Getting it Right for Children Parents and Carers affected by Mental ill Health

Working together to achieve the best for children, young people and families

Version:	0.3
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Date created:	19th October 2016
Reviewed by:	PQ&A Group
Date of Review:	June 2018

Contents

Introduction

The term mental ill-health encompasses a range of experiences and situations. Mental health might usefully be viewed as a continuum of experience, from mental well-being through to a severe and enduring mental illness. It is important to recognise that not every parent with mental health problems will have ongoing or even periodic compromised parenting skills.

Understanding and managing the impact of parental mental ill-health on a child or young person requires skilled professional identification, assessment and intervention. These activities must be carried out within the context of understanding the child's wider world and how the child grows and develops. It is also equally important to recognise that while mental ill-health can be compatible with good parenting some parents with a mental health problem are at risk of harming or neglecting their child.

This document has been produced by the Argyll and Bute Child Protection Committee and provides guidance for all professionals on working together to provide a seamless service that addresses the needs of children and families affected by mental ill-health.

This protocol sets out a framework of good practice for professionals and managers at all levels when working together with vulnerable families. It is consistent with the GIRFEC practice model which is embedded within the Argyll and Bute wide Getting it Right for Every Child approach. It is also integrated within Argyll and Bute's Interagency Child Protection Procedures.

1. Aims

This protocol aims to:

- Support practitioners to develop a shared, consistent and integrated approach across services
- Raise awareness of risk factors to support identification of children of parents and carers affected by mental ill-health
- Embed Getting It Right For Every Child (GIRFEC) processes and principles when working with children affected by parental mental ill-health and ensure children are at the centre of all decisions that affect them
- Support practitioners to keep children and families safe and protected from abuse and neglect and deliver better outcomes for children, young people and families

To provide an effective joint approach to identification, assessment and support for children of parents/carers affected by mental ill-health services require to:

- Ensure the needs and safety of the child and parents are understood and met •
  Provide a non-stigmatising service that encourages social inclusion for all users.
- Acknowledge and understand the impact of mental illness on parenting and children.
- Support family life and positive parenting
- Promote integrated working across services
- Maximise responsibility for all services in terms of the child's safety and best interest's
- Minimise duplication and unnecessary service intervention

- Improve interagency communication and information sharing through the use of a common approach.

This protocol is for use by:

- All mental health professionals inpatient and community services
- Children and Families Services - NHS, Education and Social Work Services.
- General Practitioners
- All other Professionals working with children and families across Argyll and Bute.

2. Parental mental ill-health

It is not inevitable that living with a parent/carer with mental ill-health issues will have a detrimental impact on a child's development and many adults who experience mental ill-health can parent effectively. However, there is evidence to suggest that many families in this situation are more vulnerable.

A number of features can contribute to the risk experienced by a child or young person living with a parent or carer who is experiencing mental ill-health. These include:

- The parent/carer being unable to anticipate the needs of the child or put the needs of the child before their own
- The child being separated from a mentally ill parent, for example because the latter is hospitalised
- The child taking on caring responsibilities which are inappropriate for their age
- The child witnessing disturbing behaviour arising from the mental illness often with little or no explanation

There are also factors which may impact on parenting capacity including:

- Lack of insight into the impact of the illness on both the parent/carer and child
- Poor engagement with services
- Non-compliance with treatment
- Maladaptive coping strategies
- Misuse of alcohol and/or drugs

A substantial proportion of adults known to mental health services have children. Similarly a substantial proportion of children known to Children and Family Services (CFS) live with parents with mental health problems. [*In this context, Children and Family Services primarily means those provided by NHS, Education and Social Work Services*] The majority of parents who experience mental health challenges are committed to their children and want what is best for them However, to ensure that the needs of both parents and children are met, a high level of joint working is needed between Adult / Mental Health Services and CFS teams.

3. Joint Responsibility

Joint responsibilities and approaches to support and protect children are clearly embedded in Argyll and Bute's Getting it Right for Every Child (GIRFEC) process, the West Of Scotland Interagency Child Protection Procedures and the Lead Professional /Named Person Inter Agency Information Sharing Protocol. This Parental Mental Health protocol integrates the adopted principles and unified approaches within these.

The key outcome is to ensure all agencies share information and responsibility when a child's well-being is of potential concern and where appropriate, plan together with the family. Argyll and Bute's Getting it Right for Every Child is the one approach to be used. This clearly identifies the approach and responsibilities that should be taken to different levels of concern about a child.

The general process for this is outlined in the flowchart in Appendix 1 which aligns key levels with Argyll and Bute's GIRFEC process. The remainder of this protocol outlines the key roles and responsibilities of these services

Where any agency has an immediate concern and believes a child to be suffering or being at risk of suffering significant harm, an immediate Child Protection referral should be made to Social Work Services under Argyll and Bute's Child Protection Procedures. Professionals must also provide a written report, when requested, which outlines why they have concerns for the child and attend any Child Protection Meetings.

4. Mental Health Services (Argyll and Bute HSCP)

All mental health professionals have a duty to promote the well-being of children and protect them from harm. This protocol has been developed in partnership with mental health colleagues and will complement the mental health pathway for inpatient and community services (Appendix 7). Additional information around parental mental health is available from the Mental Welfare Commission Monitoring Report "When Parents are Detained". http://www.mwcscot.org.uk/media/123938/whenparentsaredetained.pdf

This protocol is subject to approval by the Child Protection Committee and the Argyll and Bute Health and Social Care Partnership.

