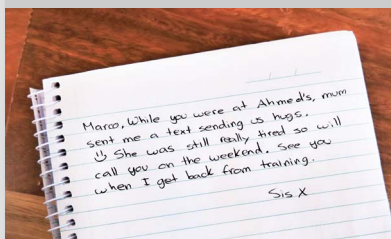


Keeping in touch with your children

Staying connected to your children and loved ones is part of the recovery process and is important for you and your family's wellbeing.

Let's start talking →

Wondering how to stay in touch with your children while you are here? Or how to talk with them about what has happened and your time with us? **Talk over these ideas with us early in your stay.**



Send a personal message

Not feeling up to talking with your kids today? Our staff can support you to get a message through to help reassure them.



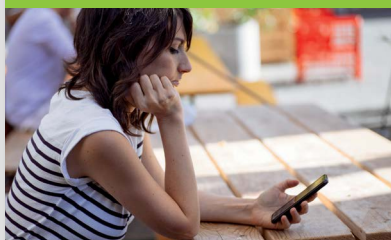
Bring in something from home

Bring in a favourite item, a child's drawing or a photograph of your family to decorate your bedroom.



Send something special home

We have materials you can use to create a letter, postcard or special surprise for your kids to find in the letterbox.



Phone or message

But first – you may want think about the best way to chat with your children during your stay. We can help you to work out strategies that support you and your connection to family.



Spend time with your children

Depending on your situation, a visit here, at home or an outing could be planned. Our staff can support you before, during and after you spend time with your kids.



Preparing to go home

There are a number of important steps in your recovery, including the transition home. Talk to us about what to expect and what this might look like for you and your family.

Our staff are committed to supporting you with whatever you choose from this menu of ideas. We will check in with you regularly about your choices.

Emerging Minds.

www.emergingminds.com.au

Based on the KIT MENU originally co-designed and produced by the Northern Psychiatric Unit, Northern Area Mental Health Service, Victoria and the Children of Parents with Mental Illness (COPMI) national initiative (2011). The content and design was revised in 2019 by the Emerging Minds National Workforce Centre for Child Mental Health, The National Workforce Centre for Child Mental Health is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

Residential Version – KIT Menu 2019

Keeping in Touch Mental Health Residential Guide

Introduction

Evidence tells us that the role of parenting and relationships are significant in the experience and recovery process of individuals living with mental illness or mental health problems.

Additionally, we know that adult-focused health services often find it challenging to incorporate parenting, child and family needs into their scope of practice and service delivery.

The *Keeping in Touch with your Children (KIT) Menu* and this associated *practice guide* were produced to help parents, practitioners and services navigate these challenges. They support the parenting role of individuals with dependent children, during periods of separation necessitated by inpatient or residential programs.

Using a trauma-informed, relational recovery approach, the menu aims to:

- reduce the trauma of disruption to the parent-child relationship
- reduce the stigma associated with parental mental illness
- help maintain and promote family resilience and wellbeing
- promote recovery-focused practice and the value of parents, children, and family relationships.

It is very important for children and parents to remain in contact during this period. As a practitioner working in a residential service, you are well-placed to help parents to do this whilst also building their self-efficacy as a parent.

Helping the parent to take the lead when planning any contact is important, particularly in residential settings focused on recovery. Whether the parent follows the suggestions in the menu themselves or with the help of staff or a trusted family member, promoting self-agency is more beneficial than staff assuming a role on the parent's behalf.

Who are these resources for?

The *'Keeping in Touch'* poster has been developed for parents who are taking part in residential recovery programs. It is intended to be displayed in communal spaces in residential settings. An accompanying *parent brochure* and a *family brochure* are available to help staff discuss the options and activities with parents and families.

This *practice guide* has been written for staff supporting residents who are parents of dependent children. Support materials are also available to assist with service training and implementation.

Definitions

For the purpose of this guide, the terms 'child' and 'children' will be used to describe infants (0-2 years), children (3-12 years) and adolescents (13-18 years). The term 'parent' encompasses the biological and adoptive parents of a child, as well as individuals who have taken up a primary or shared responsibility in raising that child. The parent is a 'client' participating in an adult-focused service setting, where parenting is not a routine focus of support.

A flexible approach

There is no sequential order to the menu – just like in a restaurant, parents can choose what they feel suits their appetite and their phase of recovery.

Organisations can also adopt different options to respond to:

- rules regarding access to, storage and use of mobile phones and other technology
- visitors; and
- program leave policies.

The communal nature of residential settings requires sensitivity to the privacy of others and consideration of program-related safety and contact parameters. It is also essential to be aware of any residents who may be legally prohibited from having general contact with children, particularly in settings where staff may not be on site 24/7.

