



**CARE PROGRAMME APPROACH (CPA) BRIEFING:
Parents with mental health problems and their children**

April 2008

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Section 1

1 Introduction

This briefing summarises why it is important to address the needs of parents with mental health problems and ensure that they and their children receive support. It describes the potential of the Care Programme Approach (CPA) to improve outcomes for affected families. The new CPA guidance recommends that the needs of the parent, the child and the family are assessed *routinely* at each stage of the care pathway from referral to review. Service activity data should be recorded, collected and used to inform local commissioning, reviewing eligibility criteria for access to assessment and services, as well as professional training and development. In addition, this briefing also references key related policy, guidelines, practice developments and further reading.

1.1 The importance of preventing ill-health and promoting recovery:

For a family with children and young people under 18, an episode of mental ill-health can represent a significant crisis, not just in terms of a parent's individual mental health but in family life overall. It may involve a period of hospitalisation, it may have long term repercussions. At the time everyday routines are disrupted, other adults are over-stretched, and both parents and children often feel worried and powerless. An intervention intended to provide safety and support during a time of acute distress, can fail to promote recovery if the effects on the whole family are not taken into account.

1.2 Key issues for parents:

Between 30% and 50% of users of mental health services are parents with dependent children¹. These families can be caught at the interfaces between service areas and include some of the most disadvantaged and socially excluded people in society. The Social Exclusion Unit (SEU) in their report Mental Health and Social Exclusion² identified parents with mental health problems and their children as one of the four groups most likely to face barriers to getting their health and social care needs addressed.

Parents say that they appreciate additional support when they are unwell.³ Parents describe how they fear losing their children, and the reality of it happening.⁴ They feel on trial about their parenting abilities⁵ and though they may need help, they fear the consequences of asking for it. Women are afraid to come forward for help, particularly black women.⁶ Such anxiety can be an impediment to recovery. Worry about mental illness being 'passed on' to the children is another common fear, and one shared by the children⁴

1.3 Young carers

Young carers are children under 18 who provide substantial personal and/or emotional care to another family member. Typically they will be providing care to a lone parent, often their mother, who may be experiencing mental health problems and have less obvious but often more complicated needs than those whose parents have visible, predictable illnesses or disabilities.⁷ No young person's life should be unnecessarily restricted because they are providing significant care to an adult. Of the estimated 175,000 young carers in the UK as many as a third of them are thought to be caring for an adult with mental health problems.⁸ Not all children living with a parent with mental health problems will be young carers but it is important to identify those that are so that a carer's assessment and support can be offered if needed.

Currently, children and young people caring for a parent with mental health problems are the group of carers most likely *not* to be offered a 'carers' assessment' of their needs from either mental health or children and family services⁹. The Carers Act¹⁰ highlights the need to work preventatively with young carers to address impacts before they become acute. There is consistent evidence that children and families value additional support, and increasing evidence about what works to [build resilience](#)¹¹ and decrease stressors in families. Without support the children's health, education, development and well-being is likely to be adversely affected.⁷

A group of young carers came up with *The 10 Messages* (included in Appendix 1) as a simple checklist for practitioners who come into contact with families where a parent has mental health difficulties.

1.4 The importance of safeguarding children:

It is a requirement of safeguarding children policy that adult services, including mental health services, know whether their service users have children or are in contact with children.⁹

Parental mental health disorder is only one of a range of inter-related risk factors which may lead to the risk of significant harm to children and young people. However serious psychiatric disorder is a factor in approximately 30% of fatal child abuse.¹² Recommendations from both adult homicide inquiries and child death reviews are remarkably similar. They include improving communication, coordination and collaboration within and between all services and agencies, to better support mentally ill parents who are struggling to meet the needs of their children including their safety.¹

Safeguarding guidance¹³ (paragraphs 2.92 – 2.94) for adult mental health services says that:

