

**Adult Inpatient Unit**  
**“Keeping In Touch With Your Children” MENU**  
**PRACTICE GUIDELINES**

**These guidelines apply to consumers who have children  
between the ages of 0 – 18 yrs**

***A Note of Caution Re Court Orders & Contact***

All staff have a duty of care to practice within legislative requirements and identify any current or potential risk issues. Some legal orders such **Children’s Court Orders** (Vic), **Family Violence Intervention Orders** (Vic) or **Family Law Court Orders** (Aust) may either prevent restrict or require supervision of contact between a parent and their children.

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

**FaPMI Working Party members who contributed to this guideline include:**

Kia Matthews, Drew Bishop, Mary Tsourdalakis, Belinda Fewings, Caitlin Wright, Angela Obradovic, Kurt Wendelborn, Felicity McConville, Annette Mercuri, Nova Marsh, Michelle Corso and Sabin Fernbacher.

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**1. Send a Message**

- Validate the consumer’s desire to contact their children even though they may not up to this today. Agree to pass on a message to their children on their behalf.
- Clarify the children’s names, ages, where and with whom they are staying.
- Clarify with consumer what message they would they like to send to their children. You may need to help the consumer in formulating and shaping their message and perhaps use an example such as ‘Could I tell the kids that you were feeling a bit tired today but that you send them your love and hope to be home soon?’.
- Pass on the message via phone.

- Inform consumer that the message has been passed on and provide feedback about the call preferably face-to-face or if this cannot occur a note can be left under the consumer's door about how the call went.
- Document in the file that a message has been facilitated.

## 2. Arrange for a Photo to be brought in

- Validate the consumer's wish to have a photo of their family brought in for them. Agree to do this on their behalf if they are not able to do this themselves.
- Clarify with the consumer who is the best person to contact who can bring in a family photo.
- Contact the family/identified person and arrange for the photo to be brought in or posted in the mail.
- Inform consumer that this has been arranged preferably face-to-face or if this cannot occur a note can be left under the consumer's door about the arrangements.
- Document in the file that a family contact has been facilitated and a request for a family photo has been arranged.

## 3. Make a Phone Call

- Clarify that there is no current Court Order in place restricting contact with the children.
- Explore with the consumer what they would like to talk about with their children. This is to assist them in having a positive and successful phone call. Help consumers identify how they can reassure the children and particularly finish the phone call on a positive note.
- Explain to the consumer that you will speak to the children's caregivers about arrangements regarding the call and how long the call is expected to go for.
- Offer to contact the caregiver so that a mutually agreeable time can be organised for either the consumer to call or for the caregiver to call the consumer.
- The call can be made or taken in either the consumer's bedroom or an interview room. Support the consumer with your presence during the call.
- Document in the file that phone contact has been facilitated.

## 4. Send a Postcard or Letter Home

- Postcards and writing materials are available in the unit for the use of consumers located in the **KIT Resource Folder**.
- Support consumers in drafting a message first to assist them to maximise the bond and positive therapeutic impact on their child/ren and their relationship.

- Postcards should go into an envelope and addressed in order to protect privacy. These should be given to the Ward Clerk to authorise and process.
- Document in the file that a letter or postcard contact has been facilitated.

## 5. Plan for a Visit

- Prior to discussing visit planning familiarise yourself with the NAMHS Children Visiting Policy/Procedure which aligns to the Clinical Risk Assessment and Management Guidelines and was developed to complement these Practice Guidelines.
- Clarify that consumer-parent, children and children's carer giver would like a visit to take place. If there are any concerns refer to a Unit Social Worker.
- Clarify that there is no current Court Order in place restricting contact with the children.
- Consider, in consultation with treating team, consumer-parents current mental state and level of risk and balance along with desire to have contact with children. (Will visit increase or decrease current symptoms?) If consumer currently in Intensive Care Area, defer visit until consumer in General Area and offer written or verbal message to be passed on instead. The ICA environment is not suitable for visitors under 18.
- Consult with consumer-parent and children's caregiver to develop visit plan – consider who, how, when & where. Children are to be accompanied by responsible adult (who is not the consumer parent or a staff member) prior, during and after the visit.
- Explore with the consumer-parent what they would like to talk about with their children. This is to assist them in having a positive and successful visit. Help consumer-parent identify how they can reassure the children and particularly finish the visit on a positive note.
- Contact the children caregiver and investigate any concerns or conditions. Offer support & confirm date/time of visit.
- Book the family room for the visit.
- Advise staff of visit plan and document in the file that a family visit has been facilitated.

