Piecing the Puzzle Together

Raising young children when mental illness is a part of your life.
This booklet is for people living with a mental health problem or mental illness, whose children are aged between 2 and 7 years. It’s also for partners, family and friends.

It contains helpful ideas about being the best parent you can when you’re not as well as you’d like to be and ways to support your child’s development during their special early years.

You don’t have to do this alone.

Many people with mental illness who are raising children feel isolated and ‘different’ from other parents. Some are afraid to ask for help, thinking that they’ll be judged unfairly. However, there are more parents raising young children whilst living with a mental health problem than most people realise and there are people and services that can help. These include health professionals (your GP, child health nurse, psychiatric team, community health service, etc.) and early childhood workers (family day care and child care centre workers, pre-school and junior primary school staff).*

Inside the back cover you will find phone numbers of services to call and links to useful websites.

Your support network is also extremely valuable – all parents need them!

These include family or friends, neighbours, community workers, parenting or support groups and other parents you meet through your child’s playgroup, child care setting, pre-school or school.

* A supplement to this booklet (called ‘Helping To Piece the Puzzle Together’) for early childhood workers is available in the ‘Workers’ section at www.copmi.net.au
When you're unwell

All parents find the job of raising young children challenging but when you're unwell it can make things more difficult. It's important for you to focus on getting better. Sometimes this will mean having to spend some time apart from your child – for a few hours each day or for a number of days – to enable you to rest or seek help for your health.

Asking for help is a positive move.

- Young children need people around them doing things in the same ways they are used to, as that helps them feel secure. Sometimes this may be hard to do especially if you are feeling disconnected, anxious or depressed. It’s OK to ask someone else your child knows well and trusts, to give them the extra time and attention they need. This kind of support could come from your friends or partner, a grandparent or foster parent or it could be a child care worker, family day care giver or teacher.
- Ask someone you trust to assist you develop a care plan (see page 12) to help keep your child’s usual routines.

You won’t always be unwell, and you are still your child’s parent whether you are well or not.

Looking after your relationship with your child while you’re unwell.

- If you need to be apart from each other it may help to send little notes, photos or have brief phone calls or visits.
- You can work on gradually spending more time with your child as you recover.
- Your child will feel comforted if you can do the things you usually do with them.

‘I aimed to do a couple of special little things with her each day – sometimes she seemed to want a cuddle time, at other times a story or a quick game.’

If you’re struggling with your relationship with your child, speak to your health worker – they can show you some tips, e.g. practicing smiling and showing interest in what your child is doing for short periods of time.

Answering questions your child may have about your illness or treatment.

Children can pick up signs from others if a topic is ‘out of bounds’. It’s best if your illness is discussed in an open way using simple words. Your child should feel comfortable about asking questions (see more about this on pages 10 and 11).

For information and help, phone

**Lifeline 131 114**
(24-hour telephone counselling)

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Children's feelings of self-worth grow when we notice and acknowledge what they are doing. This doesn't mean you need to praise them constantly – just let them know that you are interested in them by commenting on their play or activity (e.g. ‘I can see that you’re making quite a big town with all those blocks.’).

Be careful not to try and make up to your child for the time you were unwell (e.g. with treats) as this can be confusing. It’s best to quickly get back to your family rules and routines.

Supporting Your Children's Development

- It's common for parents to worry about their child's development – there are websites and people available to help you to learn about and support your child's development (e.g. www.raisingchildren.net.au, www.cyh.com, child health services, child care workers and teachers).
- All young children benefit from being read to, and from doing things with adults. Take turns with your child in choosing activities you can enjoy together.

“I panicked a bit when my little boy insisted on being a dog for a whole day – it seemed bizarre. The people at child care reassured me that it was quite normal for his age.”

- When you're recovering you may find a child's tantrums or crying more stressful. It's important for you to feel that you are managing your own feelings before you can help your child develop the skills to soothe him or herself when upset (e.g. speaking in a calm voice or holding a child whose feelings are out of control). If you can't cope with your child's needs for a while, try to find someone to be with your child while you take a break. Seek help from your health worker.
Picking up on children's needs and feelings

Children have different ways of communicating their needs and feelings and it can be hard to pick up your child's signals.

- Take the time to listen and watch your child’s facial expression, tone of voice and gestures.
- Set aside some times in the day (for example, two or three 5-10 minute sessions) when you can really focus on reading your child’s signals or cues and responding to them – they may be wanting attention, or a cuddle, or to be left alone.

Some children act out their anger or confusion with behaviours you don’t like. Try to discuss what’s behind the behaviour or name it for the child (e.g. ‘You look really cross today – what’s going on?’).