“Adult mental health services, including those providing general adult and community, forensic, psychotherapy, alcohol and substance misuse and learning disability services, have a responsibility in safeguarding children when they become aware of or identify a child at risk of harm. This may be as a result of a service’s direct work with those who may be mentally ill, a parent, a parent-to-be, or a non-related abuser, or in response to a request for the assessment of an adult perceived to represent a potential or actual risk to a child or young person. These staff need to be especially aware of the risk of neglect, emotional abuse and domestic abuse. They should follow the child protection procedures laid down for their services within their area. Consultation, supervision and training resources should be available and accessible in each service

In order to safeguard children of patients, mental health practitioners should routinely record details of patients’ responsibilities in relation to children and consider the support needs of patients who are parents and their children in all aspects of their work using the Care Programme Approach. Mental health practitioners should refer to Royal College of Psychiatrists policy documents including *Patients as Parents*¹⁴ and *Child Abuse and Neglect: the role of Mental Health Services*¹⁵.

The stacking up of adversity e.g. personality disorder, depression, drug and alcohol misuse, homelessness or mental health and learning difficulties in the adult and a child with emotional or behavioural problems will provide a complex array of factors or ‘stressors’ that will need careful multi-disciplinary and multi-agency assessment in addition to identifying the strengths that individuals and families will have. Close collaboration and liaison between the adult mental health services and children’s social services are essential in the interests of children. This may require the sharing of information to safeguard and promote the welfare of children or protect a child from significant harm. The expertise of substance misuse and learning disability services may also be required. The assessment of parents with significant learning difficulties, a disability, or sensory and communication difficulties, may require the expertise of a specialist psychiatrist or clinical psychologist from a learning disability or adult mental health service. “

1.5 The importance of the early years

The early years of a child’s life are a particularly important time for building and developing emotional and mental resilience. However, this can also be a particularly stressful time in a parent’s life. It is important to ensure that parents know their entitlement to safe, quality childcare, and mental health practitioners need to recognise that parents may need help.

‘Protective’ factors can encourage children and their families to seek help at an early stage. Examples of these protective factors include helping parents to understand: their mental health problems and their treatment, the potential impacts on parenting, the parent-child relationship and their child. Also, helping children to understand their parents’ mental health problems may encourage earlier requests for help and support.

1.6 Supporting recovery and promoting family life

Good parenting is as much a feature of parent’s social networks as it is an individual attribute. Recent research stresses the importance of looking at the family as a unit and of focusing on positive interdependency and supportive relationships. This approach takes the family’s resilience and social capital as the foundations for achieving positive

outcomes. Adults' services, not just children's services, have a role to play together in helping to build family stability.¹¹

Strengths based models of intervention are known to be effective. This involves identifying strengths and stressors in the individual, the family and the environment, and then assisting to promote the strengths and decrease the stressors. For example, helping parents to understand their mental health problems, their treatment plan, and the potential impacts of mental illness on parenting, the parent-child relationship and the child. Similarly, working with parents and children to enable the child to have age appropriate understanding of what is happening with their parent and information about what is available for children in their situation and how they can access it.

A concentration on pathology can result in emphasising weaknesses in parenting and undervaluing strengths, and not taking seriously the service users' own views of resource needs.⁴

A wider social inclusion perspective is also important for families – parents report how they need advice on housing¹⁶ and financial problems¹⁷. It is hard for parents to concentrate on their treatment and improving their mental health if they are worried about keeping a roof over their head or providing a meal for their children. Innovative use of direct payments and individual budgets may provide a more tailored package of support that includes attention to the needs of the adult as parent and their family.

Section 2

2 Do all parents need CPA?

Not all parents with mental health problems will need CPA. The assessment and thresholds for CPA should take account of the range of adversities experienced by the individual and their family and who require contact with a range of agencies and services e.g. maternity, children's services, young carer's services domestic violence, the criminal justice system etc.¹⁸

The decision about whether a parent should become subject to CPA should include:

- Respecting people's wishes and needs as individuals including their roles and responsibilities as a parent and child in the family.
- Be built upon a thorough understanding of the developmental needs of children; taking into account the capacities of parents or caregivers to respond appropriately to these needs and the impact of wider family and environmental factors on parenting capacity and children including the impact on parental mental illness.
- Incorporate a public health perspective arising from the potential impact of mental health on parenting, on the child, over time and across generations.
- Be made by staff who are clear about and act upon their responsibilities to safeguard and promote the welfare of children in need, including the contribution of these objectives to strengthen and supplement parental capacities so that children may grow up with their families, wherever possible.

