

Parents in hospital:

How mental health services can best promote family contact when a parent is in hospital

Summary Report – July 2007



Barbara Robinson
and Sara Scott



fwa
Family Welfare Association

Care Services Improvement Partnership **CSIP**



Barnardo's
BELIEVE IN CHILDREN

The Review

This review of contact arrangements in Mental Health settings investigated the policies, arrangements and facilities that promote contact between parents and children when a parent is in hospital.

The project presented a unique opportunity to explore the views and experiences of a range of informants, including staff working in in-patient adult mental health services and current and previous patients who are parents. Children of parents who have been hospitalised with mental health problems also made an important contribution to the review.

In addition to the consultations, Mental Health Act Commissioners inspected hospital facilities available for children to spend time with their parents and returned copies of the hospital or Trust Family Visiting Policies. This allowed the research team to examine current policy provision and practice and to compare and contrast these with the views and experiences of staff, patients and children.

The review sought to investigate a number of areas significant to the issue of family visiting, as follows:

- The identification of and support of parents and children to maintain relationships while a parent is in hospital;
- Current protocols, practices and facilities for family visiting;
- Effectiveness of inter-agency communication between adult and children's services;
- Barriers and facilitators to supporting and promoting family visiting; and
- Identifying good practice and what makes it effective.

This briefing draws upon the full report completed by Barnardo's Policy and Research Unit to highlight the key findings and recommendations of the Parents in Hospital review.

Summary of Key Findings

The review found no correlation between good policies and good practice, although many Trusts have good policies on family visiting.

The review highlighted a considerable gap between the perspectives of staff and those of patients and young people: staff believed the support provided to patients as parents to be good and regarded themselves as accessible to children; patients and young people were considerably less positive.

Family-friendly facilities are necessary, but not sufficient, to enable parents, carers and children to spend time together in hospital. The review demonstrates that the stigma attached to parental mental illness, and the needs of families as a whole, need to be addressed directly by staff as part of a holistic approach to care.



Key findings explained

Policies and practices

Family visiting policies were returned from all 60 of the services where visits were undertaken by Commissioners. Both public and independent service policies provided clear overarching guidelines describing how to promote family visiting and child protection during visits. Differences in policy provision emerged where details were provided regarding their implementation (for example, the provision of toys, refreshments and toilet facilities) or where these practical details were left to the discretion of individual units. Independent service policies were more specific to individual wards or units, where NHS policies tended to be Trust-wide in scope.

Out of the 21 returned policies, 4 stood out as being comprehensive, user-friendly and containing evidence of a commitment to promoting parent-child contact where appropriate.

Despite the clear provisions set out in the family visiting policies, Commissioners' observations of visiting areas demonstrated that facilities were not always ideal for visiting children and families. The review found no correlation between good policies and good practice, and in fact three of the family visiting facilities identified as poor were found in three of the four Trusts with the best policies.

Out of 39 observation checklists returned by Commissioners, only 5 services were identified as 'good', meaning that they provided child-friendly family areas in appropriate locations, which reflected a sense of concern and thoughtfulness for patients as parents and their children. 21 services were deemed 'adequate', having clean and accessible visiting areas but lacking evidence of sustained efforts to render the visiting environment more family-friendly. 13 visiting areas were judged to be 'poor', and these tended to be dirty, cold and clinical spaces in poorly-judged locations, unwelcoming for a visiting child. The settings with 'designated' if not necessarily 'dedicated' family areas, away from the ward and other patients, were found to be the most satisfactory for family visiting.

Despite universal provisions for prioritising child welfare set out in the policy documents, the majority of the settings visited did not provide child-friendly spaces for family visits. Clean, comfortable and non-clinical rooms with toys and activities send out a message that children are welcome. However, in 17 units there were no toys or activities available at all, and amenities for older children were extremely limited across the sample of services, even in settings that were otherwise good.

"Family visiting room is an excellent resource - well-planned and liked."

Commissioner's comments on a 'good' visiting area

"It was a bit like a living room in your home. It had a couch and TV and toys for kids. It was nice and quiet."

Young person's impression of the same area

"Children would have a long escorted walk along endless stark corridors."

Commissioner's comments on a 'poor' visiting area



What the literature says

Over the last 10 years, the impact of parental mental illness on family life has been increasingly acknowledged in research and policy. *Modernising Mental Health Services* (1998) highlighted the importance of providing supportive services to families and communities, and the *National Service Framework for Mental Health* (1999), drew attention to areas of interaction between children and adult services and addressed the needs of children with mentally ill parents.

