



# Module 1: LET'S TALK ABOUT CHILDREN

## when the parent has mental health problems

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Adapted within the KIDS STRENGTHS project  
for international use by Manfred Pretis



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# **I „LET’S TALK ABOUT CHILDREN“ -THE HISTORY, BACKGROUND, AND PRINCIPLES OF THE NEW APPROACH**

## **1. Introduction**

Understanding the effect of mental problems on parenting and children, and knowledge of the methods available enabling parents to support the development of their children, form the core of the „Let’s Talk About Children“ Model. The children of parents with mental health problems are at risk of developing mental disorders themselves. However, the situation is not hopeless, as there are means by which the parents can support their children and prevent future problems.

The „Let’s Talk About Children“ Model was initially developed to provide a tool for the health care sector and to assist professionals in treating patients with mental health problems. The method can be applied irrespective of the form of treatment (outpatient care/institutional care, primary health care/specialised psychiatric care) and of the professional's training and title. Furthermore, no therapeutic training is required for the implementation the method. In addition to health care professionals, the model can also be applied by those working in the social and educational sectors.

One aim of the „Let’s Talk About Children“ Model is to make talking about children and parenting issues a natural part of the treatment process. Ideally, after the initial discussion sessions, the parents and professionals can talk about issues concerning the children and parenting whenever either wishes to share thoughts on positive developments or possible problem areas.

## **2. The Effective Family Project**

The „Let’s Talk About Children“ Model is part of the larger Effective Family Project, which is a STAKES research, development and implementation project providing working methods for supporting the families and children of men and women with e.g. mental health problems. The other working methods include the Beardslee Family Talk Intervention (Solantaus & Beardslee, 1996), „The Effective Family Network Meeting“ (Väisänen & Niemelä, 2005), and the VERTTI peer groups for children and their parents (Söderblom & Inkinen, 2005). These working methods are evolving as more experience is gained.

The methods of the Effective Family Project are based on experience in family and peer group work, on the ideas on family work and the Family Talk Intervention developed by Dr. William

Beardslee, and on the literature in this area. The aim is to support child development and prevent disorders together with the parent.

### **3. Supporting Child Development And Preventing Disorders**

The purpose and goal of the „Let’s Talk About Children“ Model is to support positive parenthood and child development, and can be categorised as belonging to the fields of health promotion and disorder prevention. With respect to this, the approach in promotive working models is to support any identified strengths, possibilities and protective factors. For the professional, this approach often requires adopting a new perspective on the related work. All professionals in psychiatric health care and child welfare have been trained to detect and identify problems - recognising strengths, understanding their importance and supporting these strengths can be a challenge and additional training is often required.

However, focusing on strengths does not mean that problems can be ignored. The vulnerabilities of the family and of the children are openly - and at the same time constructively and sensitively - discussed. The goal is to help and support the parents in their attempts to develop a strategy to support the strengths and overcome the vulnerabilities of their children and family.

### **4. A Short Overview of Parental Mental Problems and How They Affect the Children**

Mental disorders change the ways in which people think, act and feel (see also module 2). Hence, they are reflected in all areas of interaction with other people. In families, family members are in constant interaction with each other, and thus, parental mental health problems affect the relationships between family members, and everyday family life. Such effects are often unexpected and hard to understand, both for the affected parents themselves and for members of their families, and this often leads to confusion and miscommunication.

The affected parents may be powerless, weepy, depressed and/or irritable, nagging and easily upset. They may be anxious and distressed, even frightened, and might demonstrate obsessive-compulsive behaviour, such as washing hands, touching door frames, or other actions they repeat excessively. The parents may say odd things, and interpret others. actions in an odd way. They may stay up all night, and go about the house waking family members up and demanding company. Mental health problems affect one’s capability to show and feel empathy and sympathy for others; the affected parent may say terrible things to the children, act violently, make unreasonable demands on the children and blame others for his or her problems. The

children may end up taking on all household chores, and caring for each other. These status changes can build up tensions between the siblings.