2.1 Early identification

Asking the right questions and recording which adults are parents in adults' services and which children have parents with mental health problems in children's services is very important. Apart from the obvious consequences of not having this important information for assessment and care planning, it also has ramifications if the data is not accurate or available it cannot inform service planning and commissioning and the setting and interpretation of eligibility and access criteria for services.

Standard one of the NSFMH¹⁹ emphasises the importance of promoting good mental health and preventing the occurrence or exacerbation of difficulties by understanding and addressing the range of adverse factors that can result in poor mental health including; unemployment, drug and alcohol problems, domestic abuse, homelessness and one could add here the impact of parenting in difficult circumstances, e.g. where there is domestic violence.

Standard six of the NSFMH¹⁹ addresses tackling problems before they become acute, as it is concerned with assessing the care, physical and mental health needs of individuals caring for a person on CPA and this would include young carers.

2.2 Joint-assessment and joint-working

Mental health professionals need to be competent and confident in liaising with other professionals, services or agencies, including joint-assessment and joint-working.

They should be confident in applying the trust's and the local authority's procedures and protocols to assess or intervene where it is believed that children are or may be in danger or risk of being harmed (physically, psychologically, sexually, neglect) and to liaise and cooperate with other professionals involved.

If at all possible the direct involvement of children in the CPA process e.g. assessment, care planning and review is preferable. Children are often the first people to notice when things are going wrong and can identify changes in the parents behaviour that signify they may be becoming unwell.

Assessment, including risk assessment, should assess the potential or actual impact of the behaviour, attitudes and actions associated with the parent's mental illness on parenting, the parent and child relationship, the child and the impact of parenting on the adult's mental health. Assessment should also examine the indirect impacts of mental illness e.g. financial problems, poor housing, stigma and discrimination, impacts and side effects of treatments.

Attention should be given to the potential cumulative impacts of a range of negative factors or the impact over time if nothing changes. An example could be: a parent with a persistent depressive disorder with high anxiety levels who is emotionally unavailable to her children. This parent may not easily meet the criteria for CPA or mental health services. Her two children under five one already exhibiting early signs of speech delay may not reach the threshold for children's services. However, if the assessment takes into the account the cumulative impacts and the potential impact overtime and the importance of early intervention and prevention this family could be seen as a priority for services.

Consideration should be given to the significance of the timing, duration and severity of illness and its impact on parenting, the parent child relationship and the child. The needs

of adults and carers may be different at significant times, for example, following initial diagnosis, 6 months after first diagnosis, during hospital admissions, after a significant spell in hospital, or when the young carer is just about to sit their exams. Care plans and carer's plans should be amended accordingly and should reference each other at these times to ensure that the individual and family goals are interrelated, supported and reviewed.

Assessment should identify whether there is an adult or young person carrying out caring responsibilities and a carer's assessment should be offered and carried out as soon as possible.

2.3 Formulation

Once the assessment process is completed the often complex task of assimilating, synthesising and making recommendations from the different sources of information gathered in the assessment takes place. This formulation needs to explain exactly what underpins each recommendation made i.e. law and policy, local resources, practice guidance, research evidence and the information gathered in the assessment including the views of service users and their carers.

Considering the individual in the context of their family and the environment, not focusing on the individual and their mental illness alone, will lead to more realistic and achievable care plans. For example, mental health workers striving to get someone back into a working environment when they have two children under five years old and they are living in a one bedroom flat will need to consider the impact on and reality of this for the individual and the whole family if housing and child care issues are not addressed effectively.