While the menu includes a range of suggested activities and communication examples, not all age-appropriate options are included. It is important to make sure that any potential activities are either age-neutral or appropriate to the child's specific age, developmental stage, and maturity level.

If an item on the menu isn't feasible as it is described (e.g. for geographical, legal, ethical or treatment reasons), services can establish what is possible in relation to the item, despite the constraints.

Legal requirements in relation to children, family violence and family law

Service policies should clearly identify legislative requirements as they relate to child safety and protection and family law. Staff need to establish whether any Children's Court, Family Court or Family Violence Intervention Orders exist and what specific conditions are listed.

At times written documentation can be out of date or just plain wrong and services may not always have full and accurate information about the resident's family circumstances. For example, it is often assumed that residents who are the non-custodial parent have not had a parenting role, which may not necessarily be the case.

The most accurate way of establishing any legal constraints is sighting the order itself, if possible. Conditions may prevent, restrict, or require supervision of contact between a parent and their children. Informal custody, residence and access arrangements can also exist between separated or divorced parents. Disruption to already delicate arrangements about children's home and school routines can be distressing for everyone.

Being fully informed and sensitive to the impact and implications of these arrangements, regardless of their formality, is essential to individual and family wellbeing and a therapeutic alliance.

If there is a current legal order in place affecting the nature or level of contact between family members, including children, the conditions stipulated in the order must be clarified before any menu options are put into practice.

However, if some menu options are not appropriate, consider what is possible within the circumstances and constraints.

A policy for children visiting your service is strongly advised to support parental recovery and align with the Commonwealth Child Safe Framework requirements.

Associated resources

Additional resources can be found at the end of this guide. These include resources from Emerging Minds' online library, along with materials developed by frontline services. We recommend reviewing these resources when considering what processes or materials may need to be developed within your own service.

Keeping in touch with your children

Staying connected to your children and loved ones is part of the recovery process and is important for you and your family's wellbeing.

Let's start talking →

Wondering how to stay in touch with your children while you are here? Or how to talk with them about what has happened and your time with us? **Talk over these ideas with us early in your stay.**

Start talking with parents about the menu early

- Provide a copy of the explanatory **brochure** as part of the intake process or pre-admission. Let the parent know it may help to have a supportive person around while they read it.
- Make a time to talk with the parent about the menu, making it clear that this can be an ongoing conversation. Or, if the topics of children and family come up in your everyday conversations, you can use the menu to develop the discussion further.
- Be curious about the parent's children: their names, ages, where and with whom they are staying, etc.
 - What is their personality like? What are their interests?
 - What (if anything) do the children know about the parent's mental health concerns?
 - Have the children expressed what they might like to do (e.g. Do they want to visit? If so, where – at the service or elsewhere? Have they asked for information on their parent's condition and stay? If so, from whom?)?
- Safe, trauma-informed conversations involve warm curiosity and active listening. Your role is not to assess or judge but to try and understand what it means for the client to be a parent.
- Listen to the parent's concerns and hopes for their children. Take note of their strengths as well as vulnerabilities. Listen for cultural norms and values that underpin their beliefs, attitudes and preferred parenting approach.

- Parents may in fact have existing worries about their child's social and emotional wellbeing and may find it hard to talk about these with professionals. This practice paper from Emerging Minds, [Why is it difficult for parents to talk to practitioners about their children's mental health](#), explores the possible reasons behind this and ways you can respond to perceived hesitancy.

Considerations:

- Seek parental permission to briefly speak with the child and/or with their current caregiver/support worker about what they would like.
 - Confirm with the child/caregiver/support worker what the child knows about the parent's mental health issues.
 - Plan how you will support clients whose children do not want to have contact with their parent, but where the parent is seeking connection or reunification.
- Explore with the parent what is known about the potential impact of mental illness, hospitalisation, and separation on children and parenting, and what alleviates children's anxiety.
 - Be respectful of the fear of judgement and feelings of guilt and shame that this may bring up for the parent. It is important to validate and normalise these responses, especially where people may have had prior involvement with child protection services or experienced criticism and conflict. Treat their presence in your program as a strength. Be conscious that the power imbalance may still limit a parent's sense of safety in sharing fully with you.

- Introduce the parent to some quality, age-appropriate reading material for children. Explore how they can use these resources to have conversations (both planned and opportunistic) with their children so their ‘parental agency’ is supported (see **Additional resources** at the end of this guide).

Many adults, including clinicians and parents, think information about mental illness is too confronting for children, regardless of contemporary public and media awareness.

