

Parental Mental Health Team

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Kate Tidnam

Team Manager

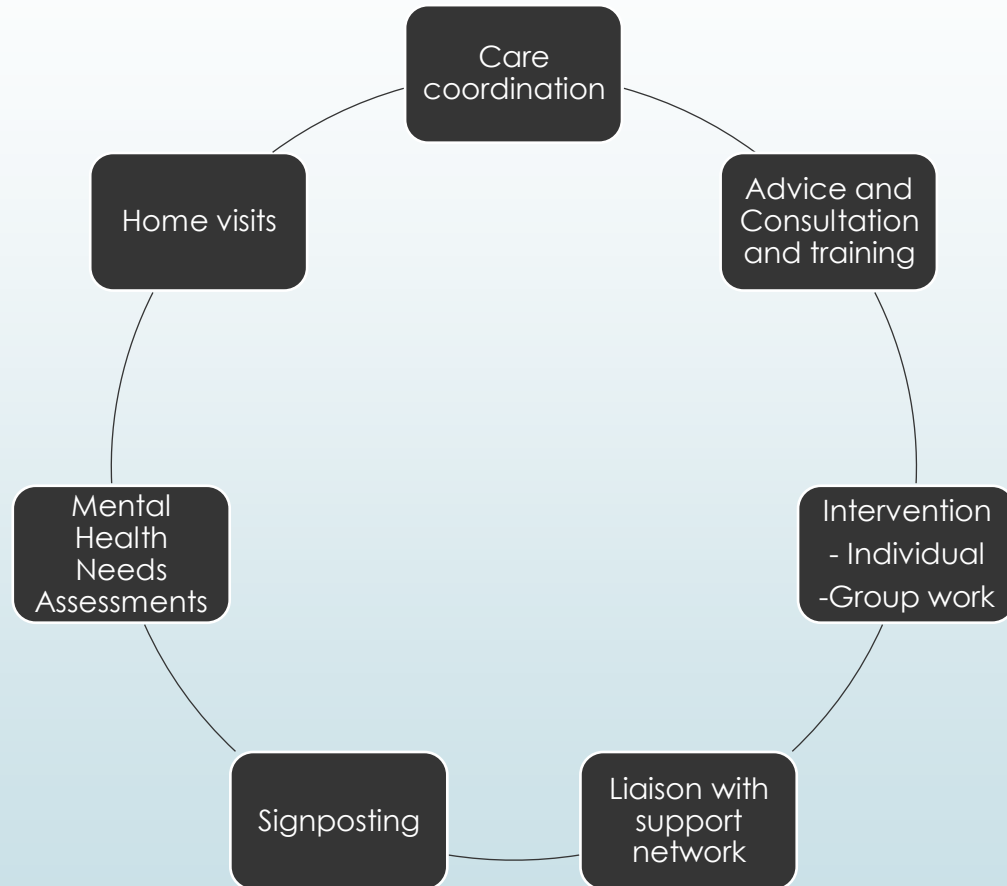
March 2022

Parental Mental Health Team

- Established 2009
- Followed outcomes of two serious incident reviews - two child deaths in Southwark
- Aims to bridge gap between child and adult mental health services
- Primary care mental health team – mild to moderate
- 'Think Family' approach (Falcov 2012)

Parental Mental Health Team: Provision

Families living in Southwark with one parent experiencing a mild to moderate mental health concern with one child under 5 years old

