# Parenting with Mental Ill Health: deepening our understanding and connection

## WA Family Law Pathways Network

### Annual Conference May 30th 2019

*Rose Cuff, FaPMI Statewide coordinator*

*The Bouverie Centre*

# Acknowledgements

I would like to acknowledge:

➢ Those people here today with lived experience of mental ill health, either your own or of someone close to you. I acknowledge your wisdom, strength and your unique experiences.

➢ The many people with lived experience across the lifespan who have been my guides and teachers over the past 25 years.

➢ The passion and hard work of the FaPMI coordinators, past and present.

➢ My colleagues at The Bouverie Centre, Satellite Foundation, and beyond.

➢ The Victorian State government.

# Language matters

- I will use the term mental ill-health to refer to what may also be referred to as a diagnosed mental illness, mental health challenges, mental health issues, mental distress, social and emotional wellbeing.

- I acknowledge that each person's experience of mental ill health is unique, changing and is an experience that encapsulates vulnerabilities and strengths.

- Cumulative stress can be the cause of distress and vulnerabilities which can manifest as mental health challenges

- In talking about parenting capacity I will be focussing on ideas and principles to inform the provision of strength based conversations.

- Family includes all those with a significant personal relationship with the parent/child.

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# Assessment

- Assessment is based on a western framework

- Historically it has been deeply rooted in the power differential between Aboriginal and Torres Strait Islander and non- Aboriginal people

- Assessment is a socially and culturally mediated practice.

- Aboriginal mental health is holistic, bound up in the social, emotional and, spiritual and cultural life of people and communities

# Myths and Misconceptions

- That the mentally ill consistently lie;

- That they cannot make decisions for themselves;

- That they are very likely to be violent;

- That they have reduced intellectual capacity (ie they are confused with the intellectually disabled);

- That they cannot be effective parents; and

- That schizophrenia is a "split personality".

*Evans., R, "Seeking Justice for the Mentally Ill" (1995) Law Institute Journal page 642*

# What I will talk with you about

- A bit about what brings me here and the FaPMI Program

- What do children and parents tell us?

- What do people bring to the room?

- A bit about the impacts of mental ill-health

- How can research and literature guide us?

- What are some principles we can use to engage with and promote positive outcomes for parents and their families?

- A brief look at a couple of practice models.

# The Bouverie Centre

- State-wide (Victoria) specialist family service funded by state government
- A Research Centre of la Trobe University
- Clinical family therapy service
- Post graduate academic program and Indigenous family therapy program
- Workforce development projects across mental health, AOD, Gambler's Help, Disability, Health, community services, Elder Abuse
- Coordinates the FaPMI Program.

# The FaPMI Program

# The launch of FaPMI - 2007

- Conscious move from child (COPMI) to a family focus (FaPMI)
- The FaPMI **strategy** was conceived as a capacity building initiative:
  - ➢ Victorian state government funded
  - ➢ Dedicated FaPMI coordinator positions, clinicians
  - ➢ The Bouverie Centre chosen as coordinating organisation
  - ➢ Recurrent funding
  - ➢ Half the state - allocated positions
  - ➢ Brokerage funds to facilitate direct service delivery and support

# FaPMI Expanded - 2016

- The FaPMI strategy expanded into the FaPMI **program** in 2016

- All 21 adult mental health services in Victoria now have funding for a full-time FaPMI coordinator with dedicated brokerage funding

- Opportunity to focus on the development of statewide implementation and research.

# Aim of FaPMI Program

To reduce the impact of parental mental illness on all family members through timely, coordinated, preventative and supportive action within adult mental health services.

# Some key principles

- All parents struggle at times
- The best interests of the child are the paramount consideration
- Mental ill health and mental health conditions are episodic in nature and no one person experiences them the same
- Risk/vulnerabilities should be balanced with strengths
- Mental illness undoubtedly carries with it social stigma.
- Not all parents are adversely affected and cannot parent well
- Culturally safe practices are critical
- Parents want the best for their children
- Parenting can be a powerful motivating factor in a person's recovery
- Children are resilient – they can and do thrive in families that struggle with this
- Everyone has a part to play in providing the best possible environments in which to support/gauge someone's parenting role and their mental health.