However, most children are aware of their parent’s mood and behaviour regardless of the formal information they are given. Children will come up with, or privately seek out, explanations for a parent’s mood and behaviour, and those assumed, imagined or mistaken reasons can be far more confronting and damaging to both them and the parent-child relationship than the reality.

Let parents know that they should expect their child to ask questions and that getting ready for a conversation will be beneficial for them both.

- When planning for any activity where a parent is communicating directly with their child (e.g. a phone call, a visit, going home), help the parent to develop simple, age-appropriate ways of describing:
 - the reason for this stay
 - the improvement in their health and wellbeing
 - the help they will be receiving in the future to continue their recovery
 - the help available for the child while their parent continues their recovery.
- Consider with the parent whether there may need to be ongoing supports put in place to help them and their child to manage the impact of any adversity. This can be particularly useful in the context of any court orders, which often act as an ongoing stressor or situational trigger.
- Decisions about visits should be informed by service procedures and made collaboratively by the treating team, the parent, and the caregiver of the child, with input from the parent’s community-based mental health professionals (see **Additional resources** for examples and the **Plan a visit** menu item for guidance).

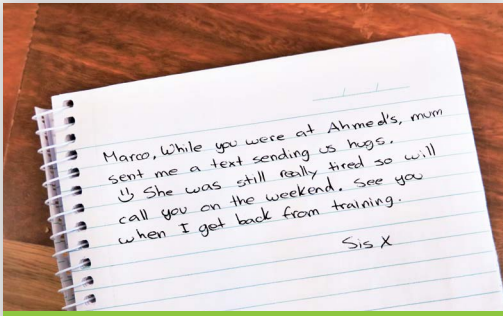
A special word about infants

- Liaise with the mother, infant’s caregiver and/or any infant/maternal child health agency involved to establish what breastfeeding needs exist and what can happen onsite. Some consumers may be taking medication that is contraindicated in breastfeeding and infants may already be established on formula, whereas some mothers may need to regularly express milk for their baby. Provision needs to be made for equipment, including sterilisation and storage.
- If a change in feeding becomes a necessity due to this period of separation consult with other professionals and family support about the possibility of some regular breastfeeding-specific visits to promote attachment and transition of the feeding regime.
- Visits involving infants should always be supervised by a member of staff as well as the accompanying adult.
- If an infant becomes distressed during a visit, staff should support the parent and the caregiver of the infant in any settling required. How much the parent is able to engage with the infant, particularly in times of distress, will depend on their current mental state and stage of recovery.

Staying connected to your loved ones is a part of the recovery process and is important for you and your family’s wellbeing.

Our staff are committed to supporting you with whatever you choose from this menu of ideas. We will check in with you regularly about your choices.

- While not menu items, it is also important to draw parents’ attention to the messages above. These messages serve to normalise conversations about parenting and children between staff and clients in your setting. They also show that the service recognises ‘parental agency’ as an important feature of the recovery process, and that staff and parents can act preventively when separation occurs to protect children’s mental health and wellbeing.



Send a personal message

Not feeling up to talking with your kids today? Our staff can support you to get a message through to help reassure them.

- Validate the parent's desire to connect with their child even though they may not be up to this today.
- However, while validating this protective instinct, explain the benefits – for the child's wellbeing and for the parent-child relationship – of being 'kept in mind'. Even a brief personal message helps the parent to maintain their parenting role, while reducing the child's exposure to stress and showing them that Mum/Dad is okay and hasn't forgotten them.
- In a residential setting focused on recovery, the aim should be for the parent to pass on a personal message themselves or have a trusted person (preferably not staff) do so for them. Focus on supporting the parent to take part in even a small aspect of the process, or suggest delaying the activity until later in the day when they may feel a bit better.

"I know you're not feeling your best right now, but what do you think might be possible today?"

A parent may be cautious about sending a message because they assume the child will expect to hear from them frequently. They might be worried about not being able to keep up regular communications, or afraid of feeling overwhelmed when and if the child responds.

Helping the parent to develop a strategy to keep things 'short and simple' can reduce anxiety and remind them that what matters most is keeping the connection going. This also provides a good foundation for the more interactive **Phone or Message** menu item.

- Clarify the child's name, age, where and with whom they are staying.
- Ask the parent what message they would send to their children if they were feeling better. What would they want their child to hear?
- See if they feel up to asking their partner or another family member to pass a message on to the child for them. It may be that they don't feel up to talking with anyone today, and that's okay.
- You may be asked to help the parent to formulate their message. Invite the parent to think about how their child may be feeling at home or at school, and how the parent can let them know they're wondering about them.

"Remember how important it will be for Adrian to hear from you and know you are thinking of him. It doesn't have to be a big message – just a 'hi, love you', using your special name for him, will mean so much to him".