Mental Health Services throughout Argyll and Bute HSCP provide assessment and treatment to support mental health and well-being.

Ante-natal screening for mental health and well-being will be undertaken in accordance with the Peri-natal Mood Disorder guidance (SIGN127). Further to the assessment and screening by maternity services additional support and assessment maybe sought from mental health services.

As part of the mental health assessment a parenting assessment should be undertaken on anyone with direct responsibility for children under 18.

Mental health professionals should routinely ask all service users

- if they have children or caring responsibilities for a child
- record the names and dates of birth of any children within the household of a service user, or of any children the user has parental responsibility for or regular contact with
- clarify whether the children are caring for their parent or other siblings due to their parent's health issues
- If possible, they should also record:
- the names of the children's schools
- their GP
- any other health or social care professionals involved with the children or their family

As outlined in Child Protection procedures, if a mental health agency has concerns about the immediate safety of a child they should speak to their manager or other lead professional and if agreed, make an immediate referral to the local Social Work team. The referral should be followed up in writing. The parent or carer should always be informed of the referral unless there are exceptional concerns, for example, if the child protection investigation or the future safety of the child could be compromised

5. Adult / Mental health Agencies contribution to GIRFEC

Children and Family Services will always have lead responsibility for assessing and planning for the child's needs, not the adult service. However, adult and mental health services play a key role in identification and contribution to this. The multi- agency GIRFEC approach requires appropriate information sharing, discussion and action planning proportionate to the needs of the child. How this process fits with children affected with parent /carer mental health problems is outlined in the flowchart in Appendix 1.

Action within levels of Concern Level 1 - Coping

- This is when the adult/mental health professional is satisfied that the parent /carers mental health is not having an impact upon the child and the child's needs are being met.

Level 2 - Concerning

- This is when the adult service has some lower level concerns that the child's needs may not be being met
- The adult service should establish and link in with the appropriate CFS, most likely to be the health or education service.

- If social work services are involved they should be contacted.
- The relevant concerns or potential concerns should be shared and the CFS should consider the completion of the single agency assessment and the plan to support the child developed incorporating this, the plan, chronology and meeting as appropriate.
- The mental health professional should provide all the relevant information requested and / or ensure appropriate representation at any meetings held by the lead CFS agency. This should happen whether this is initiated by the adult service or requested by the CFS.

Level 3 - Significant

- This is when the care or circumstances of the child is of some concern but does not require an urgent child protection response.
- In these circumstances the child will be requiring support from two or more specialist agencies and the interventions from a single CFS agency is not enough.
- The lead CFS will develop an integrated assessment of the child's needs, arrange a multi-agency meeting to agree the multi-agency action plan.
- The mental health agency should provide all the relevant information requested and ensure appropriate representation at any meetings held by the lead CFS agency.
- CFS workers are not experts in the mental health field and therefore the input of the appropriate mental health professional(s) is essential.
- The CMHT should support the lead CFS agency in identifying the appropriate professional if there is any uncertainty where responsibility lies.

Level 4 - Urgent

- This is when there are urgent / acute concerns about a child's welfare.
- Social Work is always the lead agency in these circumstances.
- Child Protection procedures may be implemented at this stage or at a minimum a comprehensive multi agency integrated assessment.
- In either scenario, on request, the mental health agency currently involved in providing care must provide a current written assessment of the parent /carer's health and circumstances from the perspective of the potential risks/impact upon the child.
- The mental health agency must also ensure appropriate representation at all meetings convened for the child unless agreed otherwise.

The children and families service must be informed of any changes in the parent /carer's treatment or mental state which could affect his/her ability to parent/care for their children for example medication being reduced, treatment free period/trial or no concordance with treatment.

Specific questions for mental health professionals to consider when undertaking a parenting assessment can be found in Appendix 2

6. Children and Family Services (CFS)

Services must all work together under GIRFEC and the West of Scotland Interagency Child Protection Procedures. CFS (primarily Health, Education and Social Work) will always assume the lead professional role with a child requiring a multi-agency child's plan, not the adult mental health agency.

When deciding whether a child may need help, services should consider the five GIRFEC questions below in relation to the child and the impact of the parent's mental health on their development:

1. What is getting in the way of this child or young person's wellbeing?
2. Do I have all the information I need to help this child or young person?
3. What can I do *now* to help this child or young person?
4. What can my agency do to help this child or young person?
5. What additional help, if any, may be needed from others?

To answer these questions it is useful to explore some of the following. Professional judgement and knowledge of the family will allow you to decide which to explore. Try where possible to note the answers as risk or protective factors:

- Are there any factors which make the child(ren) particularly vulnerable? For example, the child might be very young, or has other special needs such as physical illness, behavioral and emotional problems, psychological illness or learning disability(ies)?

Keeping the 5 GIRFEC questions in mind, analyse the information you have collated and use your professional judgement, the Mental Welfare Care and Treatment Act 2003 and the Milan principles child welfare is paramount and :

- Act in the best interests of the child or young person – their wellbeing is paramount and your responsibility.
- Note and accurately record the exact nature of your worry or concern.
- Do not assume someone else will do something – they may not.
- Gather and record evidence that the child or young person has been seen and is safe.
- Follow your own service child wellbeing/protection procedures.
- Discuss with your Line Manager/Supervisor or in their absence a trusted colleague.
- Share your worry or concern with them – discuss and agree a course of action and follow it through.
- If you have not already done so make contact with the child or young person's Named Person; discuss and share your worry or concern; agree a course of action,single agency or multi-agency, and follow it through.
- Make sure you speak with colleagues in other relevant service and/or agencies including Children's Services (Education and Social Work), Adult Services (including Drug and Alcohol Services, Housing Services and Criminal Justice

Services). It is important you have a holistic and comprehensive understanding of what is affecting the child and the whole family unit.
- Share and exchange information with other practitioners, services and/or agencies who may also be involved with the child and family appropriately and proportionately.
- Discuss with the parent and share your concerns honestly and openly where it is practical and safe to do so.