# Mental Ill-health and the whole family

The onset and course of mental ill-health can have significant impacts on the whole family :

- Relationships- intimate partner, child and family, extended family, community
- Changing parenting /partner/children's roles
- Discovery of resourcefulness
- Grief, loss and changes - to daily life, hopes and plans
- Disruption to developmental trajectories
- Additional caring roles and responsibilities
- Loss of income/ employment
- Stigma



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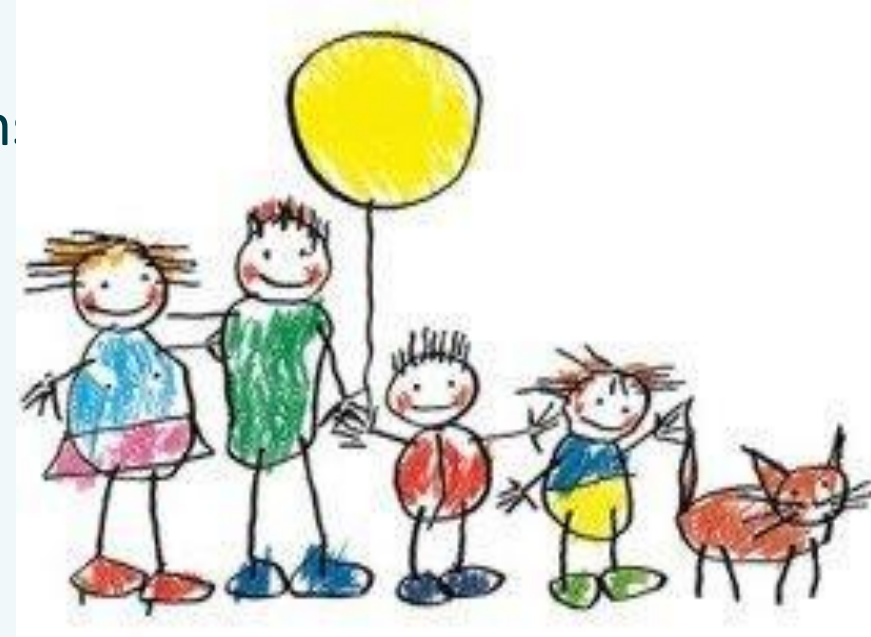
# What do children tell us?

# Hard Words: children's experiences

https://www.youtube.com/watch?v=03dF-ZYSxCY



HARDWORDS

Children's Experiences of Parental Mental Illness

# What helps children?

- Access to trusted adults
- Age appropriate information about what is happening to their parent
- Hope for and optimism about the future
- Safety plans made when their parent is well
- Absorbing interests with a sense of mastery/agency
- Access to kinder/childcare/school
- Social and community supports
- Meeting others in similar circumstances
- Conversations with parents/carers about the mental health condition
- Time out and fun with their family.

What do parents tell us?

# A parents message

- https://youtu.be/3PHa8so5eXc

# Parents have asked that programs

- be relationship-based

- involve partnerships between professionals and parents

- target goals that parents see as important

- provide parents with choices regarding strategies

- build parental competencies

- are non-stigmatising

- demonstrate cultural awareness and sensitivity, and

- maintain continuity of care over time.

(Engaging with parents: An introduction *Emerging minds 2018)*

# What can people bring into the room?

# Parents may bring….

- A deep fear of being judged, discriminated against
- Their own strengths, wisdom and resources
- Shame, and a belief they are a bad parent, have failed their child
- Wanting the best for their child and family
- Feelings of loss, grief, isolation
- Living with stigma (from family and community)
- Past negative experiences of interface with systems
- Past trauma experiences and risk of being triggered
- Challenges in cognitive processing (memory and language)
- Strong motivation to recover and parent their child.

