

Working with parents: guidance for mental health, alcohol and other drugs services

Queensland Health Guideline

QH-GDL-963:2021

1. Purpose

This guideline provides information to support service managers and clinicians in public mental health and alcohol and other drug (MHAOD) services to meet key responsibilities in identifying, understanding, and responding to the safety and wellbeing needs of parents and families, and their dependent children, who are impacted by a parental substance use disorder and/or other mental health disorder. The guideline also applies when working with the parents and families of young people accessing treatment for a substance use disorder and/or other mental health disorder.

1.1. A note on terminology

Where possible the guideline uses terms such as 'person', 'young person' or 'parent' [with a substance use disorder and/or other mental health disorder]. However, the term 'consumer' is sometimes used for clarity, to indicate that a person is accessing treatment and care from MHAOD services for a substance use disorder and/or other mental health disorder. Additionally, the term 'staff' refers to MHAOD service staff (unless otherwise stated). MHAOD service staff are from a range of disciplines and work in a variety of roles, such as clinicians, peer workers and Aboriginal and Torres Strait Islander mental health workers.

2. Scope

This guideline is intended for use in all Queensland public MHAOD services, across all service settings and age groups.

3. Implementation of this guideline

MHAOD services are responsible for building and monitoring service capability in working effectively with parents, children and families, and in child protection. This should be achieved through:

3.1. Leadership and governance

Policies and systems support child-aware and family-inclusive practice.

3.2. Education and training

Staff have the skills and knowledge for child-aware and family-inclusive practice.

3.3. Supervision and support

Staff working with parents, children and families are supported.

3.4. Evaluation and improvement

The quality of care is measured and improved.

4. Related documents

Legislation

- *Child Protection Act 1999* (Qld)
- *Criminal Code Act 1899* (Qld)
- *Hospital and Health Boards Act 2011* (Qld)
- *Mental Health Act 2016* (Qld)
- *Human Rights Act 2019* (Qld)
- *Domestic and Family Violence Protection Act 2012* (Qld)

Standards, procedures and guidelines

Queensland Health policies and guidelines are available by searching the Policies and Standards section of www.health.qld.gov.au, and through QHEPS.

- Chief Psychiatrist Policies and Practice Guidelines under the *Mental Health Act 2016*
- Mental Health Alcohol and Other Drugs Comprehensive Care resource package
<https://qheps.health.qld.gov.au/mentalhealth/resources/clinicaldocs>
- Co-occurring substance use disorders and other mental health disorders: policy position statement for mental health, alcohol and other drugs services, Queensland Health (pending publication)
- National Safety and Quality Health Service Standards (second edition), 2017
- National Standards for Mental Health Services, 2010
- National Quality Framework for Drug and Alcohol Treatment Services, 2019
- Information sharing between mental health staff, consumers, family, carers, nominated support persons and others, Queensland Health, 2017
- Information sharing in child protection: clinical practice guide, Queensland Health, 2018
- Information sharing guidelines to meet the protection and care needs and promote the wellbeing of children, Department of Child Safety, Youth and Women, 2018
- Domestic and family violence information sharing guidelines, Department of Communities, Child Safety and Disability Services, 2017
- Guideline: Reporting a reasonable / reportable suspicion of child abuse and neglect, Queensland Health, 2015
- Queensland Health Guide to Informed Decision-making in Health Care (second edition), 2017
- Queensland Health Child Protection Capability Framework, 2021

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Forms, templates

- Mental Health Alcohol and Other Drugs Comprehensive Care clinical documents and forms <https://qheps.health.qld.gov.au/mentalhealth/resources/clinicaldocs>
- Mental Health Act 2016 forms <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/forms>
- Aboriginal and Torres Strait Islander Cultural Information Gathering Tool (available on the Consumer Integrated Mental Health and Addiction application - CIMHA)

5. Introduction

5.1. Background

This guideline, together with the associated resources*, supersedes the 2010 Queensland Health document *Working with parents with mental illness: guidelines for mental health clinicians*, and the factsheets attached to that document. This guideline aligns with current legislation and reflects contemporary approaches that emphasise child-aware and family-inclusive practice.

