Joanne aged 12 and Alex, just 11, were placed in separate foster homes. It was a traumatic experience for all of the family, who felt they'd been torn apart. Trish was reduced to going to the school gates, just to see her children for a few minutes a day.

The experience left Trish having anxiety attacks. When they did spend time together, Alex became angry and argued with Joanne. Joanne found it difficult to relate to children her age and became isolated, with no friends. She found it difficult to keep up with school work and her confidence plummeted.

When Barnardo's became involved, they set about creating an emergency 'action plan' so that if Trish did need to go into hospital, the children could be cared for together. This took pressure off all the family. The project discussed the home situation with both children's schools, so they could understand the issues.

Workers used the Barnardo's Mental Health Resource Pack to talk to the whole family, and help the children understand their mother's mental illness and to help them find ways to cope for themselves. Feeling a level of control they have never felt before has given Joanne and Alex more confidence and a better social life.

Navgul

'Mum got ill after my brother died ...Now she's beginning to trust people again.'

Navgul was just a teenager when her Kurdish Iraqi family were forced to flee their home. During the traumatic journey to safety in the UK, her brother died and her mother, Anik, began suffering from severe paranoid schizophrenia. Anik began having daily hallucinations and felt unable to go out on her own. She began self-harming and was admitted to hospital twice because she was a risk to herself.

Caring for her mother, 15-year-old Navgul began missing school. She became anxious about her mother's health and was frightened to share information about Anik's condition in case the authorities tried to put her in hospital again. A vicious circle of misunderstanding had begun – with Navgul frightened to ask for help, yet in desperate need of both practical and emotional support.

Barnardo's first move was to break down the communication barriers and improve trust between the support services and the family. They arranged help for Anik to get out of the house without her daughter being there, and introduced Navgul to a dance group to reduce her isolation and help her make friends.

The workers also helped the teenager to get emotional support, so that she could talk about the problems – rather than hide them. From simple things like getting her to school and the doctor, to specialist counselling and attending a young carers' group, Barnardo's has helped Navgul turn her life around.

Matthew and Connor

'I thought I had to look after all my brothers and sisters alone – now I've got a key worker I can rely on.'

With a mother suffering from severe mental illness, 16-year-old Matthew felt that he was coping on his own with Christine's health problems. With five children in the family, Christine was devastated when her husband fell ill and died suddenly. She felt unable to offer her children the emotional support they needed and Matthew was left feeling the weight of the whole family had fallen on his young shoulders.

To make matters worse, 14-year-old Connor felt somehow responsible for his mother's illness and began feeling depressed and suicidal. When Christine had to be admitted to hospital for the first time, it seemed that the family were at breaking point. However, Barnardo's offered practical help – collecting the youngest children from primary school and helping arrange the children's care.

From then on, the workers have 'been there' for the children, providing specialist emotional support for Connor and helping adults' mental health services understand the full implications of the children's needs.

Christine can phone Barnardo's when she feels low, or when she wants to talk about parenting issues. This relieves Matthew of a lot of the responsibility for looking after the family; now he has someone he can trust to support him in his caring role.

Amba and Sangeeta

'I wanted to get good grades and go to Uni... now I know I can do it.'

GCSE exams are enough stress for any teenager, but when Amba's mother Veena was diagnosed with a serious mental illness, it all became too much. Keeping up with schoolwork, while coping with Veena's mood swings, caused her even more anxiety. Younger sister Sangeeta tried to help her mother by being really well-behaved. On top of everything else, Veena lost her job and the girls' father left, leaving the family with financial problems. But sadly, the family felt too ashamed and frightened by Veena's illness to talk things over with anyone else.

Keeping this secret became a huge burden for the girls. They became isolated from friends and extended family and couldn't ask for help.

Professionals caring for Veena spotted the girls' troubles and referred them to Barnardo's. Now the adults' mental health team can concentrate on getting Veena's treatment right, while Barnardo's is working with Child and Adolescent' Mental Health Services (CAMHS) specialists, so the girls can understand more about their mother's illness. The whole family is trying to talk more openly about their problems, which has been a relief for Sangeeta.

With her permission, Barnardo's made sure that Amba's school were aware of the difficulties she faced. Now she's getting more help at school and Barnardo's helped her find the money to go on a school history trip. All this means she's less worried about her exams and has the confidence to join other young people on activities arranged by Barnardo's.

Edwina and Cameron

'I dunno why, but when mummy was sad I just felt bad and cross all the time.'

At eight years old, Cameron was already getting a reputation as a 'bad kid'. At home he was aggressive towards his two baby brothers and at school he was fighting and stealing.

Cameron's mother Edwina sought help from a Barnardo's service that specialises in helping parents and children to build emotional resilience. She was looking for ways to understand her son better and for him to feel less sad and angry.

When Barnardo's started to work with the family they discovered how depressed Edwina was feeling. The birth of her youngest son, Henry, had left her with post-natal depression. Then when her father died, the depression got worse. Bringing up three children is a hard job for any parent, but Edwina's depression meant she felt distant from them, especially when they were being naughty. The family got into a vicious circle, where Cameron's behaviour got worse and Edwina felt like a bad mother because of it.