It is difficult for all members of the family, and especially for the children, to know what the parent is thinking, why he or she is different, and how one should behave around him or her. The children may have a lot of questions on their minds: What is wrong with my mum/dad? Why is my mum/dad like this? Will he/she ever become better? Why is he/she angry all the time? What should I do? Is this because of something I did? Will I become ill as well? The family members often wonder if the reason for the parent's behaviour is something they have done. This is especially true of the children - they often think they are causing their parent's problems. The children's perception of themselves as deserving to be loved and cared for, might suffer and their interpretation of themselves and life in general may become distorted.

## **5. Factors Supporting the Children**

Adversity is part of life, and parental mental health problems are not uncommon in families. When a family has to face such problems, several factors can act in support of the children. These are called protective factors. Understanding the parental mental health problems and the possibility to communicate openly on troubling issues within the family are protective factors supporting familial relationships. Furthermore, the well-being of children is very much dependent on familial relationships. When you can talk about problems you can also solve them.

Another important protective factor is having social activities - friends, hobbies, etc. – outside the home environment. Friends, the feeling of belonging to a day care group or a school, and hobbies are sources of joy, and support the development of children in various ways.

### **5.1 The Importance of Understanding**

Receiving information on the parent's disorder, understanding the reasons for changes in behaviour, and knowing what is happening within the family - these are all important for the children as well as for the parents (see also module 3). In order to gain a full understanding of them, the issues must be talked through together. However, it is not common practice to discuss mental health problems, especially with your own children. Many parents think that telling their children about the parent's problems would place an unnecessary burden on the children, and they often go to extremes in order to hide the truth from the children. This is understandable. However, it results in the children being left to their own devices in guessing

what is troubling the parent, and how the children themselves might be causing it. Ignoring the issue creates a wall of silence between the parents and the children, and the children can no longer turn to their parents for help.

Adversities, as such, are not an obstacle to positive child development as long as they are addressed and solved together. Knowledge will help the children interpret the actions and words of the parents correctly – mutual understanding is a protective factor. For example, when the children know that their parent is suffering from depression they will understand why the parent is sometimes withdrawn and powerless. Furthermore, the children will know that the behaviour is due to the depression rather than the parent not wanting to be with the children. Adults who have grown up with mentally ill parents often wish they had been told about the illness.

Understanding the parental problems contributes to well-functioning family life. It frees the children from self accusation and creates an open, more intimate relationship between the children and the parent. Understanding is the key to facing problems and enabling problem solving. Strong, healthy relationships with the other members of the family will support child development even during difficult times. There are situations, where the children will have to act against the parent's will, and in such situations it is necessary to understand the nature of the problems the parent is having. The parents should tell their children about their mental health problems over a long period of time, and they should realise that understanding the problems is a long process. Parents usually start by telling what they feel to be the most pressing issue. Next, they wait to see how this affects the child, and then continue again later. This is also the way in which the children carry out the related discussions. Children understand parental problems according to their developmental stage, and this understanding accumulates as the child gets older. Furthermore, the problems the parent struggles with may change in nature and/or intensity over time. Hence, discussions of the parental mental health problem become an internal process including the whole family. Discussing parental mental disorders and trying to understand them is a journey the parents take together with the children, not a one-time meeting at the clinician's office.

## **5.2 Understanding Required from the Professional**

Events that occur within the family may cause various emotional reactions in the professional caring for the parent. The professional understands the difficulties the children must face and sympathises deeply with the children. Furthermore, the professional may begin to feel that the

parents are being unreasonable, and may even blame the parents for the problems their children have to cope with. These feelings can sometimes give rise to the idea that the children must be "saved" from their parents. This is the attitude the parents fear, and explains why parents are sometimes reluctant, even afraid, to talk about their children with their care professionals.

Perceiving the parents as adversaries or opponents cannot lead to fruitful co-operation and will also be harmful to the children. Such an attitude signals a complete lack of understanding of how the disorder affects the parents' capabilities to interact with people and take care of their responsibilities.

