

A family affair

We must bridge the gap between mental health and child welfare, says Marie Diggins

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The Social Care Institute for Excellence (Scie) last week launched a parental mental health and child welfare network. Its aim is to make a reality of joint work between adult mental health services and childcare services. Failings between these two areas are frequent: only last month, Haringey council in north London faced criticism over a case where it dealt with the mental health problems of a mother but failed to alert colleagues to the child-protection issues surrounding her young son, who subsequently pulled a boiling kettle on to himself.

This is an issue that goes far wider than Haringey. The recent report of the Social Exclusion Unit on mental health acknowledges the impact that mental health problems can have on families. Estimates suggest that anything between 6,000 and 17,000 children and young people across England live with an adult who has a mental health problem, but these families do not universally receive coordinated services.

The difficulty is that mental health workers and childcare workers often do not understand each other's roles and priorities - for example, the thresholds that each uses for offering services. Many mental health workers do not discuss parenting roles and responsibilities with the adult they are treating. They frequently do not talk to the children about their parent's mental health problem, and may not even remember to ask them their names, ages and where they go to school. In short, there is a lack of attention given to the risks a child may face as a result of parental mental illness.

Equally, workers with children and families often do not know enough about mental health problems and their impact on parents and children. They may be unsure how to assess risk and may fail to discuss it with the parents. As a result, communication between them worsens (or doesn't exist) and the needs of families are overlooked.

Twenty-two-year-old Sue knows what it's like to be "invisible". Since she was very young, she has cared for her mother who, as a teenager, was diagnosed with psychosis, schizophrenia, depression, mood swings, episodes and delusions. At 14, Sue was old enough to see what was happening and to assume responsibility for her younger siblings, but was not, it seemed, old enough to be included in discussions about her mum.

Assailed by ignorant comments such as: "If you hadn't behaved the way you did, your mum wouldn't have a mental health problem," Sue was racked with guilt. It would have been easy for the problems to worsen but, luckily, she and her siblings were referred to a young carers' project, which helped to keep the family together.

Jane, 61, can relate to Sue's experiences. With a mental health problem since 1980, and frequent periods of hospitalisation, Jane thinks that services responded well to her crises, but that they didn't talk to her children about what was happening or seek to reassure them. They were often left at home alone, wondering when they would see their mother again.

In time, and with support, things have worked out well for Sue, Jane and their families - but not without a struggle. That's why Scie, which has responsibility for identifying and promoting good practice in social care, has identified joint working in these areas as a priority. And we think we have touched a nerve: the new network already has a large membership from the statutory, voluntary and private sectors.

Network membership is free and members will have access to a dedicated website with resources and practice examples, a regular newsletter and the opportunity to attend study days. With leadership from a steering group of parents, young carers and key national organisations, and with support from the Department of Health, Scie will early next year undertake a systematic review of evidence and existing practice by health and social care services in supporting parents with mental health needs, including meeting the needs of ethnic minorities.

The review will draw out key messages for good practice and identify where more research is needed. It is proposed that Scie will then draw up national practice guidelines, if appropriate, in collaboration with the National Institute for Clinical Excellence (Nice).

Parents and children in families where there is a mental illness have been neglected and discriminated against for too long. Joined-up working between health and social care can finally become a reality and parents and children can get the support they need to move forward.

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