# Parents may bring…

- Effort in managing symptoms (such as voices, dissociative states, delusions, hallucinations, suicidal ideation)

- Effects of medication/treatment, substance use, recent hospitalizations, family violence

- Everyday stresses and challenges of parenting

- Intense fear of losing their child

- A limited capacity to be reflective about the impact of their mental ill-health on their child and family

- A fear of speaking up and antagonizing the professional

- Difficulty managing emotions under stressful situations

# Children may bring…

- Everyday worries and joys of being a child/young person
- A heightened desire to be loyal, caring and protective of their parent
- Strong emotions  - anger, worry, fear, relief
- The cumulative effects of trauma e.g.  easily frightened, difficulty controlling and expressing emotions
- Confusion about what is happening to their parent and family
- Strong traits of being responsible and independent
- A negative view of their parent and family, being 'different'
- A capacity to be compassionate and kind

# Practitioners may bring….

- A limited understanding about the impacts of mental ill-health on a persons capacity to be in challenging conversations

- An empathic and compassionate stance

- A set of values and assumptions about parenting and mental ill-health

- A fear of opening up a 'Pandora's Box' i.e. if I ask too much about mental ill health, will I know what to say?

- Their own lived experience which may influence strongly how they relate to the person

- A risk/strength oriented approach

- A limited capacity to have adequate time available to engage with the parent/family

# Reminders...

- Mental ill health is a unique experience for everyone.

- The impact on parenting and families varies enormously

- Bi-directional i.e. parenting impact on our mental health and mental health impacts on parenting

- Impacts on a person's THINKING (e.g. schizophrenia, psychotic illnesses)
- Impacts on a person's  AFFECT (e.g. bipolar affective disorder, depression)
- Impacts of MEDICATION AND TREATMENT (e.g. ECT, antidepressants, antipsychotic medication, mood stabilisers
- Impacts of TRAUMA (complex trauma, PTSD)
- Impacts of  ADVERSITY (unemployment, discrimination, homelessness, family violence, substance use)

# Undiagnosed mental health, emotional and well being challenges

- Mental ill-health language can be confronting

- Engage in conversations that focus on the experiences/symptoms/everyday impacts

- How would people in their lives describe what is happening? What words? How is it impacting on them, their child, their family?

- Communicate with the parent that you are up for the conversation about big feelings

# How can research and literature guide us?

# Prevalence – Australia

- 21 to 23% of Australian children have at least 1 parent with a mental health condition that significantly impacts on their lives (Maybery et al 2009)

- 40 to 60 percent of these children are at risk to their mental wellbeing (Hosman et al, 2009)

- 12 – 45% of clients attending a public mental health service are parents with dependent children (Maybery, 2018)

- Up to 70% of children attending a child mental health service have a parent with a mental illness (Naughton, PhD research, unsubmitted)

# BUT...

- Preventative interventions can reduce the risk by 40% (Siegenthaler et al, 2012)
- Parenting experiences are unique for each individual and family and no one should assume that all parents and families struggle
- The quality of contact/engagement between individuals, families, practitioners and services is a powerful determinant of outcomes for all family members (Falkov, 2012)
- People with a mental illness can and do recover, as do their families
- We know what supports the parent-child relationship and is protective for children.

# Mothering and Mental illness

Literature review 2017

**The emerging themes identified were:**

- Shame, guilt and social isolation
- Trauma
- Concern about the effects upon the children
- Fear of child protection and removal of children
- Infant experience and maternal reflective functioning
- Valuing being a parent and identity outside mental illness.

Skibniewski-Woods., D. *Mothering with a major mental Illness: examining emerging themes from the literature* (2017)

# Fatherhood and mental illness

- Compared to many other life stages, the transition to fatherhood and the early years of childrearing are periods in which men are at a substantially increased risk of experiencing psychological distress.

- Fathers with a mental illness can be subject to unique forms of stigma, which can influence their perceptions and experiences in a number of ways.

- Fathers with a mental illness are more likely than other fathers to show low levels of parental engagement, warmth and appropriate monitoring.

*(Price-Robertson, R., Fatherhood and mental illness: A review of key issues*
*CFCA Paper No. 30 – February 2015)*

# The influences of a wider system

Bronfenbrenner (1992) developed an ecological systems theory which highlights five systems around the child that interact to shape their development

1. **Microsystems:** key interpersonal relationships and roles that define the child's day to day existence.