**NOTE the 'associated resources' referred to above are yet to be developed. These are flagged where relevant within this guideline as 'INTENDED RESOURCES' and are listed in the appendix.*

5.2. Defining 'parent'

'Parent' in scope for this guideline is a person in contact with Queensland Health MHAOD services who has, or will have, care responsibilities for a child, such as:

- MHAOD service consumers who are parents (or expectant parents) or have care responsibilities for children, on a full time, part time or periodic basis, including access arrangements to their own child or periods of sole care of the child of their partner, family member, housemate or friend
- the parents and carers of young MHAOD service consumers (some of these parents and carers may also have a substance use disorder and/or other mental health disorder)
- other family and carers connected to the parent such as co-parents, partners, step-parents, grandparents, extended family, kinship carers, foster parents, guardians and other carers.

5.3. Impact of substance use disorders and/or other mental health disorders

Families have primary responsibility for the physical, psychological and emotional safety and wellbeing of their children. Most people want to love and care well for their

children, but parents can harm their children when stress, tiredness and a lack of skills or support combine to make the pressures of caring for them overwhelming. Parents with substance use disorders and/or other mental health disorders may experience heightened difficulty managing the challenges of parenting. In extreme circumstances, parental substance use disorders and/or other mental health disorders can result in children being placed at risk of serious injury or death.

Children of parents with a substance use disorder and/or other mental health disorder are at increased risk of experiencing poor attachment, developmental delays, abuse and neglect, physical health issues and emotional, behavioural and social adjustment problems, both during childhood and as they mature. Children are at comparatively greater risk where a parent has a co-occurring substance use disorder and other mental health disorder, and where that parent is also involved in the criminal justice system.

Additionally, where a young person has a substance use disorder and/or other mental health disorder, the impact on the family can be significant. Parents and other family members are at increased risk of the development or exacerbation of a substance use disorder and/or other mental health disorder.

Parents, children and families impacted by substance use disorders and/or other mental health disorders may face a range of other challenges such as social isolation, poverty, housing instability or homelessness, disruption to schooling/work, loss of a parent or family member, and exposure to domestic and family violence. In addition, many people with a substance use disorder and/or other mental health disorder also experience chronic physical illness. The presence or absence of these additional challenges, as well as strengths such as positive family and community supports, play a significant role in the overall impact on parents, children and broader family.

Appropriate treatment and support for parents, children and families can significantly improve both short-term and long-term outcomes in health, mental health, educational, vocational, social and economic domains, and can reduce the risk of intergenerational problems.

5.4. Role of MHAOD services

MHAOD service staff can support recovery and improve outcomes for parents and children by providing, or facilitating access to:

- appropriate assessment, treatment and care (including for multimorbidity) for parents and expectant parents, infants, children and young people
- parenting support
- information and support for family and carers, including carers for the child, and (where applicable) carers for the unwell parent
- family-focused interventions
- linkage with other health, welfare and support services.

MHAOD staff have a responsibility to act where the safety and wellbeing of children may be at risk. Refer to section 9.

6. Key principles

When working with parents, children and families, staff should be guided by the following key principles.

6.1. Empower and partner with families

Communicate and engage with family members and carers

Family members, carers and friends form an important support base for parents and may need support themselves.

Talk about children's development, functioning and wellbeing.

A focus on children and their development and wellbeing in conversations with parents is the most effective way of empowering parents to better understand their child's needs and to make changes that promote child and family wellbeing.

<To be developed:  INTENDED RESOURCE *Partnering with families factsheet*>

6.2. All children have a right to be safe and protected

Queensland Health MHAOD services have a responsibility to ensure that children's rights and child-aware practice are integrated into the culture of the organisation.

Services should support staff capability and learning so they are equipped to assess and respond appropriately, in order to support families and protect children. Staff should ensure they understand their responsibilities under legislation, and access available information and training.

- For more information on staff capability refer to the Queensland Health Child Protection Capability Framework.
- For more information on children's rights and national principles for child-safe organisations, refer to the Australian Human Rights Commission website: www.humanrights.gov.au.