## 6. Having a visit

- Confirm arrangements with consumer-parent and children's caregiver prior to time appointed for visit. Remember ICA is not suitable for visitors under 18.
- Ensure all staff are aware that visit is going ahead.
- Review visit plan and risk status either for the mental health of the consumer-parent or due to current circumstances on the unit on the day of the visit and check room is prepared and available.
- Be available to support consumer-parent during visit if required even if not previously identified in plan.

- Greet child(ren) and children caregiver, check for any unexpected concerns that may have arisen and take to the family room.
- Offer consumer-parent and child(ren) and children caregiver opportunity to debrief after visit.
- Document in file that the visit has taken place and outcomes if any.

## 7. Let's talk...

(This may occur as part of planning for any activity where a parent is speaking with their child - for a phone call, a visit or going home).

Make a time to talk to the consumer-parent

- Ask about the children
  - their names, ages, where and with whom they are staying
  - what are their interests, what they are like?
  - what the children know about the parent's mental health issues
  - what do they want to happen?
- Listen to consumer-parent's concerns about their children
- Explore with the consumer-parent the impact
  - on children of mental illness, hospitalisation and separation
  - of mental illness on parenting
- Introduce the consumer-parent to some age-appropriate children's reading material. Explore & discuss how they can use these to promote conversations with their children (See suggested references and Unit resources)
- Assist consumer to develop simple ways of describing
  - the reason for this hospital stay
  - the improvement in their health and well being
  - the help they will be receiving in the future to continue their recovery
- Consider whether there needs to be ongoing supports put in place to help the consumer-parent and children manage the impact of the mental illness, particularly in the context of any legal orders

## 8. Having Leave from Hospital

Prior to having leave

- Validate any concerns consumer-parent may have about going on leave.
- Consider concerns (including past or potential risk issues) of children's caregiver and children.
- Discuss expectations of leave with consumer-parent, child(ren) and caregiver.

- Consult with Child Protection if there are orders in place as these may restrict contact.
- Determine transport and other arrangements – e.g. access to house, period of leave.
- Document leave plans in file.

#### On the day of leave

- Review, in consultation with treating team, consumer-parent's current mental state and level of risk and balance against desire to have leave with children.
- Confirm leave arrangements with consumer-parent and family/children's caregiver.
- Support consumer-parent to implement leave plan.
- Document in file that leave has taken place.

#### On return from leave

- Offer support/debriefing to consumer-parent and family/caregiver and child(ren).
- Document outcome of leave in file.

### 9. Planning to go Home

- Validate any concerns consumer-parent may have about being discharged and going home.
- Clarify that consumer-parent, children and children's caregiver are prepared for the consumer-parent to return home. If there are any concerns refer to Unit Social Worker.
- Clarify that there is no Child Protection involvement or any other current Court Orders in place that may restrict contact with the children. It may be necessary to consult with Child Protection prior to discharge.
- Review, in consultation with treating team, consumer-parent's current mental state and level of risk and balance against discharge home with children.
- Consult with consumer-parent and children's caregiver to discuss discharge plan – consider who, how, when & where.
- Ensure realistic expectations and that appropriate supports are in place for all the family prior to the day of discharge.
- Explore with the consumer-parent what they would like to tell their children about being unwell and being in hospital. Help consumer-parents identify how they can reassure the children with reference to the "Lets talk" guideline.
- Advise staff and ongoing treatment team of discharge plan and document in the file.