- If you have more than one young child it helps if you can find time to focus on them individually.

You may need help to respond to the signals because it’s easy to mis-read children when they are trying to please you or they are behaving in a way that they think will help you get better. An early childhood or health worker can help you with this.

Children may be very watchful of their parent’s moods as the parent recovers.

Some feel they need to be very well behaved or quiet or cheerful or extra helpful to prevent their parent becoming unwell again.

- Try to help them understand that they are not responsible for your happiness or your health.
- In conversation, really listen to your child, try to understand their ideas and points of view and show acceptance of their feelings and opinions.
- Some children act out their anger or confusion with behaviours you don’t like. Try to discuss what’s behind the behaviour or name it for the child (e.g. ‘You look really cross today – what’s going on?’).

If there are changes happening in your child’s life (e.g. if you need to be apart, or if someone else is helping out at home) you may find that your child’s behaviour goes ‘backwards’ temporarily or they lose recently gained skills (e.g. toilet training). This will improve without you doing anything about it once your child feels confident again. Let your child’s teacher or child care worker know about your situation so that they can better understand your child’s response and they can give additional support if necessary.

Sometimes parents find it hard to feel loving towards their child. Speak to your health worker if this is true for you.

Forgive yourself: not every moment is vital

Even the most conscientious and committed parents have days when they aim simply to survive. On days like this, keep in mind that not every moment is vital. You don’t have to maximise every little encounter or opportunity. Not every situation is ‘make or break’. You’re human — you won’t always be able to give your child the positive attention she deserves. This doesn’t mean that she will be less clever or healthy or resilient than she would if you were perfect! Relationships and interactions matter a lot, but apart from extreme negative experiences, it’s what happens over time, not each particular incident, that makes the difference.

From the Raising Children website: www.raisingchildren.net.au

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From the Raising Children website: www.raisingchildren.net.au
Feelings – an activity to share with your child

How do you think these children are feeling?
Why do you think they are feeling that way?

Happy
Sad
Scared
Angry
Surprised
Excited

Draw a picture of how you’re feeling right now.

- Two year olds may only be able to identify the ‘happy’ or ‘sad’ face but by eight years of age many children will be able to recognise all of the feelings on these pages.
- You can find lists of children’s books which may help you discuss feelings or mental illness in the Resources section at www.copmi.net.au
Your 2–4 year old

Try not to spread your child’s care amongst too many people.
It’s best if they have a few consistent and familiar care-givers who can help them feel secure and encourage their development.

Encourage them to tell you how they feel about what’s happening.
Children of this age think everything is linked to them in some way so explore their understanding and clarify any misunderstandings. For example a child might believe that having to be apart from their parent is a punishment or that the emotional ‘distance’ of their parent (due to illness or medication effects) means the parent does not love them.

Find words that you’re comfortable with as a family to discuss your illness and use them in everyday language.
Some families talk about a parent having ‘muddled thinking’ when they are unwell or needing a ‘doona day’.

Others refer to characters like ‘Eeyore’ and ‘Tigger’ to describe how the parent is feeling or behaving (you’ll find other examples in the COPMI website ‘Parents and Families’ section www.copmi.net.au). Other key carers of the child (e.g. child care workers, grandparents, foster carers) may find it useful to know the language you use when discussing the illness or symptoms to ensure the child doesn’t get mixed messages. If everyone is ‘secretive’ the child will think that they are not allowed to discuss their worries and concerns – being open helps the child ask questions about what’s happening and prepares them to receive gradually more complex information as they grow up.

Children can generally understand more than they can say.
They notice when something is wrong so it’s helpful to talk with them about what is happening. Keep your explanations simple and honest – drawings or picture books may help.

Your 5–7 year old

Check with your children about how they are feeling if there’s been a change in routine.
Be open to talk about your illness – be available to listen when they want to talk.

Try not to burden them with your worries – it’s better to talk these things over with friends, family or a health worker. Sometimes your child may need or wish to talk to someone other than you about their worries – it’s a normal part of growing up. Let them know that you are OK about this so they don’t feel that this would upset you.

Encourage and support your children to enjoy their own activities and their school-life.

Ask them what they think about what’s happening.
This age group (5–7 year olds) can understand explanations but may use words they hear from adults without really understanding their meaning. Explore your child’s understanding of explanations, words and situations (e.g. ‘What does the word mean?’).

Put any misunderstandings right.
At this stage children are gradually able to consider other people’s viewpoints but they may still believe that they cause things to happen by bad behaviour, thoughts or wishes (e.g. that they caused their parent’s illness). As they learn to read, some children may be interested in written information (e.g. in story books, or children’s websites).

