

**Adult Mental Health Nurses' Beliefs and
Practices when Nursing Clients who are
Parents of Children Under 18**

Brief Project Report

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Nursing Clients who are Parents of Children Under 18

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Introduction

While many people who have a mental illness are also capable parents, mental health problems can affect parent-child interactions in a variety of ways. For example, parents with depression, when ill, are less able to be affectionate and responsive (Kowalenko et al. 1999), and parents who have schizophrenia may have unusual or inappropriate affective responses to their child (Pope 1998). In addition, when a parent is affected by a mental illness, the family is at greater risk of experiencing relationship discord, discontinuity of care, poor general parenting skills, social isolation, and poverty and its sequelae, such as poor housing and lack of transport (Kowalenko et al. 1999). However, many families in which a parent is affected by mental illness are, or can be supported to parent their children effectively. These findings were catalysts for this research project.

This collaborative study between Flinders University's School of Nursing and Midwifery and the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA) used both quantitative and qualitative research methods to gather information from registered psychiatric/mental health nurses working in in-patient and community adult mental health settings in South Australia, about their *beliefs and practices* in relation to assisting their clients, who had enduring mental illness, to address parenting roles and family issues. It also sought to determine the nurses' level of *factual knowledge* and *practices related to that knowledge* with regard to their statutory obligations pertaining to their clients' children.

Significance of the study

The National context

Many adult mental health services in Australia do not ask, or have only recently begun to ask and record whether their adult clients have children and whether the children live with them. Further, adults with a mental illness may not wish to volunteer this information because they fear losing care of their children. A significant body of Australian evidence shows that many clients in adult mental health settings have, and are principally responsible for children:

...anywhere between 29% and 35% of mental health service clients are female parents of dependent children under the age of 18 (Cowling 1999; Farrell et al. 1999; Hearle et al. 1999). These mothers are likely to be in their mid-thirties and have very young children – that is, less than six years old – 70% of whom are living with them (Farrell et al. 1999). In addition, around 30% of these clients also have a history of drug or alcohol abuse. Cowling (1999) also estimated, given current census data and accepted incidence rates of mental illness, that at least 27,000 Australian children are affected by maternal psychotic illness alone (AICAFMHA 2001 p.2).

This information, coupled with other studies that postulate that having a parent with a mental illness places these children 'at risk' of a wide variety of psychosocial and psychopathological sequelae has caused concern at a national level (O'Donovan 1994; Cuff & Mildred 1998; Einfeld & McLaughlin 1998; Pope 1998; Cowling 1999; Farrell et al. 1999; Kalucy & Thomas 1999; Kowalenko et al. 1999).

The 'Mental Health Promotion and Prevention National Action Plan' established in January 1999, under the 'Second National Mental Health Care Plan 1998-2003' identified several areas requiring attention with regard to children who have parents affected by mental illness. These include:

...evaluating the effectiveness and sustainability of prevention initiatives, researching effective community-based interventions and developing positive outcomes for these children, including better knowledge and understanding of parental illness and improved support, mental health and parenting (AICAFMHA 2001 p.vii).

In September 2001, AICAFMHA was successful in tendering for an Australian Government-funded national initiative that aimed to improve outcomes for children of parents with a mental illness through the development of guidelines and principles for workers/services and resource materials for workers, parents and young people. The Children of Parents with a Mental Illness (COPMI) project Phase One began in January 2002 and ended in May 2004 with the release and distribution of a range of resources, including the document 'Principles and Actions for Services and People Working with Children of Parents with a Mental Illness' (AICAFMHA 2004).

The South Australian context

The particular significance of this study was that it gathered information about beliefs and work practices from psychiatric/mental health nurses working in **adult mental health settings** where the predominant focus of therapeutic intervention is on the adult client, and not necessarily their families, children or significant others. This division in the locus of care is enacted structurally in South Australia by providing two services – Child Adolescent Mental Health Services for children under the age of 18, and Adult Mental Health Services for persons between the ages of 18 and 65.

The research method and purpose

In March/April, 2003 a questionnaire consisting of questions requiring a likert scale response, using the range of possibilities 'never/occasionally/sometimes/always', and open-ended questions, was sent to every psychiatric/mental health nurse on the register of the South Australian Nurses Board (NBSA). A series of follow-up focus groups and telephone interviews in July/August 2003, further explored the complexity of these issues.

The project had three main aims:

Aim 1:

- To gather broad-based information from registered psychiatric/mental health nurses (working in inpatient and community adult mental health settings in South Australia) about their *beliefs and practices* in relation to

assisting their adult clients, who had ongoing mental illness, to address parenting roles and family issues. For the purposes of this study, children did not have to be living with their biological parent.

