



Transcript:

Narrator: This film brings together professionals from health, social care and education to discuss some of the situations highlighted in two parental mental health case studies featured on Social Care TV. Wendy, *A Mother's Story*, and Kate, *A Young's Person's Story*. Each professional has experience of dealing with parental mental health issues in the voluntary sector in education, in community mental health and in family centres.

The discussion is mediated by Rose De Paeztron, Head of Strategic Development at Family Action, a charity that supports disadvantaged families throughout England. She's joined by Paul Taylor Assistant Head Teacher with responsibility for safeguarding young adults at Bellerive FCJ Catholic College in Liverpool. Alan O'Leary Community Mental Health Team Manager with Mersey Care who works with adults with mental health issues. And Ruth Haig-Ferguson who manages a number of children centres in central Liverpool. They begin by reviewing the story of Kate, whose mother has mental health problems.

A Young Person's Story

Kate: My name's Kate, I'm eighteen years old and I care for me mum who has a few mental health problems.

Narrator: Kate has been caring for her mum since the age of seven and over the years has her mum's mental health deteriorated Kate's responsibilities grew.

Kate: When it first started happening we used to live in a flat and we had a balcony and she'd want to go outside and try to go over the balcony basically. She'd wake me up and we'd just sit there talking, trying to distract her from, like, the voices in her head and sometimes, like, she'd go to sleep at about four o'clock in the morning and I'd just stay awake and, like, I'd go round doing, like, housework or something, because I was too awake by then to go back to sleep. But about by six o'clock, maybe seven, I'd be knackered again and I'd have to sleep and it'd either make me late for school or you don't wear the right shirt for that day.

And our school counsellor, [unclear-00:02:20] in mental health, she wasn't there to be a proper counsellor. She used to say things like "You're just acting out to get attention" and stuff. And admittedly I was, but not for the reasons she's thinking of.

She even knew that me mum had mental health problems because she asked me what was happening at home, and then she said, "Well, don't bring it into school." I was like, well, what was the point in me telling you?

Discussion

Rose De Paeztron: I wonder if we should pause there because Kate was just saying quite a lot about some of the issues for her. I wonder if the same would be true for Kate today if that was happening to her now, as opposed to happening a few years ago?

Paul Taylor: What I would hope would happen if there was a case at my school was the person that she felt confident enough to open up to would have had the necessary input to realise that there were certain textbook signals about Kate's lifestyle, you know, and straight away realise not everything is good for this child, I need to get someone else involved, rather than say to her leave that sort of stuff at the school gates when you come in. That was a story that was crying out for a Common Assessment Framework to be done, and quite frankly, as a teacher, I wouldn't have been able to know all of the different things.

Rose De Paeztron: And for me what pops up there is that whole issue about training.

Paul Taylor: What I would like to see is that every member of staff has some level of training so that if they are the one who can pick up on the little nuances that suggested this is a child crying out for help, and while that person mightn't be the one to address all her needs, they will turn to someone within the organisation who does know the contacts in the other agencies and has got the confidence to ring those agencies and start the dialogues that will lead to support for Kate.

Rose De Paeztron: And I think so often what you come across is perhaps on Children's Services side the fear of mental health issues, and then sometimes on adult side is the fear of, you know, kind of dealing with children's.

Alan O'Leary: Yeah, I'm just thinking through the how we can actually work collaboratively with colleagues in Children's Services. Because those of us who work and focus on adults with mental health problems, you know, the issue for us is that's who's we're focusing on. And that's where our skills and expertise lie, it's not with the needs of the children. So there is that apprehension and anxiety about treading into areas that we've got no expertise in.

Ruth Haig-Ferguson: It's the joint training isn't it ...

Rose De Paeztron: Yeah.

Ruth Haig-Ferguson: ... so that the staff from the different teams, as we do fairly well with safeguarding, we need to do it more I think with more

skills sharing, so that adults workers can relate to workers with children and their skills and knowledge and understanding what they all do.

Rose De Paeztron: Yeah.

Alan O'Leary: Doing the joint training would be really beneficial, but again it's about releasing staff members to do that when it's not their core work. Perhaps we could have a champion within each team that could go off and do that joint training who could then be, you know, the spokesperson within the team to keep it on the agenda for those of us who work specifically with adults.

Ruth Haig-Ferguson: And I think named individuals in both to do that liaison work is really good. Because obviously there are practical issues that are difficult.