- They could plan to send the message at important times in the child's day – e.g. waking up in the morning, heading off to school, going to bed. Something as ordinary as, **"Don't forget to pack your sports gear, Ads"** or **"Good night, Tiger"** can mean a lot to a child.
- Work with the parent to create a plan for how to respond in a minimal 'once-off' way if the child responds on a mobile device (i.e. Night, night ❤️).
- Be sure to pass on any return messages that may be left for the parent via the service landline number (even if they come later). Make passing on any communications a priority, as they are significant in the parent-child relationship – this isn't 'any old message', even if it is short. Ideally these messages should be passed on face-to-face or with an explanatory note if the parent is not around during your shift.
- Make whatever has occurred, even if not yet realised, a part of any staff verbal handover update and document in the file that a personal message has been considered and/or facilitated.



Bring in something from home

Bring in a favourite item, a child's drawing or a photograph of your family to decorate your bedroom.

- If possible, this option should be discussed with the parent during the pre-admission process. It normalises future conversations about home and kids and creates an opportunity for the parent to talk with their child about where, why and for how long Mum or Dad may be away.
- If an item wasn't brought in on admission, suggesting this activity on the parent's arrival makes for an easy introduction to the menu. They may want to ask a trusted adult to bring in the item when they are visiting (if permissible), or to send it in via priority mail. Make sure you provide the parent with the correct mailing address to pass on to their helper.
- Where possible, encourage the involvement of children. If the child can select an item/s for the parent to have with them whilst at the centre, it will reinforce their connectedness in spite of the separation.
- As well, suggest the parent asks their child to look after an important item at home until they are reunited. This provides a tangible reminder of the parent for the child and is particularly reassuring for younger children about their parent's return. This 'task' also helps to make the child feel important.

Parents may have photos of their family on mobile devices (where these are allowed in the program). However, a physical item offers a sensory aspect that can provide comfort and a feeling of connection during absence. The parent can refer to it in ongoing communication with the child.

Something like, *"I have your Joey sitting on my chair. He makes me smile and think about you"*, doesn't directly reveal anything about the parent's health but is mutually beneficial for both parent and child wellbeing. It is an example of how reassurance can be indirect yet powerful.

- Depending on the child's age, the item can make age-appropriate communication easier for the parent: *"Joey wanted to let you know he likes my room here 'cos it's sunny."*

It can demonstrate that children are being kept in mind: *"When I looked at your painting today, it reminded me about your science project. How did it go?"*

And it can help start conversations about everyday things: *"Today when I looked at the photo on my bedroom wall of you and Ingrid at the concert, I remembered her brother has been on holiday for a while now. How is he doing?"*

A 'task' given to the child by the parent can be used in the same way: *"Have my daffodils flowered yet? Thank you for watering them."*

- Acknowledging a child's item and its placement in the parent's bedroom can help start conversations about other menu options. It's also a chance to explore any possible home sicknesses and separation anxiety the parent may be feeling. The object can also be used as a mindfulness aid to assist parents in managing their emotional regulation or their motivation about participating in the program.

"Wasn't it lovely of Jessie to give you her Joey to bring in, so you had some company? She seems like a thoughtful kid."

"The message on Anh's painting is special, isn't it? He's hoping you're feeling better."
- Include any plans in verbal handovers with staff, and document in the parent's file that an item has been received or is on its way, along with any follow-up that may be required. This information can be especially useful when exploring any separation issues that may affect the parent's engagement with the residential program.



Send something special home

We have materials you can use to create a letter, postcard or special surprise for your kids to find in the letterbox.

- This item requires writing and creative art materials to be available as part of the program resources. It can be undertaken as an individual activity or created as part of the usual group program. There may be parents within a group who can create these alongside each other, adding an element of peer support to the process.
- Invite parents to think about the last time their kids received something by post (that wasn't ordered online) and what it might mean to them to receive something from their parent while they're apart. Receiving a surprise gift can be especially beneficial for younger children, and should be encouraged to happen as soon as possible and a couple of times throughout the parent's stay.
- Encourage parents to be creative when it comes to their child's gift. Some ideas include:
 - Cooking up a favourite treat food (made in the program).
 - Putting together a scrapbook of photos of the residence (e.g. bedroom, kitchen, lounge, building, garden – keeping other residents' privacy in mind).
 - Making a gift (e.g. bracelet, playdough, placemats).
 - Creating a personalised crossword/word find.
 - Composing a poem or creating a postcard to send.
 - Making vouchers for future outings together (e.g. movies, trip to the zoo, dinner).
 - Drawing something the parent and child have done and enjoy doing together.
 - Designing a picture outline for kids to colour-in and send back.