2. **Mesosystems:** The interaction between the different parts of the microsystem.

3. **Exosystems:** A setting that does not involve the child as an active participant but still affects them.

4. **Macrosystems:** the cultural environment in which the person lives and all other systems that affect them.

5. **Chronosystems:** the dimension of time in relation to a person's development
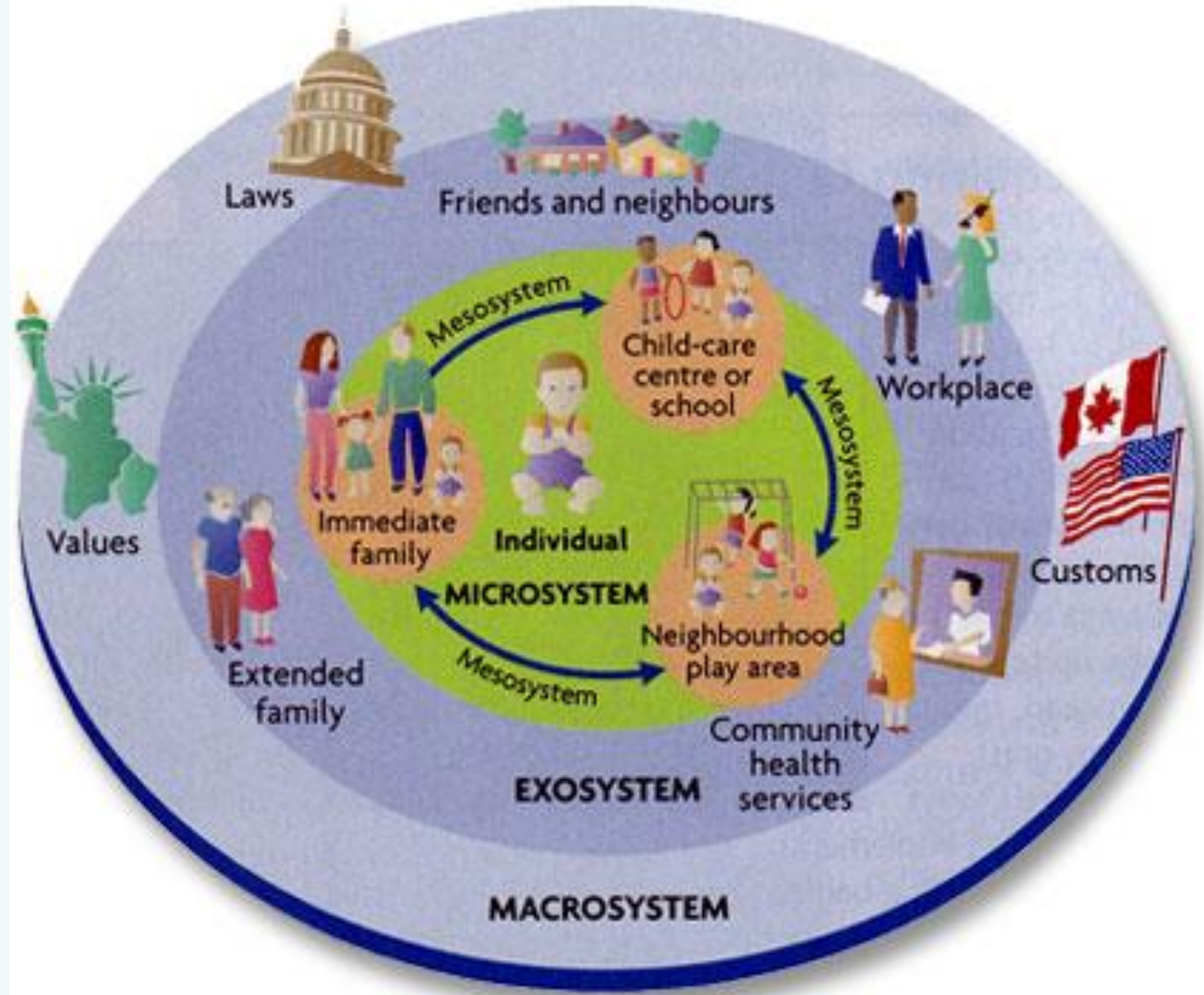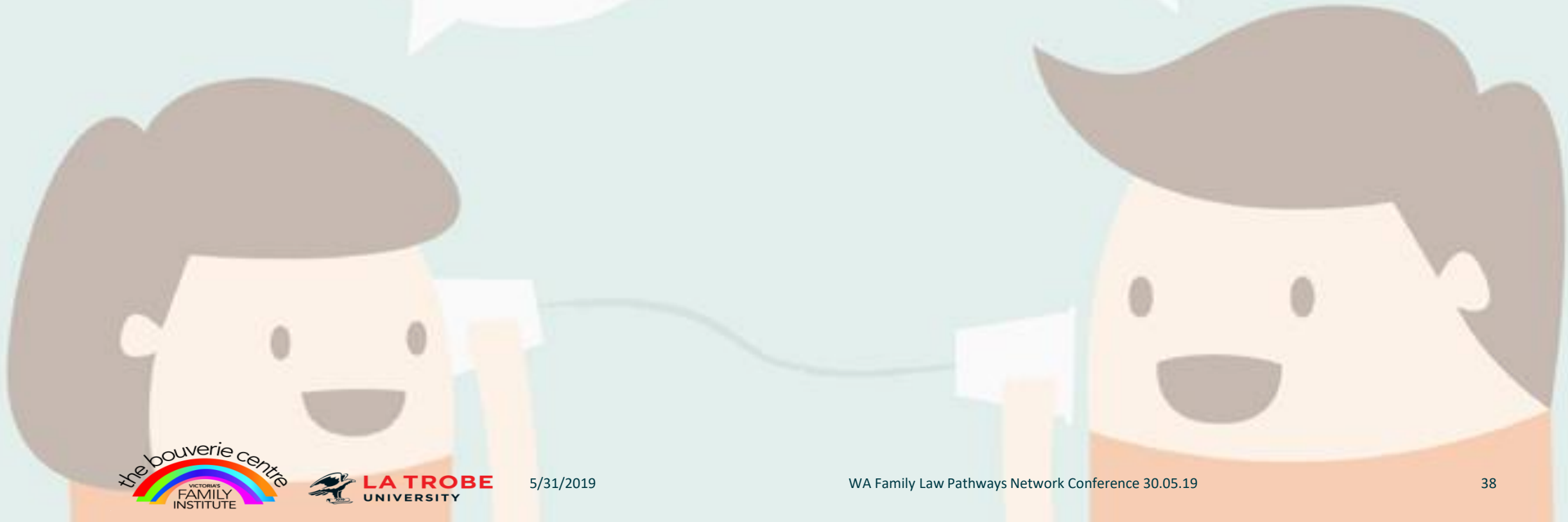
Figure 1. Bronfenbrenner's ecological systems theory (in Berk & Roberts, 2009, p. 28)