Understanding is crucial to fruitful co-operation, not only within the family but also between the professional and the parent. The professional must understand what the parent is going through, and must be able to show empathy. If the professional feels that he or she does not understand, he or she can ask the parent to tell them more about his/her family life and the problems the family is facing.

Understanding the situation of both the children and the parents, and acting upon that understanding, is fundamental to the Effective Family Methods. Professionals must have such knowledge and understanding that they are able to relate to the parents as well as the children. However, this does not mean that problems should be ignored - in an atmosphere of mutual respect and understanding it is possible to discuss all topics, even the most sensitive ones.

## **6. Supporting the Development of the Children**

Imagine that there are several doors leading to a family. Professionals coming through the child welfare door are mostly concerned about the well-being of the children, and want to make sure that the children are safe and cared for. The professionals entering through the psychiatric door come to assess possible mental health problems in the children. These doors become accessible when problems are suspected, and there is reason to believe that additional help and support is needed. They have been in use for a long time, especially the child welfare door.

For the Effective Family Methods there is a third door. This door is knocked on when support is required for the development of the children. The professional does not enter the family looking for problems. The person coming through the door of promotion and prevention supporting child development asks the parents if they would like to discuss their children with a professional and try to find supportive solutions together with the professional. The

professionals tell the parents that many families with parental mental health problems are confused and worry about the effects of mental health problems on the children. If the children have already developed problems, there are ways of helping them.

The need for child welfare services or psychiatric treatment is assessed, but this is done as part of the method and is not the starting point for co-operation. Moreover, the children and the family are guided to additional services in collaboration with the parents. The professional will stand by the parents in this new, unfamiliar situation - this is not an intervention into a family. Only if parenting has failed completely and the children have been left unprovided for, is the professional obliged to contact child welfare services.

### **7. Preventative Services and Mental Health Care Services**

The Effective Family Working Methods are designed and applied to support parents in their task of supporting the healthy development of their children. As such, these methods do not include any kinds of treatment. The first priority is always to organise the parent's personal care. The second parent should also be assessed and provided with proper care, if necessary. Solving the issues concerning the children may sometimes be therapeutic for the parents in the sense that they feel relieved and happy, because they are able to help their children. However, it can never replace proper treatment.

Furthermore, this method does not treat the children either. When problems are faced, they are discussed with the parents, and possible answers as to how and when these issues could be resolved are considered together. „The Effective Family Network Meeting“ is used as a method of introducing the parents and children to additional services, when necessary. Should the professional wish to continue with e.g. speech therapy, this is also separately agreed upon.

### **8. Respecting the Parents**

Mental health problems affect relationships and coping with everyday routines. This might reflect in several aspects of familial relationships and household chores. Parents are often worried about their homes and children and how they are coping with parenting. The professionals should be familiar with the effects of mental health problems; when problems emerge it is not because they are "bad parents", but because the parents suffer from a mental disorder that compromises their abilities to interact with people and take care of daily routines. The relationship between the professional and the affected parent should be positive and supportive, not judgemental or critical.

During the „Let’s Talk About Children“ Discussions, parents are given information about the resilience of their children and about general problems often encountered when the parent has mental health problems. Together with the parents, the children's strengths and vulnerabilities are discussed, their overall situation is considered and strategies to support the children’s strengths and overcome their vulnerabilities are planned.

This working method is not meticulously structured, but can be carried out in a very informal manner. The parents can read the Log (by receiving copies from the professional).

The parents are free to decide how they will act, and which approaches they will implement. The parents will not be ordered around, pressurised or threatened through e.g. the idea of creating of difficulties for the children, if they do not act as deemed appropriate by the professional. If the professional carrying out the “„Let’s Talk About Children“” Discussions is the parent's own carer, it can be suggested that the parents also tell later, during the treatment, how things are going at home, and perhaps discuss the issues anew.