When there are concerns about a child's safety or wellbeing, all staff should be proactive within the scope of their role.

- ENGAGE with the parent, family and involved services for coordinated treatment and support.
- SEEK COLLATERAL and SHARE INFORMATION relevant to the safety and wellbeing of the child (refer to section 8 Information sharing).
- CONTACT Queensland Health child protection specialists (Child Protection Advisors and Child Protection Liaison Officers) for advice and guidance.
- LINK the family with appropriate other services.
- REPORT child safety concerns when appropriate. Refer to section 9 for further information.

6.3. Every health contact is an opportunity to support a family and protect a child

All Queensland Health MHAOD staff have a role to play in being child-aware and supporting children, parents and families

This applies irrespective of whether staff are providing services to children and young people, or to adults who are parents/carers.

6.4. Act for prevention, early intervention and recovery

Early intervention promotes recovery in parents' and children's lives and can prevent harm to children.

Regular engagement with parents about their children provides an important opportunity to identify and manage risks proactively, address needs as they arise, build on protective factors, strengthen parent-child relationships and promote family wellbeing.

Parents and families may need support and encouragement to access family planning, antenatal services, perinatal and infant mental health services, and mental health services for adults or for children and young people.

6.5. Communicate and collaborate across services for coordinated care

Working in partnership with other government, non-government and private service providers is essential to providing coordinated support for parents, children and families.

It is both permissible and important to share information relevant to supporting and protecting children's safety and wellbeing with other involved services. Refer to Section 8: Information sharing.

6.6. Provide trauma-informed care to support engagement and recovery

As many people accessing MHAOD services have experienced or are currently experiencing trauma, it is important to provide a safe, non-judgmental context for the provision of care.

Services and staff providing trauma-informed care:

- are sensitive to the ways in which parents' and children's presentations and service needs can be understood in the context of their trauma history
- use a strengths-based approach to care
- provide care in ways that help parents, children, family members and staff to feel physically and psychologically safe
- work to deliver services in ways that prevent re-traumatisation
- seek and provide support for staff to prevent and manage vicarious trauma.


To access information and resources for services, staff, trauma survivors and carers, visit the following websites:

- Insight (Centre for alcohol and other drug training and workforce development): www.insight.qld.edu.au. Insight has a range of resources including a Trauma Informed Care Toolkit and eLearning module.
- Blue Knot Foundation - National Centre of Excellence for Complex Trauma: www.blueknot.org.au.

6.7. Ensure culturally safe practice and responsiveness to diversity

Attention to cultural background, social context and diversity promotes better engagement with families, and combats stigma and discrimination.

Ask about and respond to language and communication needs, culture, family structure, trauma history and other important aspects of identity and social context for parents, children and families. Work with or facilitate access to relevant services such as Aboriginal and Torres Strait Islander health workers, mental health workers and liaison officers; the Queensland Transcultural Mental Health Centre; the Deafness and Mental Health Service; interpreter services; LGBTIQ+ support services and other appropriate services, including non-government agencies.

<To be developed:  INTENDED RESOURCE *Working with diverse communities factsheet*>

7. Key practice steps

Working with parents, children and families involves key steps or elements of practice, framed here using the terms Ask, Connect, Support, Consult and Collaborate. These apply in any service interaction with a parent, and should routinely be included as part of assessment, formulation, care planning, provision of care, care review and transition planning. The steps are not mutually exclusive or necessarily carried out in the order described here. The specific steps that apply in any given interaction with a parent will depend upon factors such as the service setting, the role of the service provider, and the circumstances for the parent, children and family at that time. The steps are described below.

<To be developed:  INTENDED RESOURCE *Key practice steps summary factsheet*>


7.1. Ask about family

Identify:

- MHAOD service consumers who have (or will soon have) care responsibilities for a child, noting that some parents may still be minors themselves
- where the parent of a young consumer of the service may have a substance use disorder and/or other mental health disorder.