Rose De Paeztron: Because the element of fear I think can be that actually I might ask a question that I almost don't want to hear the answer to because it's going to open up such an enormous area. And I as a practitioner am afraid of how to deal with that, I'm afraid of what might be involved. And particularly perhaps for practitioners who already have a rather bulging caseload and perhaps on a bad day it can just feel like one thing too many.

Ruth Haig-Ferguson: But I think it's also not to say to each group of worker that we're actually taking over your work. What we're doing, we're still just doing our own but we're going to ask for your expertise. And seeing that in a concrete example for Kate, I think it would have helped if the school worker would have been able to have access to adult mental health services to ask their advice. But if Kate was happy with that worker, you wouldn't want Kate overwhelmed with three or four different workers. So think it's how that's done. But it's just sharing the expertise and then knowing, oh, I can call on them to help me. Breaking down those personal barriers I think sometimes.

Rose De Paeztron: And it's interesting that, isn't it, because once you know someone then it obviously makes it easier doesn't it ...

Alan O'Leary: Yeah, mm.

Rose De Paeztron: ... either to drop by the office or pick up the phone. One of the things raised by practitioners is that sometimes with staff turnover in teams, you might get to know, you know, Sue and she's the person that you're linked with. But then maybe six months goes by and you've not, you know, had much contact for whatever reason and then you pick up the phone, oh, actually Sue's gone. And again I think is there something around confidence to then continue and not just say, oh fine, forget it, but actually say, oh well, sorry, you know, Sue's not there but actually is there someone else I can talk to? That builds the confidence of the practitioner on either side to be able to say, well, actually I do need to talk to someone.

Paul Taylor:

I think before we move on from Kate's story, it's very important that when Kate finally has the courage to disclose, well, this is what's going on in my life, if the member of staff even gives away the slightest hint that they're making some judgement, Kate will either think, right, well I need to protect my mum from that, or will communicate that judgement. And the parent themselves will think, right, well, I'm not going to involve myself with someone who has already made a judgement on me. And therefore if you try to instigate a CAF, because it does need parental involvement, then it's going to go nowhere, because right away all those things start to kick in about, well, if I admit to my problems there's a chance my children will be taken away.

Rose De Paeztron:

I think that's absolutely right and I think it takes us into that whole issue of stigma. And I'd like to sort of broaden the conversation so we start thinking about things more from the parent's side, which was ... you know, think about the other film and Wendy's story. So I wonder whether it would be helpful just to have a look at that briefly.

A Mother's Story

Wendy:

I was married for eighteen years, had three children. The marriage broke up, we just basically grew apart. I met somebody else, and meeting that somebody else I got myself pregnant with my son. I had to fight for my children, had to go from a house where I had absolutely everything, security, into going to living with someone else in one bedroom. And in that relationship, just before I gave birth to my son, I found out that the partner I was with was cheating on me. Then he started hitting me, all the money was going because he was gambling everything. But I bottled everything up, kept it to myself, and when I gave birth, even then when they just give you the baby, I didn't want him. People were coming in, he was just laying there crying, because I just didn't want to hold him. And when family come over I put on a front for them. And I done what I had to do, I looked after him and done what I had to do, but I completely rejected him.

I remember the health visitor coming round and she got me to fill in this form, which I filled in and she said that there's signs of postnatal depression, did I feel fine? I told her I did; obviously I didn't, but I said, yeah, I'm fine, everything's fine. And then because of the way I was feeling I didn't like going out, so I never took Dominic to the health visitors for checks. I never took him for his jabs, where before for my other kids I took them every two weeks to get weighed, but with Dominic I didn't do that.

Discussion

Rose De Paeztron:

Okay, well let's pause it there, because I think we heard quite a lot from Wendy about what the issues were for her.