## **9. The Need for Additional Support and Services: „The Effective Family Network Meeting“**

### **9.1 Network Meetings**

„The Effective Family Network Meeting“ (Väisänen & Niemelä, 2005) is held when there is concern - even if it is only a slight concern - about the children's resilience or flimsy social network. Representatives of the necessary services and the children's own social network are invited to attend the meeting which has been planned together with the parents. The meeting brings together all stakeholders from the various sectors, to activate the social network around the child and transfer the responsibility of care to the appropriate party, should the child be in need of assessment and treatment.

During the meeting, the family and the service providers meet, which helps in contacting the new service providers after the meeting, as parents suffering from mental health problems often have difficulties in contacting a new service provider on the basis of nothing more than a physician's referral to a strange place. The aim is to prevent families from falling through the social services network.

### **9.2 Urgent Need for Child Welfare Services**

If the child needs urgent child welfare services, the child welfare authorities must be contacted immediately. Urgent child welfare needs refer here to situations in which the child is left alone (regardless of age) when the sole custodian is hospitalised, or when a parent in outparent care is obviously incapable of taking care of the children and/or when there is a threat of violence. Preventive or therapeutic interventions can never replace collaboration with the child welfare services.

### **9.3 Non-Cooperative Parents**

If, due to his or her present condition, the parent is unable to talk about the children, the children's situation should be discussed with the other parent or some other person responsible for the children. If the situation of the children cannot be clarified, the child welfare authorities must be summoned. If one or both of the parents refuse to tell anything about the children, they must be informed about the statutory obligation to consider the need for care and assistance of the dependent children, and child welfare authorities must be summoned to participate immediately.

## **II HOW TO TELL THE CHILDREN ABOUT MENTAL HEALTH PROBLEMS - SUPPORTING THE PARENT**

### **1. Basic Rules**

Often the parents and professionals are uncertain about what the children should be told about the parent's mental health problems, and how this should be done. Four basic rules on how best to approach the issue are suggested below.

Firstly, children should be addressed in language they understand. The younger the child, the better it is to explain the situation using simple words familiar to the child. An easy approach is simply to ask what the child thinks, because in this way the parent will know exactly what the child is thinking, and will not give unnecessarily complicated explanations. For example, one parent told her 3-year-old child that she was sick and had the "weeping disease", and another parent called his depression "sleeping sickness". Similarly, if the parent is always cross, he or she could tell the children that this is caused by the grumpiness syndrome, which makes the parent angry even when he or she would not want to be, and that it has nothing to do with the child.

Secondly, children need to have an explanation for the things they see, feel, hear and think. The children will notice if the parent is still wearing a bathrobe when the children come home from school, leaves the house for a couple of hours without saying anything, and secretly takes pills. If the parents do not explain the situation, the children will try to explain the behaviour themselves. Instead of trying to hide the problem, the parents should openly explain their behaviour to the children. For the children, it would be a relief to know that the parent is suffering from depression, seeing a therapist and taking prescription medicine. It is not necessary to reveal all of the details and most hidden secrets to the children; an explanation of the parent's behaviour and visible symptoms is sufficient.

Thirdly, when the parents tell their children about problems that have an effect on their lives, the discussion should always include a solution enabling the future. Instead of merely explaining the problem, the parent could, for example, tell the child: "I am sick, but I am being treated." It is very important to remember that children need to be assured that there are solutions that will make the future possible, and this is true of any difficult issue that must be told to any child.

And finally, children should be encouraged to raise the issue whenever they have questions or concerns. Obtaining an understanding is a long process, and one discussion, no matter how good and thorough, is not enough to answer all of the questions that may arise.

## **2. Important Topics for the Discussion**

### **2.1 Children are not the reason for their parents' problems**

Almost all children are convinced that they have somehow caused the problems their parents have. Even the parents themselves might sometimes feel that way. In their frustration, the parents may say things aloud such as, "If you did better at school, my life would be so much easier!" or "I am so tired of having to listen to you quarrel all the time!" The child might interpret such outbursts as accusations, and conclude that if he or she were different, then life would be easier for the parent. Such guilt is a heavy burden which the child often carries alone, and in silence.