Agreeing and including realistic targets and outcome measures can acknowledge where the real difficulties lie and therefore can promote recovery and support family life, for example targeting housing difficulties, accessing nursery or child minder support, or parenting support.

2.4 Care plans including crisis and contingency planning

A care plan should include how the needs of the adult, as a parent, and their child are addressed separately and together. If there are other agencies working with the family then the care plan needs to articulate how the different services will impact on each other and how communication with the family and each other will take place.

Plans should be reviewed for how the views of adults, as parents, and the views of the child/children will be incorporated and the steps that will be taken to support and monitor this (where age permits).

Crisis and contingency plans (advance directives) should include how many children the parent has, their ages and gender, and the arrangements for their care to be put in place if the parent is not able to care for them at any time.

Contingency plans are not just for times of crisis but are an option for earlier interventions i.e. providing regular respite of a day per week, for short periods of 1 or 2 weeks, or in case a parent requires a longer stay in hospital.

Using [Family Group Conferencing \(FGC\)](#)²⁰, a parent with mental health problems, their children and extended family can discuss what they feel the best solutions are as a family in case the parent with mental health problems requires any additional help, support or is hospitalised. The FGC process will then identify potential Kincarers (extended family member) who could take on the parental responsibilities. A Kincarers assessment should be carried out to identify if the Kincarers will require additional training, support, information or financial assistance. FGC is a resource more usually used by children and family services but as in this example can be extremely useful. Care coordinators not familiar with FGC and what it can achieve may find it useful to find out more from their child care colleagues including how they can access this service for the families they work with.

Risk management and crisis plans should include any identified potential risks to the child, in and out of crisis and over time, and the steps being taken to safeguard the child. They should ensure that parents and children/young carers can recognise when to ask for help and who to ask if they are worried about their parents or themselves.

Care Coordinators and ward staff should be trained and supported to communicate effectively with families. Care Coordinators should know how to give age appropriate information to the child/young carer regarding their parent's illness or be able to assist the parent or other family member to do this effectively.

The care plan should detail how parents will be assisted in understanding their own mental health problems and ways to avoid these difficulties affecting their parenting role. It should also detail how children can be helped to understand their parent's mental health difficulties and where appropriate help should be identified to improve communication between family members and maintain relationships. This is an extremely important area of intervention associated with positive outcomes and it is recommended that an outcome measure be included in the care plan to monitor progress.

Mental Health Act Community Treatment Order

[Mental Health Act Community Treatment Order](#) (CTO)²¹ requirements will mean for some families that children will be spending longer periods with their parents when they are acutely unwell. CTO plans should include the potential positive and negative impacts this may have on the parent-child relationship, the child and how these should be addressed and monitored during and after acute episodes.

2.5 Continuity of Care

Local inter-agency protocols and safeguarding protocols should be followed to ensure continuity of care. Protocols should be referenced in assessments or care plans where they are relevant and need to be enforced.

2.6 Hospital Admission

Continuity of care includes when a parent is hospitalised for assessment or treatment. For those already subject to CPA then a CPA review meeting should be arranged by the Care Coordinator as soon as possible i.e. prior to admission if it is a planned admission or as soon after if it is a crisis admission. The review should detail what arrangements are in place for the children's care whilst their parent is in hospital. Contact arrangements between the parent and child should be detailed in review notes making reference to the hospital policy for children visiting parents.

Discharge from hospital or 'hospital leave' planning meetings need to ensure that enough time is given to put any identified support in place for the parent on child on discharge as 'coming back together' for families can be a very stressful time with high expectations. If children and families services or other services are involved in the parents care or children's care then it is imperative that they are either involved or given adequate notice of discharge arrangements.

2.7 CPA Reviews

Involving children and young people or ascertaining their views beforehand (with parental consent) will provide an important and unique perspective on what has been happening with their parent, how it is has been for them and what they think has worked well.

Circumstances in families change as time moves on and this should be reflected in reviews. If an important life event i.e. birth of another child, a child studying for GCSE's, 6 week summer holidays coming up etc. then this should be explored and any contingency or extra support be included in the plans if needed.