Edwina was wary of getting help for her mental health problems because she feared her boys would be taken away from her. She worried that being an African-Caribbean woman added to the stigma she faced. But perhaps because Barnardo's is a voluntary organisation she felt less threatened by the support they offered.

Barnardo's arranged one-to-one and joint sessions for Cameron and Edwina. Separately they were able to sort out their own problems and together they were able to rebuild their relationship. Now Edwina knows she's a good mother and Cameron is doing well at school.

Lisa's family

'I scored six goals and my team mate gave me a go on his bike. Brilliant day!'

With four young children to bring up, Lisa's everyday life is made doubly difficult by her agoraphobia.

Not only does she feel unable to get out to the shops, the bank, the doctor or the school, but she also feels anxious about letting her children out of her sight to play. Despite her overwhelming fears, Lisa was aware that children need to meet their friends and play outdoors, which is why she referred herself to Barnardo's.

Barnardo's approached the family's problems from a number of different angles, making sure they had practical support, as well as more specialist therapy. First of all they made sure Lisa and her husband had support with practical parenting and money management, helping to reduce some of Lisa's worries. Nine-year-old Nicholas and six-year-old Emma are having weekly one-to-one counselling sessions. They're learning how to cope with Lisa's low moods and get help with building their own confidence. Now they belong to a junior football club and take part in after school social activities with children they meet at the centre. Lisa is starting to feel better about letting them out to play.

Lisa still doesn't find it easy to go out, but at least now she feels able to let her children have their playtime and friendships.



What Barnardo's recommends

Policy and professional practice are moving in an encouraging direction, towards better support for families affected by parental mental illness. Barnardo's welcomes the policy commitments being made across all four nations in the UK to emphasise the importance of services which recognise and respond to the needs of the whole family.

The key to ensuring that best practice in supporting children and families affected by mental illness becomes common practice in every area across the UK, now lies with strategic implementation at the local level, such as joint commissioning of children's and adults' services; multi-agency assessments; professional training and development, and key workers (or equivalent) coordinating services for families.

Drawing on our services' experiences of working with families affected by mental illness, and what the literature tells us, Barnardo's makes the following recommendations:

Improve understanding of how mental illness affects parents

- Recognise that patients are often also parents and offer opportunities to discuss concerns they have about the impact of their illness on the family.
- Provide better information about the support available to families and if needed, help to access such services.
- Offer advice and support with parenting.
- Continue to raise awareness of the stigma that can surround mental illness and how this can prevent some families from asking for help.
- A named lead professional (or key-worker) to act as the main point of contact for the family, sharing information and advocating on their behalf.

Work in partnership with children to sustain the whole family

- Offer age-appropriate information to help children understand and cope with their parent's mental illness.
- Provide the opportunity for children to be involved in planning support for themselves and for their parents.
- Work with schools and other children's agencies so that, if necessary, social, emotional and practical support can be given.
- Make child-friendly visiting facilities available when parents are treated as hospital in-patients.

Put services and practitioners in the best position to 'think family'

- Develop strategic commissioning and service design which ensures that children's and adults' services can work together.
- Offer ongoing professional development and training that raises awareness of the needs of parents with mental illness and their children.
- Disseminate best practice about how to 'think family' – such as how to communicate with children.
- Professional guidance, processes and protocols must contain clear expectations about the need to take children into account when treating parents.

Messages to mental health professionals – written by young people from a Barnardo's project in Liverpool³⁹:

- 1 Introduce yourself. Tell us who you are and what your job is.
- 2 Give us as much information as you can.
- 3 Tell us what is wrong with our parents.
- 4 Tell us what is going to happen next.
- 5 Talk to us and listen to us. Remember it is not hard to speak to us; we are not aliens.
- 6 Ask us what we know and what we think. We live with our parents; we know how they have been behaving.
- 7 Tell us it is not our fault. We can feel really guilty if our mum or dad is ill. We need to know we are not to blame.
- 8 Please don't ignore us. Remember we are part of the family and we live there too.
- 9 Keep on talking to us and keep us informed. We need to know what is happening.
- 10 Tell us if there is anyone we can talk to. **MAYBE IT COULD BE YOU.**

³⁹ Keeping the Family in Mind pack, CSIP, Barnardo's (2007)

Further reading

Other Barnardo's publications available on this issue include:

Keeping the Family in Mind pack – This resource pack is aimed at anyone working with families affected by parental mental ill-health. The pack raises awareness of the issues families face and was prepared with the participation of children and young people. Care Services Improvement Partnership and Barnardo's, 2007.

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* published by Barnardo's, Family Welfare Association, Mental Health Act Commission and Care Services Improvement Partnership.

To read about Barnardo's entire range of childcare publications, visit www.barnardos.org.uk/research_and_publications or call Barnardo's Childcare Publications Line on 020 8498 7844

With thanks to the following Barnardo's projects:

Action with Young Carers, Bolton	Northern Ireland Young Carers' service
Action with Young Carers, Liverpool	Peepul, Croydon
Arch, Birmingham	Rollercoaster, Dundee
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Carefree, Leicester	SMART, Tamworth
Hopscotch, Perth and Kinross	Wakefield Young Carers
Keeping the Family in Mind, Liverpool	

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Models have posed in the photographs and case study names have been changed.

‘You want your
mum even when she’s
ill, especially when
you’re just a kid.’



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