It is important that the children hear from their parents that they are not the reason for the problems the parents are having. The parents could explain that the problems are caused by other things, and that even when it might seem that the parent becomes angry or depressed because of something the child has done, they are not the cause of the problem. Many parents opt to stress this point even when their children have not shown any signs of guilt.

### **2.2 Parents take care of themselves**

When the parent is depressed and powerless, children often try to cheer him or her up. Some children do this by trying to be as helpful and well-behaved as possible. It could be said that they are trying to heal their parents by being "good", although they are not thinking about it in such terms. Naturally, these acts will cheer the parent up, and this is important for the child as well, but mental disorders cannot be cured by children being helpful. When the parent's condition does not improve, there is the danger that the child will try harder and harder, and become trapped in his or her own attempts to help the parent.

Many parents decide to tell their children about their treatment. Usually, the children are relieved to hear that the parent is receiving treatment and wants to be well. When a child is desperately trying to be "good", the parent could say something like: "I am really happy that you are helping around the house, but you do not need to do everything. How about we make a list of your chores, and then go through the things you do not need to take care of. And besides, you can argue with me, I won't break."

### **2.3 Household Chores**

When a mental disorder devours all energy and makes life devoid of all meaning, everyday household chores become a real challenge. In some families, one of the children will take total responsibility for household work. The child may well be apt at taking care of the younger siblings and doing all the household chores, but this can slowly erode the child's own energy. The child will give up his or her own hobbies and, eventually, schoolwork will also suffer. When facing such a situation, it is necessary to distribute the chores more evenly, and in some cases consider hiring outside help, e.g. through social services or private organisations. Families may be in need of different kinds of help, including income support and employment services, and it is the professional's responsibility to direct the family to the services they need.

### **2.4 When the parent is easily irritated, and possibly violent**

Mental health problems often affect impulse control. This means that people with mental health problems are sometimes unable to think things through and to resist the impulse to perform an action. At home, and especially with children, diminished impulse control often leads to disproportionate reactions to minor provocation. The parent may start yelling at the child, or say mean things, or even be physically abusive. Afterwards, these situations cause a lot of distress for the parent, and he or she feels even worse about himself or herself. It is also possible that the parent does not see how his or her own behaviour affects the children and blames them for being aggravating.

The professional should always bring up the issue of conflict situations between the parents and the children to find out how they are handled. If a threat of violence exists, it is the responsibility of the professional to consider whether there is a need for urgent child welfare actions, or whether an Effective Family Network Meeting would be an adequate form of support.

### **2.5 Divorce and suicide - the children's biggest fears**

One of the children's biggest fears is that the parent will commit suicide. When the parent is not feeling well, the child may miss school to stay at home and guard the parent. It is recommended that the professional and the parent discuss the things the children may have seen or heard, and anything they may be suspecting. Together, they can discuss how this topic could be broached with the children. If the parent has already attempted suicide, this should be discussed with the children as well, since the child may have noticed something and may fear that e.g. admittance to hospital always means that the parent has attempted suicide. Telling the

children about suicidal thoughts and actions is not easy, and the parent should be allowed to prepare for this without being pressured into speaking. The professional's task is to provide the parent with any relevant information and then give the parent enough room to make up his or her own mind about how to proceed.

The parent could tell the children that a feeling of hopelessness and suicidal thoughts are linked with the illness, and that he or she is being treated for it. Then the parent could continue by telling that although there have been previous attempts, he or she no longer wishes to harm him or herself, and will contact the hospital immediately if such thoughts bother him or her again. The parent should also reassure the children that these dreadful thoughts and suicide attempts are not caused by children behaving badly, or failing in e.g. a math quiz.

However, if the parent is suicidal and obviously at risk, and not yet prepared to plan a protective strategy, the primary responsibility of the professional is to ensure the safety of the parent and organise his or her personal treatment.