Next Steps

Your analysis must clearly indicate that:

- There are sufficient protective factors in place for your agency to support the parent to continue to safeguard their children and support their development. You require to notify the Named Person of this conclusion and the parent and begin to develop a plan with agreed measureable outcomes to support their child's well- being.
- You require further information from specific agencies before deciding on your next step.
- There are sufficient risks and low protective factors and you will now discuss with the Named Person the need to call a Child's Plan meeting.
- Information from one agency, or when linked with information from another, demonstrates a risk of significant harm and you will contact Social Work immediately.

The Named Person must ensure the involved mental health professional or GP is asked for a report and invited to any relevant child's plan meetings or child protection meetings as appropriate

Within the universal child's assessment and child's plan there is a question about parental concerns. By confirming the existence of parental mental ill health, it then prompts the assessor to consider relevant questions about the impact on the child. The purpose is to ensure all factors affecting the child have been considered. Much of this information will be gathered from the parent /carer but information should also be augmented by the relevant mental health agency.

If a CFS agency has concerns about a parent /carer's mental health but is unaware of any service provision it should check whether the adult is known to mental health services(community/inpatient) and discuss / refer the concerns. If the adult does not meet the threshold for services the GP should advise or signpost the adult to further areas of support. The CMHS can also be contacted for advice. Other key contact details are available in Appendix 3.

If there are concerns about a parent/carer's mental health during office hours the GP should be the first point of contact. Additionally the local CMHS can be called for advice and support to fellow practitioners. If it is out with office hours, generally support can be obtained from the General Practitioner, NHS 24, Social Work Emergency Service

(SWES) or the On-Call General Adult Psychiatrist.

7. Referral/Admissions to Mental Health Services (community / inpatient services)

On admission to acute or mental health wards, enquiries should be made to find out if the person has parental responsibilities, is pregnant or has regular contact with children. The CMHS will follow the local standard operating procedure for mental health and should note any childcare issues in the integrated care record and services users clinical record including:

- Details of who is looking after the dependent children.
- Establishing /verifying that the care arrangements are safe and in place.
- Note any concerns about arrangements for children or difficulties in establishing arrangements should be reported to social work.
- Note any concerns about the care of the children while the patient is on the ward.
- Note arrangements for children visiting, taking into account ward policy.
- Any involvement of other agencies, particularly with CFS.
- Who the significant others are i.e. those with parental responsibility.

If due to the nature of the patient's illness or for any other reason, it is not possible to gather information about the children, during the course of the admission this will be notified to the GP.

If there are any significant potential concerns arising from the above that cannot be resolved within the inpatient admission and at the point of consultation/appointment setting contact should be made with the local Social Work Service or Social Work Emergency Service (SWES).

If Social Work are involved with a patient's child/children, or agree that they will be, and where the patient is registered under CPA (Care Programme Approach) they should be invited to all meetings under the CPA if the patient is in agreement.

If concerns are significant then decisions to discharge from inpatient care/CMHS the parent/carer must also be shared with Social Work in advance where possible to allow for plans to be made.

In the event of a patient discharging against medical advice from inpatient care staff will notify social work services. Parental responsibilities and the affect/impact of the parent's/carer's mental health on the child should be considered prior to any of leave /pass from the hospital. A risk assessment and management plan of this should be undertaken prior to any passes being agreed. Similarly, where appropriate social work and relevant agencies should be notified of the parent/carer's intention to go on a leave of absence from the inpatient services.

The patient's general practitioner is notified of all admissions and discharges to and from mental health care provision to psychiatric care.

Entry to Mental Health Services (In-patient)

At the initial assessment practitioners should establish if the patient is pregnant, has children under 18 years of age or caring/parental responsibilities for children under 18 years of age.

For any patients admitted under the mental health care and treatment (Scotland) Act 2003 please follow the in-patient parental mental health pathway (appendix 8) – http:insert URL

Early engagement and discussion with the mental health officer should be sought and mental health staff should be aware of their obligations under Section 278 ***(Duty to mitigate adverse effects of compulsory measures on parental relations)*** of the Mental Health Care &Treatment Act (Scotland) 2003**.**

Where any service user has a child under 18 years of age, the use of compulsory measures should prompt a social circumstances report at the start of each new episode of care. Early discussion and engagement with

Assessment

During the mental health assessment practitioners should undertake a parenting assessment and obtain the following information in relation to the children cared for by the patient, details to include:

- Name of child/children
- Date of Birth of child/children
- Current care arrangements in place whilst the parent is in hospital

A Risk Assessment should be completed and include consideration of any risks of the parent to their child/children. This should be discussed and updated as clinically required but at least weekly at the Multi-Disciplinary Meeting and prior to any leave of absence, supervised/unsupervised visits and discharge from hospital.

The use of the Care Programme Approach (CPA) should be considered as a forum to ensure communication between relevant departments and in support of managing care and associated risks. Where practical and with consent of the patient the lead professional/named person should be involved in discussions supporting care.