Ask about:

- children, including age, current/alternative care arrangements and connections to community (e.g. school, childcare)
- family structure and parenting/caring roles, including co-parents, step-parents, foster parents, grandparents, kinship carers and extended family.

<To be developed:  INTENDED RESOURCE *Conversation tips factsheet with suggested questions to engage parents.*>

What to document in the clinical record:

- Parent, child and family details, including current care arrangements, and alternative care arrangements when the parent is unavailable.

7.2. Connect: talk with parents about parenting support and children's development, wellbeing and safety

Consider the parent, child and family as part of routine practice

- Incorporate conversations about parenting needs and the children's safety and wellbeing into standard assessment and risk assessment processes. This enables responding to changes in circumstances.

Consider risks and protective factors


- As part of a broader assessment process, consider risks and protective factors with respect to the parent, the children, and the social and physical environment. A longitudinal perspective should be taken to ensure that a person's history informs the current formulation and risk management.

<To be developed:  INTENDED RESOURCE *Risk and protective factors factsheet*>

What to document in the clinical record:

- Assessment, risk assessment, and formulation, including strengths, challenges and risks for the child, parent and family.
- Any contact with Queensland Health child protection specialists and the advice received.
- Any child protection concerns and actions taken to address these, including referral to a family support service or a report to Child Safety Services (refer to section 9 below).

7.3. Support: planning care and ensuring supports for the child, parent and family

<To be developed:  INTENDED RESOURCE BRIEF practical support factsheet - tips for planning care and providing or facilitating access to child- and family-focused therapeutic interventions and supports>

Planning and provision of care should:

- involve collaboration with the parent, children and family
- build on the strengths of the parent, children and family
- address identified parenting support needs, including supports for other carers in the family
- address identified child wellbeing and protection needs
- include safety planning with family members/carers and the children (as appropriate)
- be clearly documented in the clinical record
- be reviewed and updated on a regular basis.

Key considerations for care:

- Provide or assist with access to child- and family-focused therapeutic interventions.
- Facilitate collaborative safety planning with parents, family and children for when the parent becomes unwell, including strategies to minimise disruption and ensure safety for children.
- Support relapse prevention and recovery planning that includes consideration of the parenting role and the wellbeing of the parent, the children and other family members.
- Provide parent/family with information for the children, appropriate to their age and developmental level, about the parent's substance use disorder and/or other mental health disorder.
- When involving parents in the treatment and care of a young person with a substance use disorder and/or other mental health disorder, ensure that the young person's wishes for confidentiality are carefully considered in the context of their age, developmental needs and capacity, their relationship with their family, other supports, and safety concerns.
- Referral to other services for additional support may be helpful, including health, legal, advocacy, grief and loss, domestic and family violence services, relationship counselling or welfare services. An online directory of family community services in Queensland is available at www.oneplace.org.au.
- If you think structured family support may be needed, consider a referral to a local family support service, either directly or (with consent) through Family and Child Connect: www.familychildconnect.org.au. Examples include Intensive Family Support and Aboriginal and Torres Strait Islander Family Wellbeing Services.

What to document in the clinical record:

- Care plan, including goals and actions to mitigate risks, promote recovery and meet child, parent and family current and future needs
- Other specific planning (plans for alternative childcare arrangements, safety planning, relapse prevention, recovery planning)
- Information and education provided
- Involvement of other service providers, including referrals to other services (and outcomes of same).

7.4. Consult: with colleagues and specialists

Consult with the multidisciplinary team, professional leads, practice supervisors, relevant specialists and other services as necessary to inform practice.