- Ruth Haig-Ferguson: I think again, similar to Kate in some ways, there seemed to be a lot of missed opportunities. The early intervention, for example, the Children's Centres could have, had they been made aware from, say, the midwives and the health visitors at an early stage, could have got in there, sorted out some of the housing problems, the kind of benefit problems, looked at the issues with some of the older children, and why she was feeling as she did, giving her more support at that stage, even prenatally. There's a lot of things that could be done, and with our relationship I think with midwives and health visitors we know that people will say that things are okay but actually we need to probe a little bit deeper. And one of the things we're asking within the women's hospital and the early antenatal visits is to ask the right questions. I know she was asked, but I think it's asking with, you know, an increased awareness, if you like.
- Alan O'Leary: I think for me it's also being mindful of the situations that some people are in. Alarm bells would have been going off for me in terms of her living in one room with four children, you know, that's ... and, you know, it's also her pride in trying to keep everything together and, you know, she was saying she wasn't sharing that with family members but she was clearly struggling, and that's bound to be having an impact on her general wellbeing as well as her mental health.
- Rose De Paeztron: Yes.
- Alan O'Leary: And it's how we engage. Those people who are involved in her life, significant others, because it's not just about family ...
- Rose De Paeztron: Yes, that's ... yes.
- Alan O'Leary: ... but significant people in that person's life. You know, within the Community Mental Health Teams we would attempt to engage them, because it's about their degree of understanding and what the issues might be. It's that fine balancing issue around the service user agreeing to that ...
- Rose De Paeztron: Yes.
- Alan O'Leary: ... and also being very clear around what information we may share with them. You know, within Liverpool we will provide significant others with a carer's assessment, and that's about, you know, what their needs may be in caring for that individual.
- Rose De Paeztron: Yeah, absolutely. And I think practical things that can help actually working directly both with sort of parents and children and young people, the working in people's homes, is sometimes it might be something as simple as actually just sort of going through a drawer full of bills which have piled up or unopened envelopes. So firstly the fact that, you know, that's showing obviously that that parent has the confidence to let you into their home in the first place, and that isn't always a straight forward and easy thing, as I'm sure many practitioners will

recognise. But just that establishing a relationship of trust and then being able to offer quite practical help as well as the emotional help that goes along with that. But I wondered if you have other thoughts about some of the practical helps that you're aware of?

Ruth Haig-Ferguson: It's rare that somebody I think in Wendy's position will walk through the door of a Children's Centre, she needs to be guided and led. But once that relationship has been made and the trust is there, she could introduce her to a peer group of people in a similar position. And then maybe colleagues, even from extended school for the older children, can come into the Children's Centre where she is, so she doesn't need to do all that running around. Practically that's one of the things they can do is bring in and contact those people, see someone from within the Community Mental Health Team or anything else can be done at the one place, kind of a one-stop shop thing.

Paul Taylor: One of the practical things I do when I'm meeting people for supervision, staff members, is ask are there any children? How are the children? How would you know? You know, just keeping that prompt and making sure that it's on the agenda.

Rose De Paeztron: Clearly getting it right is hard, because, you know, otherwise I guess we'd have done it by now wouldn't we, so ... but I just wondered whether you've got any thoughts about, you know, what do you think the real barriers are that get in the way? Because we've probably identified some of them around some of the sort of fear that can be round, or perhaps the need for confidence, but I wondered whether there's anything else that, you know, from your own experience that you would like to add.

Ruth Haig-Ferguson: We're all very busy practitioners aren't we, try to remember that there are, you know, a need to just make those links I think.

Rose De Paeztron: Yeah.

Ruth Haig-Ferguson: But I think sometimes it's not deliberate, it's just an unawareness and the time factor, and it's just making that extra effort I think.

Alan O'Leary: I think there's an issue for me in terms of how we deliver services now, because when I originally trained as a social worker twenty-five years ago I trained as a generic social worker, so I worked with children, with families, with adults, with physical health problems, older people, people with mental health problems, and you carried a generic caseload. And over time, you know, we've moved into specialist teams, because we want to deliver the best service. But people don't fall into neat categories, and ...

Rose De Paeztron: [Inaudible-14:35]

Alan O'Leary: (Laughs) Yes. And it's really encouraging to see these guidelines come out because it's getting us back to think family, think parent, think child. I think with the guidelines as well it's challenging some of the stigma that's around with mental health. It's getting mental health up onto the agenda again.

Rose De Paeztron: Yeah, yeah, absolutely. And I think that having that framework there, I think it's, you know, what you were saying, both in terms of different disciplines, it brings people together, and it probably in terms of, you know, within organisations actually recognition that, you know, there's a role for senior management, to make sure that they're engaged, and making sure that messages are communicated.

Alan O'Leary: Mm.

Ruth Haig-Ferguson: Yes.

Rose De Paeztron: As well as actually on the ground practitioners linking up with, you know, sort of colleagues from different disciplines.

Ruth Haig-Ferguson: I think the guidelines gives all the senior managers the kind of backing to put that message across, and there's a kind of reason and a reference point for why they're giving it to their staff.

Rose De Paeztron: Yes.

Ruth Haig-Ferguson: The message, it is, I think it is filtering down.

Rose De Paeztron: Yeah.

End of Recording]