- Suggest attaching a hand-written message to the gift. Drafting the message first can help parents to shape the tone and think about what would strengthen their bond with their child. Recalling recent memories and commenting on ordinary, everyday things can be a powerful yet safe option.

“Made this especially for you! Could you ask Dad to take a photo of your rehearsal, so I can see how it's going?”

“I heard you helped Emily make a yummy cake the other day 🍰 Can you make it again when I get home?”

- Some things may not be practical to send via post. In that case, reserve this activity for a time when the parent may be due to have a brief visit home as part of their program or transition preparation (see: 'Planning to go home') or when a family member is due to visit the parent.

- Postcards, like letters, should always go into a plain envelope (without service branding) and should be personally addressed to the child. This will both protect their privacy and emphasise the 'special delivery'.

- Giving the other parent/temporary caregiver a heads up about the gift shows respect for their shared parental/caregiving role and supports the child's experience. This trusted adult could help facilitate any gift exchanging that occurs across the stay.

- Include any plans/updates in verbal handovers with staff and document the outcome or planned arrangements in the parent's file.



Phone or message

But first – you may want think about the best way to chat with your children during your stay. We can help you to work out strategies that support you and your connection to family.

The general guidance contained in the **Introduction** and **Let's start talking** sections of this guide may also be helpful when preparing to discuss this item with parents.

- When working with a parent to plan a phone call or message exchange, an understanding of the whole family context and experience is critical. This may be the first time the parent has been separated from their child, or it may have happened before. Review the information you have and adopt a curious and non-judgmental stance. Confirm again, with sensitivity, that there are no current court orders in place restricting this sort of contact with the child.

Phone and video calls, text messages, email and social media are all great for staying in touch and often form a regular part of family communication, especially between parents and older children/teens. They can also, however, put pressure on parents for whom having a period of time-out is important for their recovery. Contact can be both desirable and stressful and this is a good time to encourage parents to 'hit the pause button' before making any plans.

Mobile device use may be formally restricted in your setting; parents may not have brought their device with them; or the parent and/or child may not own a device. In these cases, focus on translating the 'intent' of this item into other actions, or redirect parents to other menu options.

- Ask the parent what they would most like to talk or text with their child about – e.g. daily routines (homework, bedtimes), support networks (friends, sports teams).
- Identify which topics the parent is and is not comfortable with.
- Work together to develop a plan for how to finish the phone call or message exchange on a positive note, and what to do if the parent feels overwhelmed at any point.
- Consider roughly how long is appropriate for the circumstances and the child's age.
- Offer to practice or role play a phone call to help build the parent's confidence.
- Support the parent to work with their partner or the child's caregiver to 'arrange' the contact, rather than have it occur out of the blue. This keeps the parent in touch with what's happening at home, and encourages them to think about who else could be present at the other end to support the child and which times should be avoided (e.g. nap, feeding or dinner time). As some children will not have their own phone, coordinating with the partner/caregiver may be essential.

Messaging by text, audio, or video recording

- Sending the message to both the child and the other parent/caregiver at the same time can create a greater sense of support, openness and reassurance.
- Suggest the parent sends a simple emoji message (i.e. 🙌😔👦👧😭❤️), especially if the child is young. The other parent/caregiver can show the child the message, interpret the emojis with them and help them to respond.
- A recording of the parent singing a nursery rhyme or reading a story could be played to the child by their caregiver.

Phone calls

- Calls are best made or taken in either the parent's bedroom (if single occupancy) or an interview room with privacy. Check if the parent would like you to be present during the call or just as it commences, or if they would like to catch up immediately after.
- Be mindful that younger children will not tolerate lengthy phone/digital contact. This should be discussed with the parent and the caregiver prior to the call. Infants and young children may react strongly to voice or video calls, and parents should be prepared for the possibility that some children may not wish to talk on the phone or may require short conversations.
- FaceTime/Skype calls could be scheduled as part of the parent's program activity.

- After the call, provide an opportunity for the parent to reflect on what they are thinking/feeling about the phone call or the physical separation from their family. If this has raised concerns for the parent, provide support and give them time to debrief. Reassure them that this and other less direct contact is lessening the impact of this separation.
- Raise this key message with the parent: **'When a child knows others are caring for their parent, their own worries and sense of responsibility for their parent are reduced.'** Mentioning staff by name or introducing them to the child while on a call using loudspeaker has the potential to reduce children's anxiety.
- Over time, the frequency of contact from children may affect the parent's ability to focus on their recovery. Support parents to nominate manageable boundaries around the time, frequency, duration, and method of connecting. This and highlighting less direct methods can help parents to stay focused without withdrawing too much and confusing the child.
- Unexpected calls via landline from children without access to a mobile phone are common. Staff can set the scene for the conversation ahead and play a role in reassuring the child that their parent is being looked after.