Care Plans

For any parent admitted to a mental health ward, a care plan is developed that considers the impact of family life as a result of the admission to services. This should also include and review the contact arrangements for the parent/children during the admission period.

Maintaining Contact/Parental Relations

Arrangements for access to the child/children for parents whilst during an in-patient admission are made available to safely facilitate contact during a period of separation. This contact should be supported by staff. Community professionals such as health visitors/social work colleagues maybe involved if appropriate.

Where face-to-face contact is not available or appropriate the consideration for the use of technology should be considered to maintain contact with the family where appropriate.

Mental health hospitals should have access to child-friendly spaces for children and families who are visiting a parent in hospital.

Leave of Absence/Suspension of Detention/Discharge

Prior to any leave from the hospital ward risks should be considered in relation to the parent and child. Prior to any planned leave of absence from the ward to the family home or access to the child, risks should be discussed and considered.

A risk management plan for leave of absence/suspension of detention should be undertaken for any patient with parental responsibilities.

Where appropriate the named professional/social work or children and families service should be notified of the planned leave of absence/suspension of detention/discharge prior to this occurring

8. Co-morbidity

When two disorders or illnesses occur in the same person, simultaneously or sequentially, they are described as co morbid. Of particular concern is when a parent misuses substances and has mental ill health. There is a high prevalence of this co morbidity. It has been documented in multiple national population surveys and reports such as Mind the Gap since the 1980.

It is often difficult to disentangle the overlapping symptoms of drug addiction and other mental illnesses, making diagnosis and treatment complex. This can prove, in some instances, to be a challenge for mental health and drugs /alcohol services in terms of establishing treatment plans and lead responsibility. This situation however can consequently make the assessment of risk for the child and understanding his /her needs very complex.

When a child is involved in such complex circumstances it is anticipated that both service areas/agencies will attend meetings / provide reports as outlined above to ensure the plan supporting the child is clear as are each agency's responsibilities

unless it is clear one agency has a significant lead role. Argyll and Bute's Getting Our Priorities Right (GOPR) also reinforces this commitment to children where they are affected by parental substance misuse.

9. Working Together

In situations where both CFS and CMHS continue to have an ongoing involvement with a family the lead CFS worker (e.g. social worker, health visitor, guidance teacher) must be invited to all meetings and reviews including Care Programme Approach meetings that are held by each of the services. All attempts should be made to coordinate different meetings together and reduce any unnecessary duplication.

If the parent does not agree to their inclusion in being invited to their CPA meeting, the care coordinator / key worker will discuss with the patient their objections and the importance of professionals working together for the benefit of themselves and their children. It may be possible to negotiate for the CFS worker to attend part of the meeting. It should be recognised that parents may need to discuss confidential information with their doctor which is not relevant to safeguarding children.

Consideration must be given to inviting the health visitor to all CPA meetings where the patient is registered with CPA where the service user has a child under five years', or a School Nurse for a child over 5. This needs to be with the parent(s) permission.

Whether or not child care professionals attend the CPA where there are concerns about the well-being of the children, the need to share information takes precedence over the patient's right to confidentiality. Sharing relevant information in the absence of consent will be facilitated by CPA coordinators ensuring written documentation or minutes are forwarded to the GP and contained within GP case files. Where appropriate, minutes may also be sent to professionals that are known to be involved in the child's care for their consideration. It is good practice to arrange joint visits from time to time. Otherwise agencies should co-ordinate visits from CMHS and CFS to ensure families are seen regularly.

In terms of a Looked After child the mental health service team must be informed if a child is returning home following a period of being in care and identify additional support required from mental health services.

The Child's social worker must be informed of any changes in parent/carers treatment, such as a trial on reduced or no medication, treatment free period/trial or nonconcordance with treatment.

If any service plans to close a case, the other services must be informed, outlining the reasons and the alternative support systems in place.

10. Further information

Getting It Right for Every Child (GIRFEC)

Getting It Right For Every Child (GIRFEC) is the Scottish Government's overarching approach to promoting appropriate, proportionate and timely action by services to improve the wellbeing of all children and young people in Scotland. The shared language and understanding of GIRFEC is fundamental to the child's wellbeing and it is critical that professionals working to this guidance have a clear understanding of the GIRFEC principles and processes.

GIRFEC is important for everyone who works with children and young people – as well as those who work with adults who look after children. Practitioners need to work together to support families, and where appropriate, take early action at the first signs of any concern about wellbeing – rather than only getting involved when a situation has already reached crisis point. You can find out more about GIRFEC at http://www.argyll-bute.gov.uk/girfec

Child Protection

Child well -being and protection is the responsibility of all workers regardless of whether they have direct contact with children. All workers should be aware of the possible impact of adult behaviour on children and of their responsibilities in respect of keeping children safe.

Child protection' means protecting a child from child abuse or neglect. Abuse or neglect need not have taken place; it is sufficient for a risk assessment to have identified a likelihood or risk of harm or significant harm from abuse or neglect. Find out more about Child Protection at http://www.proceduresonline.com/westofscotland/

Adult Support and Protection

When working with families, workers must be alert not only to child protection concerns but also to the needs of vulnerable adults. The Adult Support and Protection (Scotland) Act 2007, was introduced in October 2008. The Act covers all adults (over the age of 16 years – with no upper age limit) who are at risk of harm and because of a mental or physical infirmity are unable to safeguard themselves against harm.