Any changes to the care plan at reviews should take into account any impacts the changes may have on carers and dependents.

2.8 Carers and Young Carers Reviews

Where permission is given every effort should be made for carers and young carers to be involved in the CPA review process of the person they care for. This involvement should include attention on how any changes in the CPA plan might effect them. For those carers who have received a Carers Assessment it makes sense to time a review of their Carers Plan to take place as near as possible to the CPA review thus enabling any changes that effect the carer to be addressed in their own care plan.

SECTION 3

3 Additional forthcoming guidance

The [Social Care Institute for Excellence](#) (SCIE) in collaboration with the National Institute for Clinical Excellence (NICE) will be issuing practice guidance in the autumn of 2008 for Parental Mental Health and Child Welfare. The guidance will be for health and social care workers in adult and children' services and will provide detailed guidance at each stage of the care pathway based on a systematic review of the evidence.

APPENDIX ONE:

THE 10 MESSAGES FROM CHILDREN AND YOUNG PEOPLE

These 10 messages were written by a group of young carers for people who work in mental health services:

- Introduce yourself. Tell us who you are and what your job is.
- Give us as much information as you can.
- Tell us what is wrong with our parents.
- Tell us what is going to happen next.
- Talk to us and listen to us. Remember it is not hard to speak to us we are not aliens.
- Ask us what we know and what we think. We live with our parents; we know how they have been behaving.
- 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.
- Please don't ignore us. Remember we are part of the family and we live there too.
- Keep on talking to us and keeping us informed. We need to know what is happening.
- Tell us if there is anyone we can talk to. **MAYBE IT COULD BE YOU.**

(For a downloadable copy see *Parents in Hospital* report at:

http://www.barnardos.org.uk/resources/research_and_publications/books_and_tools_health_and_disability.htm)

APPENDIX TWO:

USEFUL RESOURCES AND REFERENCES

Resources for parents and children

How to parent when you are in crisis

Booklet which helps parents who are going through a difficult time, avoid reaching crisis point.
Mind (2004)

<http://www.mind.org.uk/NR/rdonlyres/4F2E3C6C-8879-4481-B2C9-5A05E54E76D6/0/parentinacrisis.pdf>

Parents with a mental illness: the problems for children

A fact sheet for parents and teachers.
Royal College of Psychiatrists (2004)

<http://www.rcpsych.ac.uk/pdf/Sheet16.pdf>

Mental illness in your family?

Information leaflet for older children and young people who are affected by the mental health difficulties of someone in their family.

Young Minds (2003)

<http://www.youngminds.org.uk/publications/booklets/mentalillness.php>

Need to know

A guide for young people (11-14 years) who have a parent with mental illness.
National Schizophrenia Fellowship of Scotland (2004)

http://www.nsfscot.org.uk/uploads/attachments/1101731923_NeedtoKnow.pdf

The Wise Mouse

Book aimed at younger children whose parent has mental health difficulties.
Ironside, V (2003) Young Minds

<http://www.youngminds.org.uk/publications/other/wisemouse.php>

Resources based on the views of parents and children

Bibby A and Becker S (ed) (2000) *Young carers in their own words* Calouste Gulbenkian Foundation: London

Dearden C and Becker S (2004) *Young carers in the UK: the 2004 report* Carers National Association: London

Robinson B and Scott S (2006) *Parents in Hospital: how mental health services can best promote family contact when a parent is in hospital*

This review identifies the need to improve visiting arrangements and facilities, and the support offered to parents. The findings draw on data from Mental Health Act Commission announced visits, hospital staff and crucially, parents and children themselves.

http://www.barnardos.org.uk/resources/research_and_publications/books_and_tools_health_and_disability.htm

Guidance and practice resources for professionals

The Keeping the Family in Mind Resource Pack 2nd Edition (2007) Barnardos. The pack includes the 15 minute 'Telling it like it is' film as well as visual aids such as postcards and posters, reports, booklets and advice sheets.