"Would you like me to ask her to call you back or do you just want to leave a special message? I promise to pass it on exactly as you tell me."

"Your Dad is just about to catch up with his doctor, but I can see if he can say a quick hello now and then call you back later, maybe around dinnertime."

- Include any plans/updates in verbal handovers with staff, and document in the parent's file that a phone call or message exchange has been considered and/or occurred.



Spend time with your children

Depending on your situation, a visit here, at home or an outing could be planned. Our staff can support you before, during and after you spend time with your kids.

Prior to discussing this option with parents, familiarise yourself with:

- the general guidance contained in the **Introduction** and **Let's start talking** sections of this guide
- any specific Children's Visiting Policy/ Procedure developed by your service.

Planning ahead

- Some settings may have established protocols around visitors and off-site outings, even strongly encouraging home visits during the stay as part of the transition process. Others may not permit residents to leave the site while undertaking the program. If your service does not usually facilitate contact visits with children or doesn't have a family-friendly room of suitable size and comfort, discuss with your manager what can be supported in the interim and what policy might need to be developed. In the meantime, actively support parents to consider the 'indirect contact' menu items.
- Confirm again that there are no current court orders with conditions such as supervised access in place. Conditions can change so don't rely solely on information received on the parent's arrival. It is also essential to be aware of any residents who may be legally prohibited from general contact with children, particularly in settings where staff may not be on site 24/7.
- A range of interactive toys and activities for differing age groups should be available as part of the program resources. Often sensory modulation equipment and activities already in place for residents are equally suitable for older children (e.g. weighted blankets, bean bags, meditation tee pees).

- Children need to be accompanied by a responsible adult (who is not the parent or a staff member). More mature teenage visitors or young people in caring roles may not require as much adult supervision during their visit.
- Explore how the parent can check that their child and caregiver would like a visit or outing to take place. If anyone involved expresses any safety concerns, actively consult with your internal senior or specialist staff (e.g. program social worker or director) rather than ruling out the opportunity.
- Consider, in consultation with the program team, the parent's current levels of wellbeing, vulnerability and risk. These should be balanced along with the desire to have contact with their children.
- Any short-term 'intensive care' area within a residential rehabilitation program is not suitable for visitors under 18 years. While children may be curious to see their parent's room, visiting the bedroom is generally not advisable for both safety and privacy reasons.
- Support the parent and caregiver to develop a visit or outing plan –who, how, when, and where. Discourage unplanned visits by providing caregivers with information about what a positive, trauma-informed experience looks like.
- Include children in conversations about what they will do together. Suggest parents encourage younger children to bring in a favourite toy/book, or older children a game that can be played together (e.g. Uno, interactive computer games).
- Book the designated family-friendly room if the visit is on-site. If this room has been booked for any other reason, family visits should be given priority use of the space.

Just prior to and on the day of the visit

- Show the parent:
 - the designated family-friendly areas onsite for spending time with children
 - the toys, resources and activities that are available to make visits more meaningful and fun.
- Talk with the parent about:
 - confirming the time, location, and duration of the visit with the child's caregiver and accompanying adult.
 - preparing visitors, including children with visual descriptions of what they can expect and who else will be present
 - how they can establish early in the visit how long it will last for
 - how they can use the resources and environment in low-key ways to re-engage with their children
 - how to finish the visit on a positive note.

- Ensure all staff are aware that the visit or outing is going ahead.

Onsite visits

Review the plan, any developments, or current circumstances on the day of the visit and double-check the room is prepared and available.

Be available to support the parent during the visit if required, even if this has not been identified in the plan.

Acknowledge parents may feel nervous, distressed and sad in anticipation, even if they are eager to see their child. Reassure them that these feelings are both normal and okay, and remind them of their strategies for finishing the visit on a positive note.

Visits involving infants should always be supervised by a member of staff as well as the accompanying adult.

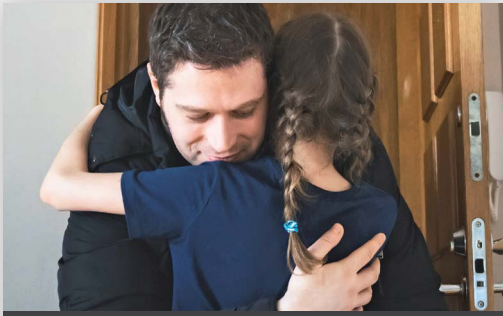
As you greet the child and accompanying adult, check for any unexpected concerns that may have arisen since arrangements were confirmed. Point out facilities (e.g. toilets) as you make your way to the visiting space.