To find out more about children’s needs at different ages and stages speak to your health or early childhood worker or visit the websites listed inside the back cover.
Care plans

Many parents find it useful to develop a care plan for their family with other family members or friends (and the children if they are old enough).

A plan helps everyone know what you’d like to happen should you become unwell again and temporarily unable to care for your child. These plans are reassuring for the child and for the key adults in the child’s life. You’ll find some examples of care plans at www.copmi.net.au in the Resources section or ask a health worker, child care worker or someone at your child’s school to help you. It may also be helpful to write down the schedule or usual routines for your child and family. The more that the usual activities of young children stay the same when their relationship with their parent is disrupted, the better. Use the tear off Care Plan cover and checklist at the back of this booklet to collect your information. Keep it in a place your child and others who care for your child know about.

We hope your child will enjoy the activity on the Care Plan cover with you and with others.

‘Drawing up our family care plan really helped us talk a few things over.’

Plan ahead

Plan ahead for your own needs as well as your child’s.

It can be useful to plan ahead for days when you may need to take things a little easier, for example:

- having easy to prepare meals like soup, fish fingers, cans of baked beans or frozen vegetables on hand
- arranging the furniture so that you can supervise your child’s play from the couch if necessary
- keeping a few of your child’s favourite DVDs on hand
- arranging regular child care so that you can rest, seek healthcare or simply do something for yourself.

Plan ahead for your own needs as well as your child’s.
A reliable adult who has a positive relationship with a young child is an important 'anchor point' for them, especially if the child is confused or scared, needs to spend time apart from their parent or has any questions.

• Let children know that they can ask you any question they like about their parent’s behaviour, illness and/or the treatment. Don’t treat it as a taboo subject.

• Young children don’t need to have detailed answers but it may help you to hear their questions to learn how they perceive the illness and if and how it’s affecting them (e.g. ‘What do you think is happening?’).

• Giving children a simple honest answer to their questions helps them fill in the gaps in their knowledge. Otherwise they often ‘dream up’ explanations which can be more frightening for them than the truth.

• Young children enjoy having someone they can tell their news to – someone who’s interested in their day. Play with them and encourage joy in their life.

Tips for friends and family

Sometimes when a parent is mentally unwell, their behaviour can be confusing or scary for children.

• An agitated, irritable or angry parent is potentially confusing and/or frightening for a young child and it’s best to protect them from disturbed behaviour associated with some mental illnesses. A ‘blank’ or non-responsive face can also be confusing or upset a child’s sense of security. You can help the child by gently withdrawing them from these frightening situations, soothe them and be open to questions about their parent’s behaviour.

• If a parent has difficulty behaving in a predictable way towards their child, explain to the child that the parent is doing the best they can at the moment but that the unpredictability is due to the parent’s illness and not to how they feel about the child.

• Ask the child how they’re feeling and let them know that it’s OK to be sad, or angry or have other feelings. Discuss your feelings as a model for the child (e.g. ‘I feel sad when ...’ or ‘I got upset this morning when ....’). Use the pictures on pages 8 and 9 or ask your local librarian or early childhood worker to help you find children’s books about feelings.

• Ensure older children know the Kids Help Line phone number (1800 55 1800) and when to call it. It may be useful to store this and other useful contact phone numbers for the children in the home phone.

Support the parent as they gradually take on more parenting tasks.

• If you have been doing tasks that the parent usually does, be sensitive to the re-negotiations that may need to occur as the parent becomes well – step back but don’t step out.

• Reinforce with the children the important role their parent has in the family.

• Offer to accompany the parent to their child’s early childhood centre or family day care setting to talk with the director or primary care-giver about the child’s needs and family situation.

Any illness can add tension to relationships between family members. Try not to get drawn into ‘taking sides’. Keeping a focus on the child’s needs can be helpful.

Find support for yourself, especially if you are providing temporary care for a child (e.g. contact the Carers Advisory Service 1800 242 636).
Extra tips for partners

Parenting can be tough on relationships and so can a mental illness – seek help if you think your partnership is under pressure.

If there are tensions in the house, young children will easily pick up on them. Don’t think that if you are arguing when the children are in bed or in another room that they are protected.

Divorced, separated or in a blended family?

You may also find it useful to seek support to work together as parents or to raise your child as a sole parent e.g. contact Relationships Australia, phone 1300 242 636, or Mensline, phone 1300 78 99 78, your local Parent Helpline, or visit the Raising Children Network website’s parent forum section – see the inside of the back cover for details.

The Carers Advisory Service can also provide counselling and support for people caring for their partner, phone 1800 242 636.