http://www.barnardos.org.uk/resources/research_and_publications.htm

Children of Parents With A Mental Illness (COPMI)

Australian website containing a range of many helpful resources many of which are downloadable

<http://www.copmi.net.au>

Frank J. (2002) *Making it work: good practice with young carers and their families* The Children's Society and The Princess Royal Trust for Carers: London

<http://www.youngcarer.com/pdfs/MIW%20Exec%20Summary.pdf>

Royal College of Psychiatrists (2005) *A checklist for professionals coming into contact with the children of parents with mental health problems* Royal College of Psychiatrists: London

www.rcpsych.ac.uk/PDF/Checklist_professionals.pdf

Training resources

Cooklin A (2006) *Being seen and heard: the needs of children of parents with mental illness* Gaskell (Royal College of Psychiatrists)

<http://www.rcpsych.ac.uk/publications/gaskellbooks/gaskell/1904671438.aspx>

Mayes K, Diggins M and Falkov A (1998) *Crossing Bridges: training resources for working with mentally ill parents and their children*. London: Department of Health

<http://www.pavpub.com/pavpub/trainingmaterials/showfull.asp?Section=1&Subsection=7&Product=178>

Briefings and research reviews

NSPCC (2002) *Mentally ill parents and children's welfare* NSPCC Practice Development Unit: London

http://www.nspcc.org.uk/inform/onlineresources/informationbriefings/mentallyillparents.asp_ifega26025.html

SCIE (2005) *The health and wellbeing of young carers: research briefing 11* SCIE: London

<http://www.scie.org.uk/publications/briefings/files/scare11.pdf>

Tunnard J (2004) *Parental mental health problems: key messages from research, policy and practice* Research in Practice

<http://www.rip.org.uk/publications/documents/researchreviews/parentalmentalhealth.pdf>

Further reading: reports, books and journal articles

Aldridge J and Becker S (2003) *Children caring for parents with mental illness: perspectives of young carers, parents and professionals* The Policy Press

Bassett , H, Lampe, J and Lloyd, C (1999) Parenting: experiences and feelings of parents with a mental illness. *Journal of Mental Health* 8, 6, 597-604

Castlebury, K (1988) Helping children adapt to the psychiatric hospitalization of a parent *Psychiatric Hospital* 19, 4, 155-160

Fredman, G and Fuggle, P (2000) Parents with mental health problems – involving the children. In P. Reeder, M. McClure and A, Jolley (eds) *Family matters: interfaces between child and adult mental health* London: Routledge

Gopfert M, Webster J and Seeman M V (eds) (2004) *Parental psychiatric disorder* (second edition) Cambridge University Press

Hawes, V and Cottrill, D (1999) Disruption of children's lives by maternal psychiatric admission *Psychiatric Bulletin* 23: 153-156

Hetherington R, Baistow K, Katz I, Mesie J and Trowell J (2002) *The welfare of children with mentally ill parents: learning from inter-country comparisons* Chichester: John Wiley.

Rutter, M and Quinton, D (1984) Parental psychiatric disorder: effects on children *Psychological Medicine*, 14, 853-880

Stanley N, Penhale B, Riordan D, Barbour R, Holden S (2003) *Child protection and mental health services: inter-professional responses to the needs of mothers* The Policy Press

Stanley N et al (2003) Professional responses to families with identified mental health and child care needs *Health and Social Care in the Community* 11, 3, 208-18

Tamarit, ML and Yin-Har Lau, A (1999) Children's needs when their mothers are admitted to psychiatric units *Psychiatric Bulletin* 23, 4: 214-217

EMERGING MODELS OF PRACTICE

Family Group Conferencing²²

Family Group Conferencing (FGC) has been piloted in North Essex Mental Health Partnership NHS Trust. It had been found that a large proportion of children referred to the Essex Family Group Conferencing project were from families where an adult had mental health difficulties. Families were selected for the pilot when an adult with severe and enduring mental illness (including personality disorder) required a Care Programme Approach.