Further information on Adult Support and Protection, including how to make a referral is available at: link http://www.argyll-bute.gov.uk/social-care-and-health/adultsriskharm

Details of adult mental health services are contained in Appendix 4

Details of the mental health pathway are contained in Appendix 7

Useful Links Information Sharing Advice

Information Commissioner's Office (ICO) Letter of Advice 2013[1]

Scottish Government GIRFEC Programme Board Letter of Advice 2013[2] Scottish Government GIRFEC Bulletin Issue 2013[3]

Argyll and Bute Community Planning Partnership ,A Practitioner's Guide to Information Sharing, Confidentiality and Consent to Support Children and Young People's Wellbeing (2014)[4]

Child Protection Advice http://www.argyll-bute.gov.uk/abcpc
GIRFEC Information and Advice - http://www.argyll-bute.gov.uk/girfec.

Argyll and Bute local assets listed here – www.aliss.org
The ABAN website – http://www.argyllandbuteadvice.net

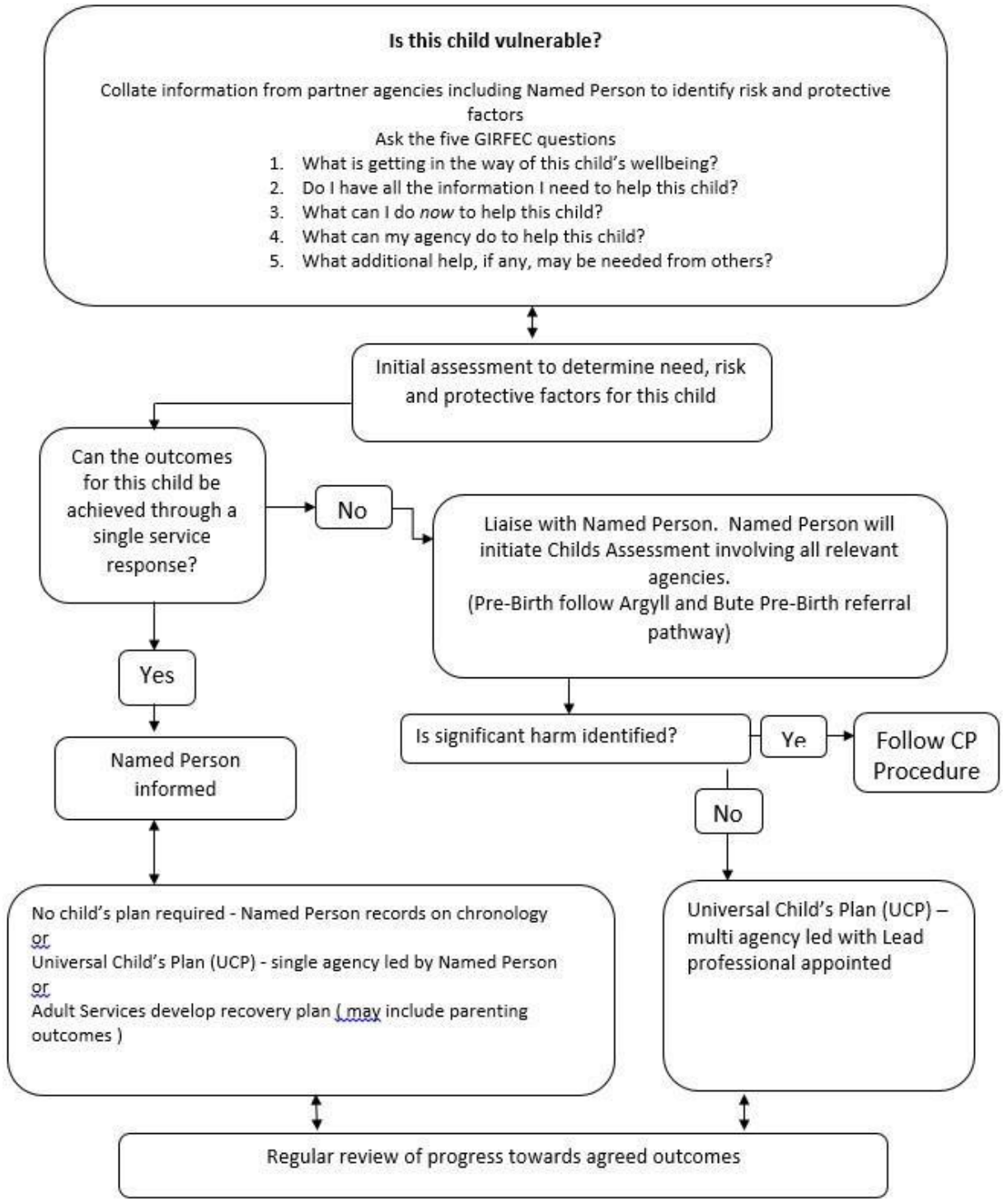
SIGN (Scottish Intercollegiate Guidelines Network) 127 Management of Perinatal Mental Health Mood Disorders(2012).

- Mental Welfare Commission Parental Responsibility helpline
- (0131 313 8777 (professionals)
- 0800 389 6809 (service users & carers only)

- NHS 24 111
- Samaritans116 123
- Saneline0300 304 7000
- Breathing |Space 0800 8385
- Parentline 08000 282233

Appendix 1

Pathway for Children Affected by Parental Mental Health



Be aware lack of progress or deterioration may warrant moving from single agency level to initiating a Multi- Agency Level Universal Child's Plan (UCP) via the Named Person

Be aware of changes in circumstances particularly those which may increase a child's vulnerability and if risk escalates to significant harm Child Protection procedure should be initiated

CP = Child Protection

Appendix 2

Questions to consider within the Universal Child's Assessment and Plan

Children Affected by Parent /Carer's Mental Health Problems

The following must be considered when assessing mental health issues and its impact upon the child:

Some questions will be covered in the wider assessment and may be answered there.