For advice, information and support, consider:

- Queensland Centre for Perinatal and Infant Mental Health: <https://qheps.health.qld.gov.au/qcpimh> or other infant mental health specialists
- Child and Youth Mental Health Services - refer to the Children's Health Queensland website: www.childrens.health.qld.gov.au/chq/our-services/mental-health-services/
- Queensland Health child protection specialists: refer to section 9
- Queensland Transcultural Mental Health Centre: <https://metrosouth.health.qld.gov.au/qtmhc>
- ADIS 24/7 Alcohol and Drug Support - for alcohol and drug information and support, including for health professionals: www.adis.health.qld.gov.au
- Insight (Centre for alcohol and other drug training and workforce development): www.insight.qld.edu.au. Insight has a 'Working with Families' Toolkit
- Dovetail: www.dovetail.org.au - for advice in relation to children and young people with substance use concerns.
- For contemporary information and resources visit the websites for the COPMI (Children Of Parents with Mental Illness) National Initiative: www.copmi.net.au and Emerging Minds: www.emergingminds.com.au.
- MHAOD service staff are encouraged to access regular supervision provided by supervisors who facilitate reflection on best practice for working with parents and families.

What to document in the clinical record:

- Consultation with others and relevant outcomes such as advice received, any further assessment needed or additional options identified for treatment and support.

7.5. Collaborate: refer to and work with other teams and services

Consider other services with whom collaborative care could be undertaken

- Examples include additional MHAOD services (for example Child and Youth Mental Health Services, Perinatal and Infant Mental Health Services, Queensland Transcultural Mental Health Centre), general practitioners and other primary care providers, child health services, Aboriginal and Torres Strait Islander Community Controlled Services, private practitioners, schools, non-government organisations, specialist services, Child Safety Services, domestic and family violence services, probation and parole services.

Share information

- It is important to share information appropriately to support the safety and wellbeing of parents and their children. Refer to section 8: Information sharing.

What to document in the clinical record:

- Information shared (and with whom), other service providers involved including referrals (and outcomes of same), shared care arrangements, results of joint care planning, and ongoing care to be provided.

8. Information sharing

Appropriate and timely sharing of relevant information within and between services is crucial to supporting families and ensuring the safety and wellbeing of children. Queensland legislation provides a framework that supports health workers in sharing information under certain circumstances, while recognising individuals' rights to privacy and confidentiality.

To understand more about what information can (and must) be shared, with whom, and under what circumstances, information is available from the sources below.

Contact:

- Queensland Health child protection specialists (refer to section 9)
- The legal unit in your Hospital and Health Service.

Refer to the following guidelines:

- Information sharing between mental health staff, consumers, family, carers, nominated support persons and others (Queensland Health, 2017)
- Information sharing in child protection clinical practice guide (Queensland Health, 2018)
- Information sharing guidelines to meet the protection and care needs and promote the wellbeing of children (Department of Child Safety, Youth and Women, 2018)
- Domestic and family violence information sharing guidelines (Department of Communities, Child Safety and Disability Services, 2017).

9. Where there is a reasonable suspicion of child abuse or neglect

A **child in need of protection** is a child who has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm caused by abuse or neglect, and does not have a parent able and willing to protect the child from harm. If you form a reasonable suspicion that harm has occurred or is occurring, you should (and in some circumstances, you must) make a report to Child Safety Services. Child Safety Services is responsible for providing support and a range of services to children, young people, families and carers to ensure children's safety and wellbeing, and to prevent children from being harmed.

9.1. Advice, information and support

Contact your local Hospital and Health Service Child Protection Unit, Child Protection Advisor or Child Protection Liaison Officer for advice, support and information.

Access the Queensland Health Child Safety Unit homepage on QHEPS <https://qheps.health.qld.gov.au/csu> for:

- updated lists of Hospital and Health Service child protection contacts including Child Protection Advisors and Child Protection Liaison Officers
- information, guidelines, resources, training and links to other useful sites.

9.2. Deciding what forms a 'reasonable suspicion'

For assistance:

- Consult with your local Queensland Health Child Protection Liaison Officer or Child Protection Advisor, your multidisciplinary team and/or other colleagues or specialists.
- The **Child Safety Services' Child Protection Guide** is an online tool that guides decision making about the level of risk to a child or unborn child and what initial action to take. This includes whether or not a report to Child Safety Services may be required. Access the Child Protection Guide on the website of the Department of Children, Youth Justice and Multicultural Affairs: www.cyjma.qld.gov.au.