Often, when the spouse has mental health problems, it reflects on the relationship. There will be disappointments on both sides, lack of motivation, bickering, harsh words and arguments. Children see and hear things, and are quick to sense the atmosphere at home. Today, divorce is so common that children fear it with very little prompting. The parents could address these fears by saying: "You must have noticed that we have been arguing a lot lately. We are both going through some difficult times just now. We are having these arguments, but you are not causing them. You should also know that we are not getting divorced, but we are trying to work things out between us. I am attending therapy and hope I will start feeling better, although it might take some time. If you are concerned about us or have any questions, you can come and talk about it."

If the parents are planning a divorce, this should also be told to the children. The parents should emphasise that they are not getting divorced because of the children, and that the children will be loved and cared for regardless of the divorce.

## **2.6 The Child's Relationships with Other People**

For a child, relationships with family members play a central role, but relationships with other people are also very important. Unfortunately, mental health problems often lead to the isolation of the affected parent in the first instance, and then finally the whole family. For the

children, this means giving up friends and hobbies. The children may be embarrassed to invite friends over, if the parent behaves in an odd and unpredictable manner, or the parent's mental problem could become a taboo creating a wall between the friends. However, a social network is as important for children as healthy food and a good night's sleep. Friends and hobbies are an important source of joy, and contribute to the child's healthy development. Many parents are worried about their children's tendency to give up their hobbies and turn down invitations to social events.

Healthy relationships with other people support and protect the children when there are problems at home. For the benefit of the child, it is important to maintain friends and hobbies, and this is one of the areas where the parents can help and support their children. The teachers and other children at the day care centre and at school form an important, supportive social network. It is recommended that the parents contact the teacher or day care personnel to plan a joint strategy for supporting the daily routines of the child.

It would be beneficial if the child has a trusted adult. It could be an aunt, an uncle, a godparent, a grandparent, the parent of a friend, or a professional, such as the school nurse, school psychologist, a curator, a teacher, the family physician etc. The main requirement is that the trusted adult is aware of and understands the situation with the family, and will not be against the parents. The parents can actively participate in finding a trusted adult in cooperation with the child, especially when the child is young. Older children are able to choose a trusted adult themselves.

### **3. Conclusion**

The most important protective factors in a child's life that can be promoted through family work include:

- (1) ensuring stable conditions at home and promoting good relationships through mutual understanding, open communication, and problem solving skills, and
- (2) supporting an active social network outside the home, including day care and the school environment together with friends and hobbies.

The professional should consider, together with the parents, how best to support these two areas of the child's life.

Information can also be found in the materials for parents with mental health problems on how to help their children or in the methodological files of the KIDS STRENGTH project.

### **III THE „LET’S TALK ABOUT CHILDREN“ METHOD**

#### **1. Intention**

The „Let’s Talk About Children“ Method was designed to:

1. Provide support in parenting and promote child development. The purpose of the „Let’s Talk About Children“ Discussions is to assist the parents in supporting their own children and in enhancing those factors which promote child development and protect the child, and which are present within the family and the other environments of the children. The „Let’s Talk About Children“ Discussions are suggested to every family, regardless of the family's situation. The parents may have questions and concerns they would wish to talk about, even if there are no actual problems in the family.
2. Assess the children's and family's need for additional support and/or services offered by the child health clinics, student welfare services, family guidance clinics and child psychiatry institutions etc. Approximately 50% of the families require additional services (Leijala, 2001).
3. Assess the need for child welfare and other social services. There may be a need for child welfare actions and income support. The families may also benefit from various other supportive services provided by the social sector. It is estimated that 15% of the families need child welfare services and other forms of social support (Leijala, 2001).
4. Introduce the children and the family to the additional services they need. Caring for the children is not the responsibility of the professionals treating the parent. However, the professionals treating the parent are responsible for introducing the children and family to the supportive services they need. The array of available services is wide: the children may need psychiatric assessment, the parents marital counselling, and the family as a whole may need supportive family services organised by the social sector and financial aid; from income support to debt counselling.

#### **2. A structured but flexible method**

The „Let’s Talk About Children“ Method is a compilation of thematic discussions about children, carried out between the professional and the parent(s) during two discussion sessions. However, the method is very flexible, and it is possible that one discussion session is enough, whereas in some cases there may be a need for more than two sessions, for example, when there are more than two children in the family. Furthermore, there are several ways of discussing children; there is no single, correct alternative that would be appropriate for the

needs of all families. It is, however, recommended that all topics listed in this manual be covered during the discussions.