Research evidence has demonstrated the possible effects of parental mental health problems on children, including poverty, educational and health problems, low aspirations and expectations and 'stigma by association'. Parents fear the potential 'over-burdening' of their children and that they will encounter prejudice and embarrassment (Hugman and Phillips, 1992; Shah and Hatton, 1999; Jones, Jeyasingham and Rajasooriya, 2002; Cogan, Riddell and Mayes, 2003; Aldridge and Becker, 2003). Research has also highlighted the importance of parents' relationships with their children when hospitalised, and that loss of contact during an admission can exacerbate existing problems.



"My experience has made our relationship very difficult. My child was nervous about talking to me. Our contact (or the lack of it) was arranged by others and we had no say."

Ex-patient



"Location for visits not good, dedicated room would have been better and a shame no-one thought of this when designing this unit. Note that intensive care unit also on ground floor, children could see very disturbed patients being admitted there."

Commissioner's comments on a 'poor' visiting area

"I'd go from school. I'd have nothing to eat. If the traffic was bad I'd just get there and it would be time to leave."

Young person



The perspectives of staff

The review found that although small practical improvements can go a long way to making facilities more welcoming, family-friendly facilities alone are not sufficient to ensure quality contact between parents, carers and children while a parent is in hospital. Staff were highlighted as a vital source of support for patients and their families, and could play a more proactive role in facilitating and promoting family contact while a parent is in hospital.

The review showed that the process of identifying patients as parents varied from setting to setting, with information on patients' families coming from a variety of sources (pre-admission statements or assessments, questions administered on admission and from other professionals including social workers). The majority of the 56 staff members interviewed were knowledgeable about family visiting policies and procedures, and were happy with the standard of facilities and support provided for patients as parents.

However, taking a proactive approach to the practical and emotional needs of patients' children was not a high priority for staff. Many expressed their willingness to assist children if approached for help, but engaging with patients' children was more commonly regarded as the responsibility of social workers rather than ward staff.

Staff offered a number of suggestions as to how family visiting arrangements could be improved, focussing on training to improve communication with patients' children, and better inter-disciplinary working to facilitate parent-child contact.



"Attitude is what it is all about, you can feel it, the way staff look at you. You either feel 'yeah, they understand' or they are looking down at us and making their minds up about us as a family. Sometimes it's not what they say, but what they don't say."

Young person

"Very delicate, especially if the carer doesn't want to talk about it. We would not want to intrude on the time the patient has with children. If a child did ask questions, we would suggest that they talk to their parents."

Staff member

"I did not feel that nursing staff were particularly engaged with this entire topic. In both wards it was felt to be the domain of social services."

Mental Health Act Commissioner



"Nobody talked to you... and the nurse was quite snappy with us... I just wanted some questions answered about my Mum's illness."

Young person

The perspectives of parents

A total of 56 parents in in-patient settings were interviewed by Commissioners, while 34 questionnaires were received from parents with experience as in-patients. All of the patients identified strongly as parents and were intimately concerned with their children's welfare and maintaining their relationships while in hospital.

The review found that the majority of current detained patients did not usually live with their children. By contrast, the majority of questionnaire respondents indicated that their children normally lived with them when they were not in hospital. Children of current detained patients typically lived with their parent's partner, ex-partner or another member of the immediate family. Male patients were less likely to live with their children when not in hospital than their female counterparts.

Only four current patients stated that their children were being cared for outside the family - two patients' children were living with adoptive parents, while the children of the remaining patients were in foster care. This evidence presents a strong challenge to the assumption amongst some staff that patients' children are the responsibility of social services while their parent is in hospital.

The majority of patients stressed the importance of maintaining regular contact with their children while in hospital via visits, leave, letters and telephone calls, despite practical challenges such as lack of access to transport. The greatest barrier to parents receiving visits, however, was the perceived sense of stigma among patients and their families attached to parental mental illness and to mental health services. Staff, however, did not mention the significance of this stigma and their potential to address it as part of patients' holistic care and support.

Patients were considerably less positive than staff regarding the support for family contact available to them while in hospital and the standard of hospital visiting facilities. Patients expressed anger and frustration that their views were not taken seriously, at the lack of privacy accorded to family visits and the seemingly arbitrary nature of some units' rules and policies. There was a clear divergence between staff and patient attitudes around staff engagement with patients' children. Many staff believed that their attitude towards children was open, informal and welcoming, but only a small proportion of parents stated that their children would know who to turn to for support if they were concerned about their mum or dad being in hospital.