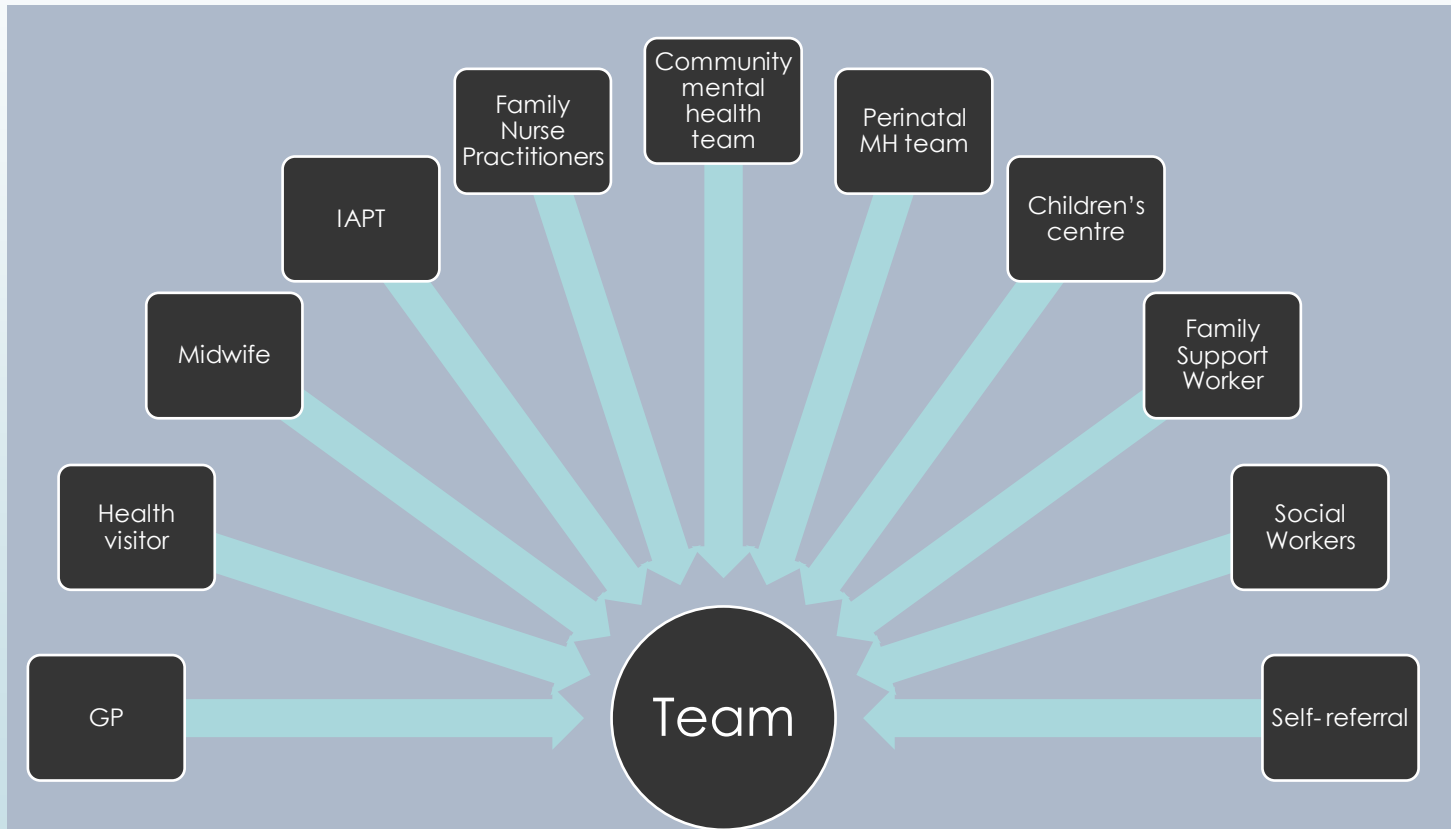


The Team

- ▶ Service Lead – Lucy Brazener
- ▶ Team Manager – Kate Tidnam
- ▶ 1 full time OT
- ▶ 2 part-time OTs
- ▶ Recruiting for a Band 6 nurse
- ▶ 1 split post nurse/Under 5 CAMHS practitioner