9.3. Preventive steps where the child is not in need of protection, but risks are present

If the family requires structured support to prevent the child from becoming a child in need of protection, a referral should be made to a local family support service, either directly or (with consent) through Family and Child Connect:

www.familychildconnect.org.au. Clearly document in the consumer's clinical record

the reasons for the decision, and the details of the referral to a family support service.

9.4. Mandatory reporting

Any adult who forms a reasonable belief that a child sexual offence is being committed or has been committed by another adult must report this to police. Failure to do so is a crime under section 229BC of the *Criminal Code Act 1899*. However, people who make a voluntary or mandatory report about the offence to an appropriate government authority (such as Child Safety Services) are not required to report the same offence to police.

Under the *Child Protection Act 1999*, doctors and registered nurses must make a report to Child Safety Services upon forming a reasonable suspicion in the course of their employment that a child may be in need of protection, or that an unborn child may need protection after he or she is born.

9.5. Non-mandatory reporting

Any Queensland Health staff member should report to Child Safety Services in accordance with s13A of the *Child Protection Act 1999* where the staff member reasonably suspects that a child may be in need of protection, or that an unborn child may require protection after he or she is born.

9.6. Making a report to Child Safety Services

When a report to Child Safety Services is considered necessary, immediately report your concerns to Child Safety Services by telephone or using the online form

- During business hours, telephone a Child Safety Services Regional Intake Service. To find your local Intake Service contact the Child Safety Services Enquiries Unit on 1800 811 810.
- Outside business hours, telephone the Child Safety After Hours Service on 1800 177 135.
- To make a report online, use the [online reporting form](#) available on the Child Safety Services website via the Department of Children, Youth Justice and Multicultural Affairs: www.cyjma.qld.gov.au.
- If possible upload a copy of the written report to the consumer's clinical record.
- Inform the Child Protection Liaison Officer in your Hospital and Health Service that you have made a report.
- Staff are not obligated to inform the parent of the report.

What to document in the clinical record:

- Clearly document that a report has been made, the mode and date of the report, the reasons for making the report, and whether or not the parent is aware of the report.

9.7. What happens when a report is made

Where a report indicates that a child is at risk of significant harm, Child Safety Officers assess the situation by interviewing the child and family, and where necessary significant others such as extended family and the child's school or doctor. Following a full assessment, a decision is made about how best to address the child's protection needs. In many cases children are able to remain at home, with support and monitoring for the child and family provided through a range of services which may include MHAOD services.

9.8. When Child Safety Services are already involved

Child Safety Services may remain involved for an extended time to support a child at home, or to support a child in out-of-home care. MHAOD service staff are encouraged to liaise with Child Safety Services staff and Queensland Health child protection staff as necessary, and work collaboratively to support the family and protect the child. For information about the role of Child Safety Services, visit the website of the Department of Children, Youth Justice and Multicultural Affairs: www.cyjma.qld.gov.au.

10. Definitions / abbreviations

Term	Definition / Explanation / Details
child	A person aged under 18 years
child-aware practice	An approach in which parenting roles and the needs of children are considered throughout treatment and care
family-inclusive practice	An approach in which families are considered, and where appropriate involved, in a person's treatment and care
MHAOD services	Public mental health and alcohol and other drug services
parent	For the purposes of this document, a parent is a person in contact with Queensland Health MHAOD services who has, or will have, care responsibilities for a child. This includes parents (and expectant parents), partners, step-parents, grandparents, kinship carers, foster parents, guardians and other carers. This also includes the parents and carers of young MHAOD service consumers.
QHEPS	Queensland Health intranet

11. Document approval details

Document custodian

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Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch, Clinical Excellence Queensland

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Review:

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Supersedes:

Working with parents with mental illness: guidelines for mental health clinicians (Queensland Health, 2010) and associated factsheets.

Version Control

Version	Date	Comments
1.0	September 2021	First publication

12. Appendix 1: Associated resources

Intended resources

(Yet to be developed.)

- Key practice steps summary factsheet
- Risk and protective factors factsheet
- Partnering with families factsheet
- Conversation tips factsheet
- Working with diverse communities factsheet
- BRIEF practical support factsheet