# Principles of engagement

# Parent Engagement

Parent engagement can be described a process where a practitioner establishes a relationship with a parent for the purposes of reaching a shared understanding of the needs of that parent, the parent's children, and the parent's goals.

This is not about blaming parents, but rather understanding how particular circumstances, adversity and stress can influence parenting, and therefore the role that practitioners can play by engaging parents and helping them to support the social and emotional development of their children.

*(Engaging with Parents: Online training Emerging Minds 2019)*

# Child protection: engaging with parents

Evidence Summary (Parenting Research Centre 2017) identified fourteen strategies for engaging parents, including:

- having a service culture that supports engagement;

- being supportive and focusing on parents' strengths;

- being flexible;

- resourcing agencies appropriately;

- creating a good first impression;

- adopting culturally safe and appropriate practices, and

- demonstrating respect.

# Some conversational tools

- Create as safe a space as possible for a conversation
- Be prepared – psycho-education for your self and the client
- Check in often that the parent/child understands you
- Acknowledge the impact of a number of current issues
- Be curious rather than always assume you know things ('de-expertise'/de-centred approach)
- Take a proactive approach to addressing hesitancy and stigma
- Understanding and the role of listener
- Let the parent know they are not alone in their difficulties

# Some conversational tools

- Non-blaming and non-judgemental

- Identify and acknowledge strengths alongside vulnerability

- Be reflective and open

- Wherever possible remain hopeful

- Validate and check in, often

- Use language that is understandable

- Try some single session ideas:

  - *If I was to be helpful to you today, what would we achieve in this meeting?*

  - *What haven't we touched on that's important to you?*

  - *Given we may only have one session, what would you like to walk away with today?*

# Principles of ethical assessment practice
## *(from O'Shaugnessy et al, 2015)*

1. **Understand the parent's role and the parent-child relationship**
   - Consider the welfare of the family as a whole to gain a picture of who else is involved with them

2. **Engagement and collaboration to facilitate trust**
   - Consider the vulnerability of parents and what they bring into the room
   - The 'weight' of the interview
   - Take time to create safety, transparency, clarity
   - Set boundaries and limitations for the time together
   - Confidentiality vs Information sharing

## 3. Not doing harm

- Awareness of power differential
- Understand the parent in terms of past history, past trauma experiences/life history/mental health needs

## 4. Fairness and 'parent as expert' stance (Solantaus)

- Careful use of language (e.g. don't use words that are blaming, judgemental, assumptive)
- Assume parents motive is to keep the child safe even in the context of maladaptive behaviours
- Ask questions that take good intentions for granted
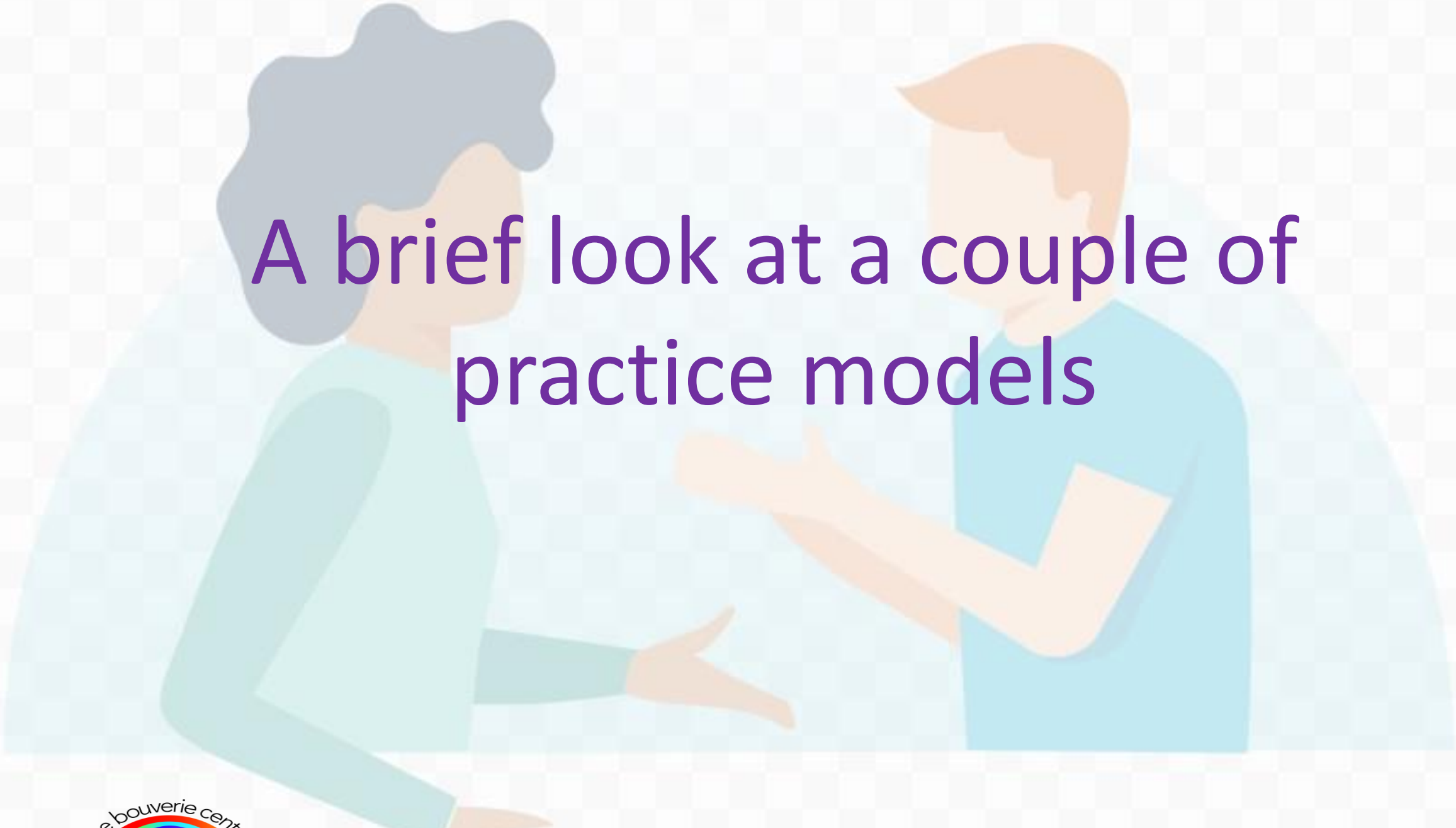
## 5. Timing