The professional needs to ensure that the focus does not stray from the discussion topic, since the discussion can move easily from the topic of children to marital problems. In such cases, the professional should gently direct the discussion back on track.

If the parents clearly wish to go into more detail about the children, or when the professional thinks this would benefit the family, the Beardslee Family Talk Intervention is suggested, provided there are resources to carry out the intervention. Other alternatives include family workshops, and peer groups for the children and for the parents, if available.

### **3. The Contents of the „Let’s Talk About Children“ Discussions**

The „Let’s Talk About Children“ Method is based on Discussions with one or both of the parents. The Methodological files created within the KIDS STRENGTHS project can be used as the basis for the discussions.

#### **Contents:**

#### **A. What is the child's situation: define the terms "strength" and "vulnerability" in this context**

- What concerns do the parents have about the child and about the whole family
- How does the child behave, and what is the child’s mood
- How does the child behave at home,
- in day care,
- at school, and
- during his or her spare time: friends, hobbies, media?

#### **B. Provide the parents with the means to support the development of their children.**

Tell the parents:

- What the protective factors are, and how to support them.

Explain:

- Why the children need to know, what is "wrong" with the parent and how the mental problem affects the parent's behaviour.
- School, day-care, hobbies and friends are important for the child.
- Relationships with reliable adults in addition to family members are important for the child.
- The parents are also welcome to discuss their children during later appointments.

### C. Additional Support and Services

- „The Effective Family Network Meeting“: „The Effective Family Network Meeting“ brings together representatives from the different service sectors and the family's own network in order to identify solutions for e.g. the children's problems or minimal protective structures.
- Provide general information about other preventative services, including family camps and workshops by various organisations, and peer groups for the children and for the parents
- Provide general information about care facilities and institutions, and contact information, including family services provided by the social sector; child psychiatric institutions, services for substance abusers etc.

### **4. An Overview of the Structure of a „Let’s Talk About Children“ Discussion**

The following is a short overview of the „Let’s Talk About Children“ Method in practice. A detailed explanation can be found in the Log intended to be used during the discussions. The contents of each discussion can be intertwined with each other, since parents are likely to want to begin by discussing the effects of mental health problems on the children and the family as a whole. It should be emphasised that the order in which the topics are discussed is not important. The important thing is that all topics are covered during the discussions. Optimally, the „Let’s Talk About Children“ Discussions are a creative and constructive method that will benefit both the children and the family as a whole.

#### **4.1. The Preliminary Discussion**

The preliminary discussion includes suggesting the „Let’s Talk About Children“ Discussions to the affected parent, and explaining what the method is about. The professional suggests that the other parent is also invited to join the discussion, and then makes an appointment for the „Let’s Talk About Children“ Discussion. If the parent is a single parent, it is possible to proceed with the „Let’s Talk About Children“ Discussion immediately, if this is all right with the parent. The professional will give the parent a copy of the Guide for Parents with Mental Health Problems, and if the children are in their teens, a copy of the Guidebook for Children and Adolescents.

#### **4.2. Discussion No 1**

The main topic of Discussion No 1 involves charting the developmental stage and overall situation of the children, together with the parent(s): to talk about the joys and concerns the parents have, to help the parents discover the strengths and vulnerabilities of their children, and

to provide information about protective factors. If the parents are concerned about their children, ask if they have already sought and received help.

### **4.3. Discussion No 2**

The main topic of Discussion No 2 involves explaining how the parental mental health problems affect the family and children. The professional tells the parents more about the protective factors, covering the importance of talking about the problem, and how to discuss difficult issues with your children. The parents and professional discuss the most prominent symptoms, how they appear at home, and how the children have reacted to them. Together, the parents and the professional consider how the parents could support the children. If there is reason to doubt the resilience of the child, or if the child's social network seems to be inadequate, the professional suggests an Effective Family Network Meeting.