An evaluation by Mutter *et al* (2002) produced several key findings:

- Family members engaged with the programme even when the user had previously experienced long term disengagement from services.

- Acute in-patient admissions were avoided because services were accessed early and support was provided involving family and services.
- Bringing families together increased support at time of crisis.
- Family communication helped to make explicit issues that had been kept implicit.
- Families contributed to finding solutions.
- Positive feedback in terms of satisfaction and confidence in the process.

Taken from the Literature Review by University of Birmingham commissioned for the Cabinet Office's Families At-Risk Review, available on the [Social Exclusion Task Force](#), website.

The Social Exclusion Task Force is leading a cross-Whitehall review on families at risk. *Families at risk* is a shorthand term for families with multiple and complex problems such as worklessness, poor mental health or substance misuse. The focus of the Review includes those who already have complex and ongoing problems as well as those who are at risk of developing them. The Review aims to improve outcomes for families at risk, and in particular to reduce the impacts of parental problems on children's life chances. For more information go to:

http://www.cabinetoffice.gov.uk/social_exclusion_task_force/families_at_risk.aspx

Family Care Planning²³

Family Care Planning is a model of planning that has emerged in Australia in which all family members are involved in drawing up:

- a proactive crisis plan – which includes contact people, supports and options for all family members (involving both informal and professional systems) should another mental health crisis occur; and
- a longer term plan identifying family strengths and aspirations, and particular goals for each family member;
- Preliminary evaluations are positive²⁰ and suggest that this approach also brings about greater discussion and understanding of mental health issues. However, this pilot is also highlighting that many mental health professionals in the adult sector feel inadequately trained to work with whole families in this way.

Taken from the Literature Review by University of Birmingham, available on the Social Exclusion Task Force website.

Maintaining contact with a parent who is in hospital

Storybook Dads (and now Mums) is a charity based in Dartmoor prison to ensure prisoners can stay in touch with their children. Two editing suites are equipped with recording equipment and selected prisoners are trained to be editors. Prisoners record telling a story with the use of a microphone and a minidisk recorder. The story is downloaded onto a computer and any mistakes are edited out. Music and sound effects are added and the final story is put onto a CD. Poor readers (or even non readers) are not excluded from the scheme because the editing process can eliminate mistakes or coaching from a mentor. The result is very professional.

This has recently been adapted for parents who are in the armed forces whilst serving abroad. This could easily be adapted for parents with mental health problems whilst in hospital and supported by Occupational Therapists

www.storybookdads.co.uk

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- ² ODPM (2004) *Mental Health and Social Exclusion*
- ³ Robinson, B. & Scott, S. (2007) *Parents in hospital: how mental health services can best promote family contact when a parent is in hospital*. Barnardos, CSIP, MHAC, FWA
- ⁴ Hugman, R., Phillips.N., (1993) *Like Bees Round the Honey pot – Social Work Responses to Parents with mental health needs* PRACTICE 6 (3)
- ⁵ Darton, K., Gorman., UJ & Sayce, L. (1994) *Eve Fights Back* London: Mind Publications
- ⁶ Barn, R. (1990). Black Children in Local Authority Care: Admission Patterns. *New Community*, 16(2), 229-246
- ⁷ Aldridge, J and Becker, S (2003) *Children Caring for Parents with Mental Illness: Perspectives of Young Carers, Parents and Professionals*. Bristol. The Policy Press.
- ⁸ Dearden, C. and Becker, S (2004). *Young Carers in the UK; The 2004 Report*
Available from: <http://www.lboro.ac.uk/departments/ss/centres/YCRG/youngCarersDownload/YCReport2004%5B1%5D.pdf> [Accessed 30 April 2008]
- ⁹ Laming (2003) Recommendation 12 in *The Victoria Climbié Inquiry; Summary and Recommendations*
Available from: <http://www.victoria-climbié-inquiry.org.uk/finreports/summary-report.pdf> [Accessed 30 April 2008]
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