Questions to consider for both Mental Health Professionals and Lead Professional

- **What are the specific mental health issues?**
- **What is the history (include hospital admissions, self -harm or suicide attempts?**
- **What supports are received and does the parent engage with these?**
- **Are there any patterns / predictors?**
- **Does the parent /carer show insight and can prioritise child's needs? Are they the main carer?**
- **How does the parent perceive that their health impacts upon their child?**
- **What does the parent think the child's view is (are they compatible?)**
- **If medication is prescribed how do they use it?**
- **Is it stored safely?**
- **What is the mental health professional's view of how the patient's mental health could impact upon the child?**
- **Are their times they are unable to care for their child? If so what arrangements are made?**
- **Is the child aware of these? Is this safe?**
- **Who offers support?**
- **Are there any safety issues?**
- **Does the parent's mental health affect ability to discipline, maintain boundaries, complete"normal" parenting tasks?**

Appendix 3

The following table (1) may assist in the assessment process of a child:

Parental Behavior	**Potential Parental Impact on Children (in addition to attachment problems)**	**Protective Factors (for example)**
Self-preoccupation	Neglected	Strong Family support evident Availability of other significant adult providing emotional support Other significant adults in same household
Emotional unavailability	Depressed, anxious, neglected	
Practical unavailability	Out-of-control, self-reliant, neglected, exposed to danger	
Frequent separations	Anxious, perplexed, angry, neglected	
Threats of abandonment	Anxious, inhibited, self-blame	
Unpredictable/chaotic planning	Anxious, inhibited, neglected	
Irritability/over- reactions	Inhibited, physically abused	
Distorted expressions of reality	Anxious, confused	
Strange behavior/beliefs	Embroiled in behavior, shame, perplexed, physically abused	
Dependency	Caretaker role	
Pessimism/blames self	Caretaker role, depressed, low self-esteem	
Blames child	Emotionally abused, physically abused, guilt	
Unsuccessful limit-setting	Behavior problem	
Marital discord and hostility	Behaviour problem, anxiety, self- blame	
Social deterioration	Neglect, shame	

Appendix 4

Argyll Mental Health Services in Argyll and Bute Key Responsibilities

Below is a description of the main agency contacts for professionals in Argyll and Bute both in the community and in hospital. Please also refer to the Argyll and Bute Mental Health Directory for a more exhaustive list of wider services.

Community Mental Health Services

Community Mental Health Services are based within the localities of Argyll and Bute HSCP.

CMHS teams are based in Mid Argyll, Kintyre, Islay, Dunoon, Bute and Oban. They provide assessment, treatment and support within adult mental services. The teams are multi-disciplinary and consist of the following practitioners:

- Consultant Psychiatrist
- CMHS Team Lead
- Occupational Therapist
- Social Work
- Community Mental Health Nurse
- Psychologist
- CBT Practitioner
- Primary Mental Health Care Workers
- Guided Self-help Workers
- Support Workers

The CMHS is available Monday to Friday 9AM to 5PM. There is no out of hours support service, in an emergency call:
Police – 999
Social Work Emergency Service – 01631 712 or 01631 566491
NHS 24 – 111

Argyll and Bute Hospital

Mental Health services in Argyll and Bute are committed to ensuring that, however inpatient admission for mental health problems is considered, other options for care and treatment in a less restrictive environment will have been ruled out. In-patient services are provided at the Argyll and Bute Hospital in Lochgilphead.

Contact Details: **01546 605715 – Succoth Ward**

Presently there are 21 beds available within the in-patient service which covers Oban, Lorn and the Isles, Cowal and Bute, Mid Argyll, Kintyre and Islay.

In-patient services at the Argyll and Bute Hospital accept admissions for adults only. This may be on an informal (voluntary) or under the Mental Health Care andTreatment (Scotland) Act 2003.

Care and treatment is delivered within the Acute Admissions Unit on a multi professional basis, with Nursing, Medical, Allied Health Professional, Pharmacy and Psychological Therapies staff all involved in its delivery. Succoth ward has a consistent approach to individualised, recovery focused care, built around individual and group based interventions. The ward has a full multidisciplinary meeting each week.

The adult acute ward at the Argyll and Bute Hospital accept admissions for adults with mental illness, when in-patient admission is the best way of meeting that person's care needs. We are committed to ensuring that, whenever in-patient admission for mental health problems is being considered, other options for care and treatment in a less restrictive environment will have been ruled out. The Duty Doctor in collaboration with the referrer out of hours will manage any referrals and assessment for in-patient hospital care. Any admission will be for a planned intervention and should be of the shortest duration required to manage the presenting crisis following which a return to the least restrictive option and community care would be facilitated.

Appendix 5

28 March 2013

Information Sharing Between Services in Respect of Children and Young People

The Information Commissioner's Office (ICO) is contacted regularly by practitioners seeking advice and guidance on whether they can share professional concerns about their clients/patients and, if so, what level of information may be shared. Often, the Data Protection Act 1998 (the Act) is viewed as preventing such sharing and it can be fear of non-compliance that becomes a barrier, even though there may be a concern about a child's or young person's wellbeing. While it is acknowledged that practitioners need to be sure their actions comply with all legal and professional obligations, fear that sharing genuine concerns about a child's or young person's wellbeing will breach the Act is misplaced. Rather, the Act promotes lawful and proportionate information sharing, while also protecting the right of the individual to have their personal information fairly processed.