Referral sources

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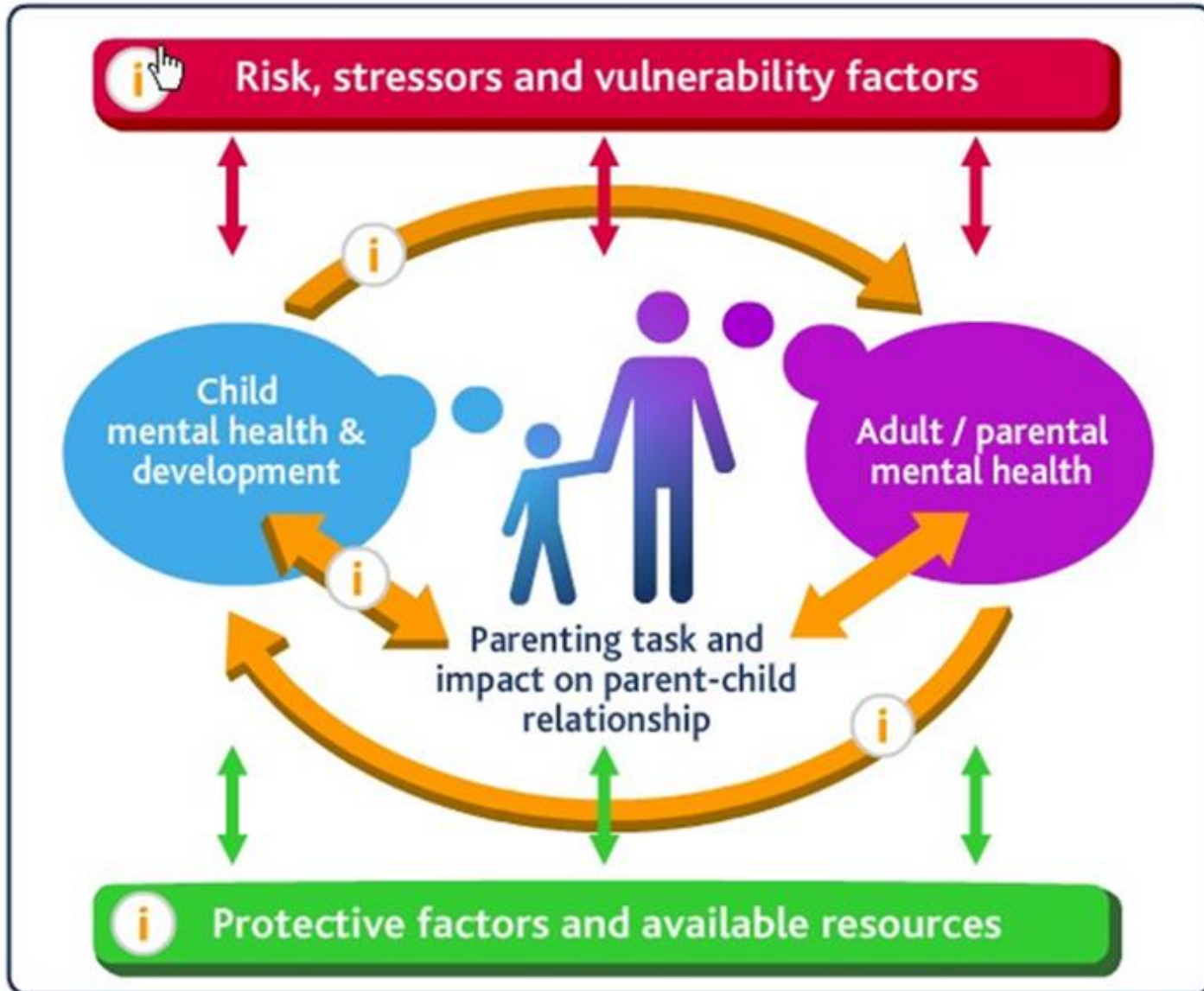


Referral and Assessment Process

- Referral received, acknowledged and discussed in weekly team meeting. Happy to discuss potential referrals over the phone
- Phone call to parent to discuss referral and arrange an assessment – usually 4-6 weeks from receipt of referral
- If concerned, we refer on, for example to Perinatal MH Team if parent sounds distressed and we are concerned about risk.
- Assessment takes place in the home, ideally with children present – may agree to initial without children to allow parents to speak freely about any concerns about their child.