While it may be usual practice to advise visitors about behaviour and safety procedures, this should be discussed with the accompanying adult first. Unsolicited detailed information regarding safety procedures can alarm children. However, some reassurance of general safety is advised, especially when a child asks.

Outings

Older children and adolescents may prefer to spend time with their parent offsite, especially if the visit is a regular part of a longer-term residential program. There will need to be some mutual negotiation with the child and accompanying adult about where – sheltered in public with others (e.g. lunch at the local shopping centre), or a less crowded outdoor space (e.g. kite flying or football in the local park.)

- Offer the parent, child and child's caregiver/s an opportunity to debrief after the visit. Encourage a casual message exchange about the visit (e.g. 🙌 😊 ☀️ 👨‍👦 📱 ❤️)
- Include any plans in verbal handover updates with staff, and document in the parent's file that a visit with their child has been considered/ occurred and what follow-up may be required.



Preparing to go home

There are a number of important steps in your recovery, including the transition home. Talk to us about what to expect and what this might look like for you and your family.

- For some residents, the return home can't come soon enough, while for others it can be extremely anxiety provoking. The same applies for family members, especially children.

Gradually introducing the steps involved in leaving the program helps parents and families to adjust and avoid surprises. If parents know what to expect, they can relay that confidence to their children. Preparation can help make things smoother for everyone.

Home may not be where the child lives – in fact, circumstances may have occurred during the parent's stay that lead to significant accommodation changes and potentially ongoing separation.

Equally, the experience of staying connected during the stay may have created some new traditions that the parent and child could continue, especially if the child lives elsewhere.

Transitions are well known as the weak link in most care planning processes. Specialist family-focused consultants (e.g. COPMI or FaPMI coordinators) within your service can provide additional information, linkage and interim support that may prevent things falling through the 'transition gap'. They can also identify resources addressing Young Carer needs that might exist in the family.

- Preparing to leave may involve:
 - reaching an agreed level of wellness, successfully participating in the full program (course completion) or simply passing a time limitation (max 30 day stay)
 - a graduated process of spending short periods at home before the day of departure (trailing structured leave, part of personal goals), including gradual resumption of parenting tasks such as assisting at reading time.
- Address and validate any concerns the parent may have about leaving the program or returning to their daily parental responsibilities.
- Any concerns expressed by the child's caregiver and child themselves should also be addressed to support a safe and smooth transition plan. Specialist family-focused consultants may be of particular assistance here.
- Clarify again that there is no current child protection involvement or other court orders in place that may restrict contact with the child. It may be necessary to consult with child protection or family violence workers prior to the parent returning home, regardless of whether they live with the child.
- Take a future and prevention planning focus by:
 - arranging family meetings early in the parent's stay and then again prior to their return home
 - supporting the parent to create a family care plan in collaboration with their partner, family, and children. This plan outlines their preferred parenting and recovery strategies, children's wishes, the role of informal and formal supports, and how concerns can be raised if required
 - proactively exploring with the mother what returning home involves when specific demands of infants (e.g. breastfeeding, night waking) are in play. In the early stages of returning home the demands of managing an infant as well as their own recovery must be balanced, and support for the family is often required
 - discussing details and program expectations of any trial leave with the parent and the child's caregiver. Consider how to incorporate usual parental tasks as part of the transition (e.g. kindy pick up, school reading attendance)
 - explore with the parent what they have told their child about their stay and improvement. Refer to the **Let's start talking** section of this guide for ways parents can reassure their children about transitional arrangements and the return home, and how their children can be supported, including being connected to relevant organisations.

- On the day of leave and the day of departure:
 - Confirm arrangements with the parent and family/child's caregiver.
 - Support the parent to implement their family care plan.
- On return from leave and after departure:
 - Offer support/debriefing opportunities to the parent, family/caregiver and child. Encourage reflections about what was learnt and what could be valuable to call on later.
- Include any plans/updates in verbal handovers with staff and document the details of current and future plans in the parent's file. Ensure the parent's experience of parenting during the stay is included in the outcome summaries provided to the parent and professionals providing follow-up care.

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Acknowledgements

This **practice guide** is informed by the original practice guidelines developed by the Northern Psychiatric Unit, Northern Area Mental Health Service, Victoria in 2012. They accompanied the original **Keeping in Touch (KIT) menu poster** that was co-designed and produced by the Northern Psychiatric Unit, Northern Area Mental Health Service, Victoria and the Children of Parents with Mental Illness (COPMI) national initiative (2011).

The poster content and design was revised in 2019 by the Emerging Minds: National Workforce Centre for Child Mental Health (NWC). The NWC is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program. Both the **KIT menu poster** and this accompanying **practice guide** have benefited from substantial input from a wide range of contributors.