"I felt very unsupported and that this area of my life was ignored. If I was a good mum I wouldn't leave them - that's how I was made to feel. Sometimes my leave was cancelled at the last minute and nobody took into account my children's reaction. I felt very unsupported."
Ex-patient

"I don't want them to come to hospital, don't want them to see other patients."
Current patient



"We met in a horrible doctor's office - no room, dirty, full of papers and some staff didn't realise we could use the room so dithered when my family arrived and left them waiting in the corridor with all the other patients looking on."
Ex-patient

"I was told if I couldn't keep him quiet, he wouldn't be allowed to visit again."
Ex-patient

The perspectives of children and young people

All 33 children and young people involved in the review had a parent who had spent time in hospital because of their mental health when they were under the age of 18. The majority identified as young carers and normally lived with their parent when they were not in hospital.

The review found that children and young people feel confused, worried, isolated and afraid when a parent goes into hospital. Not only can they feel abandoned and scared for themselves, but they also face concerns that their parents may harm themselves or may not return home. The importance of maintaining regular and quality contact with their parents for these young people was frequently emphasised by young participants.

The majority of young people had contact with their mum or dad while they were in hospital, predominantly through visits, telephone calls and while their parent was on leave. Young people encountered practical problems in maintaining contact, e.g. getting lifts to and from the hospital, which highlighted their sense of powerlessness and dependency on other adults. Similarly to the patients consulted, young people expressed their sense of the stigma attached to having a parent in hospital with a mental illness. They feared and disliked hospital environments, especially being in the presence of other patients.

Young people emphasised the importance of ward staff taking a helpful and caring approach towards patients' children, as this helped to reduce their anxieties. However, staff were sometimes described as indifferent, or worse, judgemental, about their parents and families. Young people expressed how good it felt when they were welcomed by staff who recognised their fears and worries.

Young people were more critical of hospital visiting facilities than staff. Their responses highlighted the importance attached to having a private and comfortable space to spend time with their parents. While many young people stated that the most important aspect of visiting was enjoying their parent's company, which involved talking and sharing news, the provision of a child-friendly room with toys and activities made them feel that this was a welcoming place for children.

The review highlighted the need for staff to take a more family-focussed approach, rather than working with patients in isolation, and taking a proactive stance to engage with patients' children and families.

"I had to rely on somebody taking me there as there was no other way of getting there. Sometimes we didn't have time to go visiting as visiting times were limited and the person who took me there could have been working late."

Young person



"I could ring up at anytime if I was worried about Mum. I rang up everyday when I was away on holiday and that was brilliant."

Young person



Case study

Mersey Care NHS Trust/Barnardo's Keeping the Family in Mind

A number of factors have contributed to the success of this unique project, such as the fact that it was initiated from the 'bottom-up' - driven by the children of service users in Liverpool, and embraced by staff at ward level. It was initiated as part of a wider plan to support all Merseyside mental health service users who are parents – a factor which has supported its sustainability. The project has been championed and mainstreamed by managers and staff at all levels of the organisation.

The collaboration has effectively used the issue of a 'family room' to promote more 'family focussed' services and impact on professional practice in in-patient services. As a result, four accessible and child-friendly family visiting rooms have been established, which are well used and appreciated by patients and their children, and another five are currently being developed. Staff recognise the importance of patients' parenting role and are beginning to undertake pro-active work with families.

An evaluation of the Mersey Care family room provided evidence that the provision of this facility encouraged staff to talk to patients about family issues, and focussed attention on the needs of families. While it should be remembered that it is still early days - until five years ago there were no family visiting rooms - the success of the Family Room project demonstrates how the experiences of children visiting parents in hospital can be dramatically improved.



"It would have really helped if I could have just seen her room, seen where she was sleeping."

Young person

"I'd have liked a nicer, more friendlier room away from the other patients, who could scare me as they were sometimes quite aggressive."

Young person

"You want your mum even when she's ill, especially when you're just a kid. The room can make it feel a bit better, even though loads is going on in your head, it helps having that place."