Most practitioners are confident about appropriate and necessary sharing where there is a child protection risk. The problem can be where the circumstances do not yet reach the child protection trigger yet professional concerns exist, albeit at a lower level. Getting It Right For Every Child (GIRFEC) introduced eight indicators of wellbeing: safe, healthy, achieving, nurtured, active, respected, responsible and included (SHANARRI). In many cases, a risk to wellbeing can be a strong indication that the child or young person could be at risk of harm if the immediate matter is not addressed. As GIRFEC is about early intervention and prevention it is very likely that information may need to be shared before a situation reaches crisis. In the GIRFEC approach, a child's Named Person may have concerns about the child's wellbeing, or other individuals or agencies may have concerns that they wish to share with the Named Person. While it is important to protect the rights of individuals, it is equally important to ensure that children are protected from risk of harm.

Where a practitioner believes, in their professional opinion, that there is risk to a child or young person that may lead to harm, proportionate sharing of information is unlikely to constitute a breach of the Act in such circumstances.

The Act requires that an individual's data be processed fairly and lawfully and that specific conditions/justifications for processing are met. The Act provides several conditions/justifications for processing, only the first of which rely on consent and, where required, it should be fully informed and freely given. However, the issue of obtaining consent can be difficult and it should only be sought when the individual has real choice over the matter. Where circumstances exist such that consent may not be appropriate, for example where an assessment under the SHANARRI principles raises concerns, the Act provides conditions to allow sharing of this information, such as 'for the exercise of any other functions of a public nature exercised in the public interest by any person' or ' in the legitimate interests of the data controller or the third party to whom the data are disclosed so long as it is not prejudicial to the child', and procedures should be clear about those circumstances which may necessitate processing without consent.

It is vital that data controllers put appropriate and relevant protocols in place and that they are conveyed to practitioners to provide them with a support mechanism for the decision making process. It is also vital that a recording process is included in the protocol so that the decision – including the rationale behind making it – is formally recorded. Such protocols will assist in providing confidence to practitioners in the event the decision is challenged.

It is very important that the practitioner uses all available information before they decide whether or not to share. Experience, professional instinct and other available information will all help with the decision making process as will anonymised discussions with colleagues about the

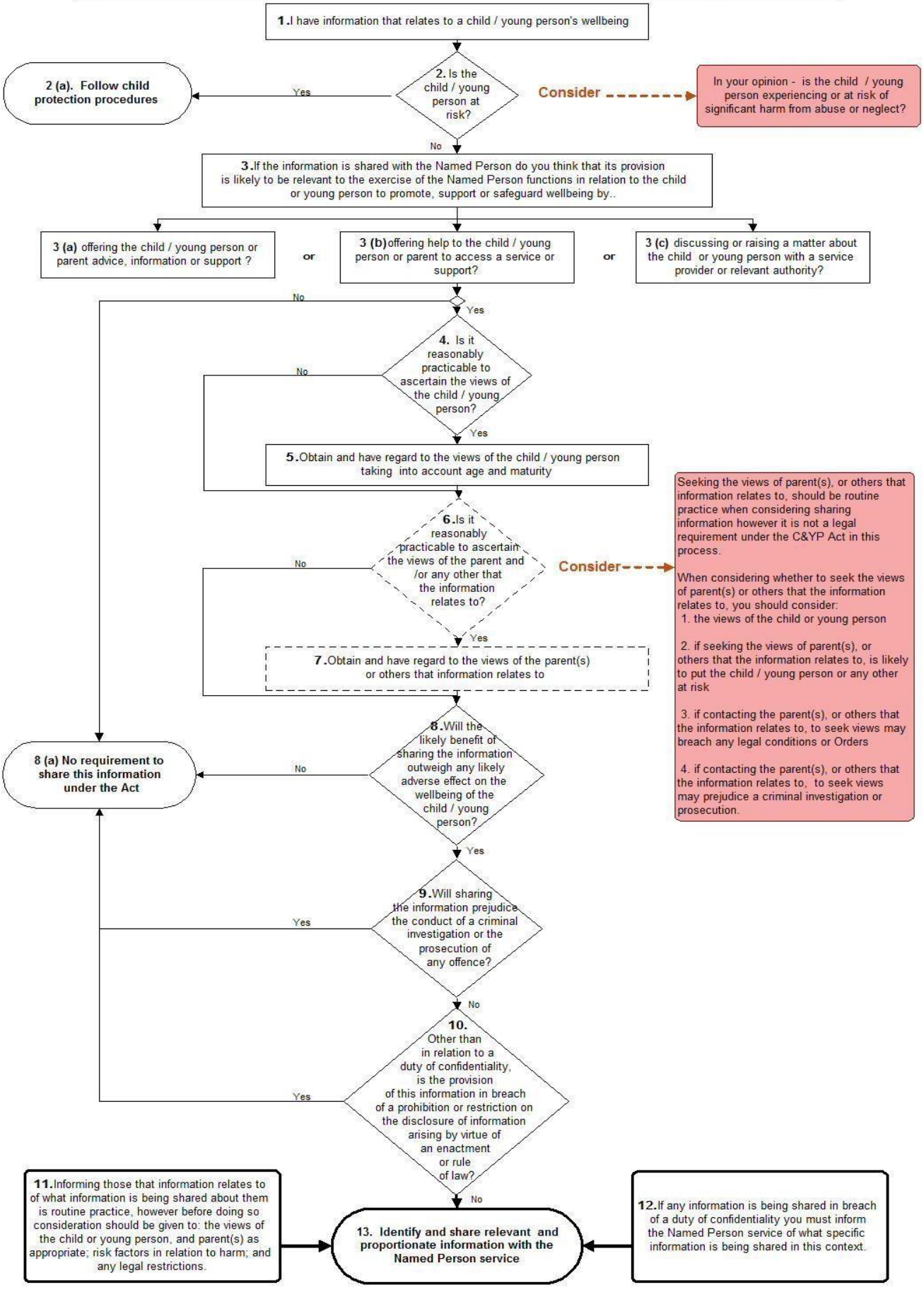
case. If there is any doubt about the wellbeing of the child and the decision is to share, the Data Protection Act should not be viewed as a barrier to proportionate sharing.