Emerging Minds would like to express our deep appreciation to the original developers at the Northern Mental Health Service and its current leadership for their trust, continued collaboration, and their willingness to allow these resources to be made available to a broader audience through this update and adaptation process.

We would like to sincerely thank the expert advisory group, professionals, parents, family members and young people with lived experience from across Australia that were involved and who contributed generously to this guide's development.

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Australian Therapeutic Communities Association:

Dr Lynne Magor-Blatch, 2019 ATCA Adelaide Conference delegates.

Emerging Minds: National Workforce Centre for Child Mental Health:

Angela Scuderi, Annabel Axford, Ania Markiewicz, Courtney Schuurman, Lydia Trowse, Dr Melinda Goodyear, Morwynne Carlow.

Additional resources

Parent and family brochure

This brochure has been created to assist with promotion and understanding of the KIT Menu for parents and their families. The brochure can be included in pre-admission and orientation packs or placed in bedrooms.

[Keeping in Touch residential parent and family brochure](#)

Practice papers

These resources from Emerging Minds discuss ways practitioners can make it easier for parents to have conversations about their children's mental health; and share high-quality information with parents about children's social and emotional wellbeing in an engaging and respectful way.

[Why is it difficult to talk to practitioners about their children's mental health?](#)

[Sharing information with parents about children's social and emotional wellbeing: A step-by-step approach](#)

Position paper

The Royal Australian & New Zealand College of Psychiatrists provides background information and recommendations for practitioners regarding the mental health of mothers.

[Mothers, babies and psychiatric inpatient treatment](#)

Recommended readings for children and young people

These lists from Families where a Parent has a Mental Illness (FaPMI) include quality literature about parental mental illness (including picture books, children's and young people's fiction, autobiographies and educational information) that has been selected and categorised to suit different ages, genders and circumstances.

[Books and other resources for working with families and children where a parent has a mental illness](#)

[FaPMI library](#)

A sample sensory toolbox

A sensory toolbox should contain items which the child or adult can select from themselves, depending on their sensory/regulatory needs. Most programs and settings will already have sensory modulation items and equipment which can also be used within the family-friendly visiting space.

To help cover all bases you should focus on items that cover off the following sensory needs:

- **Stretch** (e.g. stretch theraband)
- **Squeeze** (e.g. stress balls)
- **Touch and explore** (e.g. soft pieces of fabric, scarves)
- **Weight** (e.g. weighted blanket or bean bag).

These items stimulate proprioceptors and deep touch pathways in the nervous system which regulate the nervous system. Please note: Light touch is included as this can also be regulating for some but altering for others.

Tips for parents

These resources from Children of Parents with a Mental Illness (COPMI) offer helpful suggestions, phrasing ideas and key messages for parents to consider when writing postcards and letters home.

[Keeping connected when you're unwell \(or in hospital\)](#)

[Helping my child and family](#)

Emerging Minds also has a series of tip sheets to support parents to have age-appropriate conversations with children about adversity.

[Communicating with your baby during 'tough times'](#)

[Communicating with your toddler during 'tough times'](#)

[Communicating with your primary school-aged child during 'tough times'](#)

[Communicating with your teenager during 'tough times'](#)

Example parent-child service policies and procedures

Examples of policies devised by Australian mental health service NorthWestern Mental Health that incorporate local circumstances, dependent care planning, children visiting policies and child safety requirements. These could be used as a basis for adapting to a residential mental health program.

[NWMH Dependant Care Planning](#)

[NWMH Dependant Care Plan form](#)

Family care planning

Many parents experiencing mental illness find there are times when they are well, and others when they feel in 'crisis' and may need extra support or emergency help. A family care plan can help children and the entire family to be prepared for these times.

A family care plan is a 'just in case' guide that lets everyone (including family members and health professionals) know what the family's wishes are when things get tough, particularly for those who might not know a parent, child or family well.

A family plan is not a legally binding document but is written to outline a family's preferences and to maintain the familiarity of the everyday routine that children need to feel safe and secure during difficult times.

While I'm Away app

The While I'm Away app has been designed to help parents support the mental health and wellbeing of their child should they need to be cared for by someone else. It is available for free on iOS and Android.

My child's care plan

This printable care plan template is designed for parents to complete regarding the care of their child when they are unwell or unavailable.

My baby's care plan

This printable care plan template is designed for parents to complete regarding the care of their infant when they are unwell or unavailable.

Care plan for children and young people

This printable care plan template is designed for young people to complete with the guidance of their parent, providing instructions for their care when their parents are unwell or unavailable.

About family care planning

This page offers more information about how and why you should create a family care plan.