- Try to conduct the interview/meeting when a parent is as well as possible and take time to be informed about the nature of the mental ill health

- Consider developmental stages of children and impact on parent – how might the changing needs of children affect the recovery of a parent?

- 'Good enough parenting' (originally coined by Donald Winnicott) – even a seriously unwell parent can provide good enough parenting when in recovery.

- Assessments need to focus on early identification of relapse and supports for children in the context of 'intermittent parenting'.

## 6. Ensure appropriate assessment of risk

- Parents with a trauma experience can be triggered leading them to over react/respond too quickly, or focus in on their own feelings and ignore the needs of the child

- Parents with psychosis can irrationally fear danger and go to great lengths to protect their children, even locking them up.

- In rare cases, parents may see the child as a threat or as part of their delusional belief system.

- Mental health assesssments

# 7. Professional coordination and information/observations from more than one source

- Anyone involved in conducting parental assessment or capacity should have clear and stated roles

- Many parents experiencing mental ill health are living with additional challenges such as substance use, family violence, poverty and homelessness.

- Interdisciplinary collaboration also provides support and reflective spaces to ensure safety of families and professionals

A brief look at a couple of practice models

Let's Talk: 'Parent as expert'

# Let's Talk about Children

- Let's Talk about children (referred to as Let's Talk) is a brief, evidence-based and recovery oriented approach that facilitates a collaborative, structured conversation between a practitioner and a parent (and other parent/carer).

- It is designed to explore and address the impact of mental illness on children, the parenting role and family relationships.

- It creates a comprehensive, mutually developed 'map' of the parent-child relationship highlighting strengths and vulnerabilities, thus exploring parental capacity

- A 'promotive' assessment

- Builds a network of support

*(Let's Talk Australia is adapted from the 'Let's Talk About Children' materials developed by Professor Tytti Solantaus and her team at the National Institute of Health and Welfare, Finland).*

# ParentingWell

ParentingWell®  (USA) is an approach to routine practice that makes talking about parenting, children, and family experiences a natural part of the conversation and of an adult's recovery process.

ParentingWell - Key Principles
- Family-focused
- Culture/Identity-sensitive
- Strengths-based
- Trauma-informed

http://www.cbhknowledge.center/parenting-well

# Summary

- Professionals have a responsibility  to serve the needs of the whole family while putting the welfare of the child above all else

- Engaging well with parents is critical to gain trust and contribute to the best possible outcomes for the child, parent and family.

- Commitment to the principles outlined will allow parents a responsive and sensitive experience of professional engagement, leading to a helpful function for the family, whatever the outcome.

- In a relatively small number of cases, parents are deemed unable to manage their parenting role.

Families Connecting

# Jess's experience

- https://youtu.be/1zAtBkouYAs

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