Young person's comment on a family room

Recommendations

The review has demonstrated that the stigma surrounding mental illness continues to have an adverse impact on the lives of mental health patients and their children, and acts as a barrier to maintaining relationships when a parent is in hospital. Evidence provided by patients and children highlights that staff must become more pro-active in addressing this stigma directly, to help dismantle the barriers to positive contact for the sake of parents and their children. The review produced a number of recommendations for mental health services at all levels, as follows:

- 1** Many Mental Health Trusts need to address a significant gap between what they say in their policies on family visiting and what is done in practice in in-patient services. All Trusts should review their practice in line with their policy, and in collaboration with other stakeholders, (user groups and children's services, in particular) and develop a strategic approach to supporting all mental health service users who are parents, their carers and their children.
- 2** Contact between parents and children when a parent is in hospital needs to be actively encouraged by staff.
- 3** Staff need information and training to increase their:
 - Knowledge of the benefits to parents and children of contact,
 - Confidence in addressing family issues with patients,
 - Skills in communicating helpfully with children and young people,
 - Ability to challenge the stigma of mental illness and the barriers that it creates between parents, carers and children.
- 4** Family visiting rooms which are accessible, warm, clean and well-equipped should be available in all in-patient units/hospitals.
- 5** Patients, carers and their children should be actively involved in the development of family visiting rooms.
- 6** All new-build facilities should incorporate family visiting rooms in their design.
- 7** Finally, and perhaps most importantly of all, services should act on the 10 messages to mental health professionals written by a group of children and young people in Liverpool (Barnardo's, 2005) – see back page.

"They say things like 'we only work with your mum' but my mum lives with me so it's all connected."

Young person



References

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Jones, A, Jeyasingham, D and Rajasooriya, S (2002) *Invisible families: the strengths and needs of black families in which young people have caring responsibilities* Bristol: Policy Press

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¹ Only 39 observation lists were returned from the 60 visits as some facilities were shared by different wards.



Background to the review

Partnership approach

This review was commissioned and managed by the Care Service Improvement Partnership (CSIP) under Action 16 of the Mental Health and Social Exclusion Action Plan. CSIP joined partners from Barnardo's, the Family Welfare Association (FWA) and the Mental Health Act Commission (MHAC) to form a steering committee to oversee the project. Researchers from Barnardo's Policy and Research Unit led on the review's design and conduct.

The review was funded jointly by the Department of Health CAMHS programme and from CSIP's Social Inclusion Programme, signalling a shared interest in promoting the health and resilience of children and parents affected by parental mental distress.

Consultations

Mental Health Act Commissioners undertook 60 announced visits to a sample of adult residential mental health services in England (representing medium/low security and acute prison services across private, voluntary and public sector providers), collecting copies of hospital visiting policies and inspecting family visiting facilities. The Commissioners also undertook short semi-structured interviews with 56 current patients who were parents, and 56 members of staff (usually the charge nurse on duty).

Parents who had previously spent time in in-patient services were accessed through contact with voluntary organisations and user-networks; their perspectives were gathered via 34 anonymised questionnaires returned to Barnardo's. Children of parents who had spent time in hospital returned 24 questionnaires and nine young people attended a consultation group held at Action with Young Carers, a Barnardo's service for young carers based in Liverpool.

The full report is available on the partners' websites:

www.barnardos.org.uk
www.csip.org.uk
www.fwa.org.uk
www.mhac.org.uk

For further information about this research please phone Barnardo's Policy and Research Unit on 020 8498 7750.

Resources

Barnardo's Keeping the Family in Mind project is based at the Action with Young Carers service in Liverpool
www.barnardos.org.uk/youngcarersnorthwest.htm

The Family Welfare Association provides support to children and families, including community-based mental health services
www.fwa.org.uk

Right Support works with parents with learning disabilities and their children
www.rightsupport.org.uk

Rethink supports people with mental illnesses and their families. Services include advocacy, community and carer support and training.
www.rethink.org

Keeping the family in mind: a briefing on young carers whose parents have mental health problems. Download from
www.barnardo.org.uk/keeping_the_family_in_mind.pdf

Messages from children and young people

Children and young people have told us what they would like from you when visiting their parents in hospital:

- 1 Introduce yourself. Tell us who you are. What your job is.
- 2 Give us as much information as you can.
- 3 Tell us what is wrong with our Mum or Dad.
- 4 Tell us what is going to happen next.
- 5 Talk to us and listen to us. Remember it is not hard to speak to us. We are not aliens.
- 6 Ask us what we know, and what we think. We live with our Mum or Dad. We know how they have been behaving.
- 7 Tell us it is not our fault. We can feel really guilty if our Mum or Dad is ill. We need to know we are not to blame.
- 8 Please don't ignore us. Remember we are part of the family and we live there too!
- 9 Keep on talking to us and keeping us informed. We need to know what is happening.
- 10 Tell us if there is anyone we can talk to. MAYBE IT COULD BE YOU.