Dr Ken Macdonald
Assistant Commissioner Scotland & Northern Ireland
Information Commissioner's Office

Appendix 6: Children and Young People (Scotland) Act 2014 - Considering sharing information with the Named Person service under the Ac

If at any point in the process your opinion is that the child or young person is experiencing or is at risk of significant harm from abuse or neglect then Child Protection procedures should be followed.

At any point in the process of considering sharing information you may wish to seek advice and / or after consideration of a step, 'loop back' and revisit an earlier step in the process. It will be important to reflect on any need to revisit earlier steps before proceeding to share information.



Seeking the views of parent(s), or others that information relates to, should be routine practice when considering sharing information however it is not a legal requirement under the C&YP Act in this process.

When considering whether to seek the views of parent(s) or others that the information relates to, you should consider:

1. the views of the child or young person

2. if seeking the views of parent(s), or others that the information relates to, is likely to put the child / young person or any other at risk

3. if contacting the parent(s), or others that the information relates to, to seek views may breach any legal conditions or Orders

4. if contacting the parent(s), or others that the information relates to, to seek views may prejudice a criminal investigation or prosecution.

Appendix 7

Supporting Parental Mental Health in Argyll and Bute HSCP

Parental Mental Health Problems

It is not inevitable that living with a parent/carer with mental health issues will have a detrimental impact on a child's development and many adults who experience mental health problems can parent effectively. However, there is evidence to suggest that many families in this situation are more vulnerable.

As previously highlighted this guidance will support practitioners to ensure that children of parents in our care within mental health services are at the forefront of our care.

"Think Child, Think Parent, Think Family"

As practitioners we have a responsibility to work jointly as highlighted and clearly embedded in Argyll and Bute's Getting it Right for Every Child (GIRFEC) processes, the West of Scotland Interagency Child Protection Procedures and the Lead Professional/Named Person Inter Agency Information Sharing Protocol.

The pathway for children affected by parental mental health (appendix 1) should be followed. The initial assessment should include the name, age and current care arrangements of each child/children. The assessment should consider the child's vulnerability in relation to the parent's mental health, and undertake a parental mental health (parenting) assessment to determine the current needs, risks and protective factors for the child/children.

The effect of the parental mental health on the child/children should be reflected within the care plan and risk assessments. Mental health teams should always consider whether patients who are parents need support to maintain good relationships with their children.

Access to support services should be facilitated in order to provide benefits for both parents and children.

Late Pregnancy/First year after childbirth.

Any women who requires admission to a mental health unit in late pregnancy, or in the first year following childbirth should be admitted to a specialist mother and baby unit unless there are compelling reasons not to do so. In every case options should be discussed with a peri-natal specialist.

Argyll and Bute HSCP can obtain the advice support of the Mother and Baby Unit, Leverndale, NHS Greater Glasgow and Clyde.

A Service Level Agreement is in place for the use of these services between NHS Greater Glasgow and Clyde and Argyll and Bute HSCP, NHS Highland.

Training and Development

All staff working with women during pregnancy and postnatal period should complete the NHS Education for Scotland (NES) online training module in Maternal Mental Health.

Mental health staff (community) services should receive training in perinatal mental health which enables them to safely assess and, where appropriate, manage women during pregnancy and the post natal period.

Within general adult and IPCU wards one staff member (link worker) should be identified with an interest in perinatal mental health and they should be supported to develop expertise in this area and establish working links with the regional mother and baby unit at Leverndale Hospital, Glasgow, NHS Greater Glasgow and Clyde. It would be good practice for Community Mental Health Services to also identify a staff member with a interest in peri-natal/parental mental health care to improve communications/relationships.

Access to Resources

Mental health services should advertise the availability of support to families affected by mental ill health. This may be supported by the link workers/specialist staff within the teams forming relationships and communication with the specialist services to augment the range of support/information available to parents in Argyll and Bute HSCP.

Clinical Effectiveness

We will ensure that we maintain and improve the health of our patients, securing and utilising available resources to do so.

Clinical Governance

We will ensure that systems are arranged to continuously monitor and improve the quality of services and safeguard high standards of person centred focused care and services for parents and children.

Additional Reading/Information

Mental Welfare Commission “When Parents are Detained” (Monitoring Report) http://www.mwcscot.org.uk/search/?keyword=parents+are+detained.

Mental Welfare Commission “Peri-natal Themed Report – Keeping Mothers and Babies in Mind” (Monitoring Report)
http://www.mwcscot.org.uk/media/320718/perinatal_report_final.pdf

NHS Highland

Parental Mental Health in-patient Pathway