This aim was to be met by asking the following questions:

1. Do nurses working in adult mental health services believe that addressing the expressed or perceived needs of these families as a whole is part of their role as an adult mental health nurse? What circumstances informed their decision?
2. Do nurses working in adult mental health services raise issues relating to the client's parenting role? What circumstances informed their decision?
3. Do nurses working in adult mental health services speak with the child/children about their parent's mental illness if requested? What circumstances informed their decision?
4. Where do these nurses access information about these practice issues for their professional development?

Context:

In keeping with the Primary Health Care focus of the South Australian Generational Health Review, this project was located within early intervention/health promotion ideology, both for children in relation to the detection and alleviation of possible distress, and for the parent in terms of optimising their parenting abilities via contact with informed mental health nurses.

Aim 2

- To elicit the level of *factual knowledge* and *practices related to that knowledge* held by these nurses about their statutory obligations pertaining to the welfare of their clients' children.

This aim was to be met by asking the following questions:

1. Do nurses working in adult mental health services understand their responsibilities under the South Australian Children's Protection Act, Section 11?
2. Have these nurses ever had to act according to these responsibilities?

Context:

Anecdotally the researchers were aware, that even though psychiatric/ mental health nurses working in adult mental health settings know that some of their adult clients were parents and that their children might possibly be 'at risk' in some way, these nurses were often reluctant to engage in their 'duty to protect' these children in the manner specified by the South Australian Children's Protection Act 1993. It was thought this practice was due to several factors that the researchers wished to explore, for example, the nurses may be:

- unaware of their legal obligation in this area;
- unable to recognise manifestations of risk, abuse and/or neglect;

- frightened of possible litigation;
- fearful that raising such a concern could result in a serious threat to their therapeutic relationship with the parent/caregiver;
- wary of suggesting, or being seen to infer that they were concerned about a child simply because that child's parent had a mental illness.

Context:

Under Sections 11(1) and (2) of the South Australian Children's Protection Act 1993, nurses are obliged by law to notify Family and Youth Services (FAYS) if they suspect, on reasonable grounds, that a child/young person is being, or has been neglected or abused, and the suspicion is formed in the course of the nurses' work.

In South Australia, The Mandated Notification Program conducted by FAYS-accredited trainers stresses a 'partnership' approach between government and non-government agencies, and children/young people and families in relation to taking responsibility for child abuse and neglect. In this context, partnership is a continuum of relationships between agencies and families, which range from the voluntary to the statutory – it cannot be equated with voluntariness and equality (Morrison 1996).

Aim 3

- To collate data from the questionnaire and focus group participants to *determine the specific requirements for this group of health care professionals*, to enable them to better meet the needs of their clients who are parents and their children.

This project provides recommendations to help workers and services meet the needs of these children and families.

Summary of key findings

The data analysis made it clear that the vast majority of nurses felt it was part of their role to discuss parenting with their clients but over a quarter of them reported barriers to doing so. Most respondents also believed that part of their role includes speaking with children of their clients if requested, but some were unaware of resource materials to assist them or felt ill-prepared to do so.

The majority of nurses reported referring clients to community agencies for support with parenting or family issues. However, the most commonly listed agency recommended to families was child and adolescent mental health services which may indicate an over-reliance on that type of agency for support that could be provided by generalist child and family health and welfare agencies. The majority of nurses also reported that they worked with other agencies to support clients and their families but over 50% had experienced barriers to doing so. More than a quarter indicated that there were not systems in place to help them work with other agencies to address family or parenting issues with clients.

Of note is that although 96% were aware of their Mandated Child Protection Notifier status, more than a third of those who had reason to believe that a client's children were at risk of neglect or abuse had made no formal notification in this regard. The most common reasons given for not formally reporting their concerns related to a lack of confidence in the child protection response by the Department of Family and Youth Services (FAYS)¹ or a belief that their role in child protection notification was solely to report their concerns to a senior colleague or other mental health team member.

Summary of recommendations

It is important that nurses in adult mental health services are provided with information and skills training to assist them to support clients' parenting roles and to protect children with a parent with a mental illness who may be at risk of harm. Multi-disciplinary training in association with professionals from a range of service settings (e.g. child protection and child and family health and welfare) may be valuable in assisting nurses to enhance their client referral processes and collaborative work practice in this area. This may also assist nurses and their colleagues to explore some of the ethical issues associated with the care of parents with mental health problems (e.g. the ethics relating to confidentiality and of child welfare decisions).

Systems, processes and policies identified as barriers to effective collaboration with community agencies and clients also need to be addressed if nurses are to be supported in their role. The valuable recommendations pertaining to service delivery at the individual worker, team, mental health service and broader systems level that have been collated during this study could form the basis of further consultations and service improvement planning with adult mental health services staff, child protection services and relevant community agencies.

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¹ Family and Youth Services (FAYS), a section of the then Department of Human Services was the name of the State Government body responsible for child protection in South Australia at the time of the study. It has since been renamed Child, Youth and Family Services within the Department for Families and Communities