‘I was stunned when he asked us why we hated each other – I thought we’d kept our problems from him.’

‘I found it tough at first to accept help but I don’t know what I would have done if my wife’s friend hadn’t offered to take our daughter to child care in the mornings, if dad hadn’t supported us and if my sister-in-law hadn’t given us quite a few meals.’

For more information and help

Ask your health worker or early childhood worker about local services and information (e.g. women’s or family services and community centres), or call the numbers below for help.

Carers Advisory Service (Counselling and Support) 1800 242 636
(Or contact the Carer Association in your State or Territory)

Child Care Hotline 1800 670 305
(For information and advice about your local child care options)

Lifeline 131 114
(For 24-hour telephone counselling and referral to other support services)

Lifeline’s Just Ask 1300 131 114
(For information on mental health issues and mental health resources)

Mens Line 1300 78 99 78
(For men with relationship and family concerns)

Parent Helplines

ACT (02) 6287 3833
Tas. 1800 808 178

NSW – Karitane Care Line. 1300 227 464
– Tresillian. 1800 637 357
– Parentline. 1300 1300 52

Qld and NT. 1300 30 1300 or 1800 654 432

Relationships Australia 1300 364 277
(For information and advice about relationship issues)

SANE Australia Helpline 1800 187 263
(For information, advice and referral to support services)

Useful web addresses (remember: the internet is available at local libraries)

Attachment Resources www.attachmentresources.com.au

Carers Australia www.carersaustralia.com.au

Child and Youth Health www.cyh.com

Children Of Parents with a Mental Illness (COPMI) www.copmi.net.au

Families where a Parent has a Mental Illness (FaPMI) (Eastern Health) www.easternhealth.org.au/fapmi.aspx

Mental Illness Fellowship of Australia www.mifa.org.au

Multicultural Mental Health Australia www.mmha.org.au

My Child www.mychild.gov.au

Raising Children Network www.raisingchildren.net.au

Relationships Australia Online Counselling www.relationships.com.au

SANE Australia www.sane.org
‘I found it tough at first to accept help but I don’t know what I would have done if my wife’s friend hadn’t offered to take our daughter to child care in the mornings, if dad hadn’t supported us and if my sister-in-law hadn’t given us quite a few meals.’

‘I was stunned when he asked us why we hated each other – I thought we’d kept our problems from him.’

‘Drawing up our family care plan really helped us talk a few things over.’

‘When I need a quiet time, I ask her to think about what she’d like us to do or read together later when I can spend some special time with her.’

‘I panicked a bit when my little boy insisted on being a dog for a whole day – it seemed bizarre. The people at child care reassured me that it was quite normal for his age.’
How many can you find?

Can you find these things happening in the picture...

Aeroplane  Tractor  Bus  White Dove  Baby Elephant  Parrot  Spotty dog  Mum holding baby  Boy on bike

Train  Mowing Lawn  Girl with icecream  Giraffe  Penguins  On swings  Paddling Pool  Swallow

Playing Soccer
**My Care Plan Folder**

**PLEASE NOTE:** This plan is not a legally binding document but it is preferable that if your child has two parents or legal guardians, BOTH of you complete and sign it if at all possible. This will help to ensure that your wishes may be taken into account should your child require temporary care if you are unable to care for him or her due to illness or hospitalisation.

### To be completed by parent/s or guardian/s

This plan contains information to be used in the care of my/our child should I/we be temporarily unable to care for him/her.

I, ........................................................., am the legal guardian of ................................................................. (child’s name).

Signature .............................................. Date ..............................................

I, ........................................................., am the legal guardian of ................................................................. (child’s name).

Signature .............................................. Date ..............................................

I/we would like ........................................... (child’s name) to stay with one of the following adults:

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Please tick this box to show that this has been discussed with the people listed.

I/we do not wish the following people to visit or care for my/our child. (If there are any current court orders in place preventing a person from visiting or caring for your child, please attach).

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Attached please find information about...

- [ ] key people in my child’s life (e.g. contact details for the child care centre, school, baby-sitter)
- [ ] my child’s regular activities (e.g. playgroup time, child care sessions he/she usually attends)
- [ ] my child’s specific health needs, any vaccination dates coming up, doctor’s details
- [ ] my child’s food likes and dislikes, sleeping routine, things that help my child settle
- [ ] my child’s interests/pets/favourite toys or books
- [ ] how I’d like to keep in touch with my child should we need to be apart for a while
- [ ] my child’s fears or times when he/she needs more reassurance (e.g. thunder, big dogs, the dark)
- [ ] other (please list) .........................................................................................................................