What we do

- ▶ THINK FAMILY MODEL – identifying strengths and resilience, reducing stressors/impact on parent child relationships
- ▶ Active engagement - flexible, responsive, accessible
- ▶ Individual and group support
- ▶ Needs led interventions, based on therapeutic relationship
- ▶ Aim to improve relationship with child/confidence as a parent, keeping child in mind while responding to parent's need rather than direct parenting work
- ▶ Signposting and Liaison with family network
- ▶ Refer for Under 5 CAMHS assessment and intervention
- ▶ Ongoing risk assessment including child safeguarding



Think Family Model

- Looking at the whole family
- Providing support tailored to need
- Building on family strengths and resilience
- Risks, stressors, vulnerabilities
- reducing stressors/impact on parent child relationships

The Crossing Bridges Family Model, Falcov, 2012

<https://www.scie.org.uk/publications/guides/guide30/introduction/thinkchild.asp>

Signposting/resources

- Home Start- charity supporting parents of young children
- Kids Time – groups for children whose parents are open to mental health service for parents with older children
- Children's Centres
- Family Early Help including father's groups
- Solace
- Low cost counselling eg Waterloo Counselling
- MumSpace – local parent-led groups for mothers and young children
- Includes Espacia Mama
- Wellbeing Hub

Groups and one-off events

- ▶ Therapeutic parent and toddler group with Children's Centre (on hold since pandemic)
- ▶ Creative Families with South London Gallery (annually)
- ▶ Keeping Well Post Birth Group (3 per year (termly))
- ▶ Dulwich Picture Gallery, Puppet Theatre trip

Range of mental health presentations

- ▶ generalised anxiety
- ▶ panic attacks
- ▶ OCD traits
- ▶ Specific phobias
- ▶ chronic low mood
- ▶ poor coping mechanisms
- ▶ poor emotional regulation
- ▶ Relationship difficulties
- ▶ low self-esteem
- ▶ Sub-threshold eating disorders

Level and range of additional need

- Overcrowding and poor housing conditions
- Asylum seekers
- Financial hardship
- Family court processes
- Parents with Adverse Childhood Experiences/looked after
- Domestic violence
- Social isolation
- Modern slavery
- Children on autistic spectrum

Case example 1

- ▶ Mother a care leaver with 4 children, 2 under 5
- ▶ Referred by secondary MH team, history of low mood and anxiety. Significant history of domestic abuse. Open to CSC
- ▶ History of poor engagement with MH services
- ▶ Pattern of entering into abusive relationships
- ▶ Presented as very flat and low in mood
- ▶ Observed to show warmth towards children but was often preoccupied with her own emotional distress
- ▶ Children presented as more mature and independent than their years showing signs their emotional needs at times were not being met
- ▶ Home was in a state of neglect.

Case example 1

interventions and outcomes

- Consistent engagement with the team and regular attendance at Creative Families Group
- Signposted to local children's and activities for older children
- Referred to Home-Start, Talking Therapies and Kids Time programme – engaged with these
- Observed to be more emotionally available to children and children appeared more settled and less withdrawn and more able to signal needs to their mum
- Parent reported family are more relaxed overall, sleeping routine had improved and enjoying quality time together
- Home environment improved
- Improved SOLACE engagement
- Clinical outcome score showed wellbeing improved significantly from initial assessment to discharge

Case example 2

- A young single black British mother to a toddler
- Not previously known to mental health services. Had counselling at school for anger management
- At assessment she was experiencing very low mood and anxiety
- She was living with her mother and younger siblings in the family home which was overcrowded. Whilst at primary school her mother's physical and mental health rapidly deteriorated and she provided an unofficial caring role since then
- Had experienced emotional abuse from father of child and had left relationship
- Her child presented as overly active, very serious, and stiff in body. Unable to sustain any play with toys. During the assessment was playing with door handles, switching lights on and off and getting shouted frequently and loudly by mum. She was finding being a parent very stressful and without enjoyment.

Case study 2

Interventions and outcomes

- Engaged consistently in the Creative Families Group
- Referred and engaged with Family Early Help and started to attend local children's centre activities
- Referral to Under 5s CAMHS Team – declined but accepted Incredible Years parenting group
- Referred back to Talking Therapies for more High Intensity CBT
- Engaged with DV services (following initial engagement with solace she sought out a smaller DV service for black women)
- Reported improved well-being and better managing of stress
- Reported improved relationship with child
- Observed improved relationship with child and more able to tolerate normal exploratory/messy play
- Child observed to be calmer, softer in his body, more smiley and expressive and more playful

Thank you

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