If the child or adolescent already has serious problems, but the parents refuse assessment and care, the professional must consider if this constitutes neglect. Such consideration is carried out in cooperation with professionals in child psychiatry and the child welfare authorities. Treatment can form part of other child welfare actions. If the problem is not acute, the professional should reveal his or her concerns to the parents, and ask them to keep a close eye on the situation. In the course of the treatment, the professional can ask the parent how the children are coping.

### **4.4. „The Effective Family Network Meeting“ (for a detailed account, see Väisänen & Niemelä, 2005)**

Representatives of the child's and the family's social networks, and of different supportive services, are invited to participate. The child's position in various daily environments is charted, and the participants discuss how they could each provide support for the child in question. The goal of a Network Meeting is to activate the people from the child's own social network to support the child together with the parents. If there is reason to suspect that the child may already have developed serious problems, and an expert in child psychiatry has been invited, the expert will listen to the discussions, ask questions, assess the need for child psychiatric services, and be responsible for any further actions.

The Network Meetings can be very challenging for the mentally ill parent. This socially complex situation can be very distressing, and the parent will be anxious about sharing his or

her problems with such a huge crowd of people. It is important that „The Effective Family Network Meeting“ be prepared in advance with the parents in the same way as family sessions.

The professional will go through the discussion topics with the parents, and the parents will decide what they will reveal about their problems. It is recommended that the parents share those issues that are important to understanding the child's situation. The goal of the Network Meeting is to understand the situation of the child, and to find solutions for pressing issues.

As an example, if the child is often late for school, the teacher should be told that the parent has difficulties in getting up in the mornings, and that the child has to prepare breakfast, find the appropriate clothing and leave for school without any parental support. This knowledge will make the teacher understand why the child is so often late. When the family network is assembled, they can try to find a solution to the problem.

Inviting the children to join a Network Meeting must be considered separately for each child. If the parents decide to invite the child to the Meeting, the child must also participate in the preparations for the Meeting. One alternative is that the parent prepares the child for the Meeting, but it is also possible for the parents to bring the child to an appointment where the purpose of the Network Meeting will be explained. Yet another alternative is that the child sends a message to the Network Meeting, or participates in the Meeting only for a short period of time.

It is important to remember that when the child participates in the Meeting, the discussion must be adapted so that the child can understand what is being discussed - the same respect must be shown to every participant without exception. The adults should be especially careful not to be insensitive or insulting when the problems and behaviour of the child are being discussed.

## **5. Available Tools**

### **5.1 Volunteering professional expertise for the parents**

Mental health problems can be very confusing for the parents, and for the whole family. The professional treating the affected parent will provide detailed information on the disorder, but such medical information may not help in understanding problems in communication and interaction with others.

One aim of the „Let’s Talk About Children“ Method is to help the parent understand his or her own situation as well as the situation of his or her spouse and children. Information is the key to understanding, but true understanding also requires experience and knowledge. In order to attain a full understanding, knowledge must be employed in real life situations in which experiences and questions are intertwined.

The „Let’s Talk About Children“ Discussions include two experts: the parents are the experts on their children and family life and the professional is the expert on mental health disorders. When these two experts come together, they can both contribute to the discussion. The professional is not the master and the parents are not the apprentice, but the professional will offer his or her knowledge to be utilised by the parents, and the parents will decide which information is applicable in their present situation. The professional adopts a different tone of voice, realising that there are no correct answers, but merely good questions and different perspectives, e.g.: "For many families this has been ....., but what do you think, would it be appropriate in your family?"

## **5.2 Material for the Parents**

Please use the Methodological files created by the KIDS STRENGTHS partnership regarding further information.

## **5.3 Keeping the discussion on track**

The focus of the „Let’s Talk About Children“ Discussions is on the children and their situation. The professional should be alert to any leads the parent may provide, but at the same time it is important to keep the discussion focused on the children.

It is only natural for the parent to move on to marital problems and other issues in his or her personal life. After all, difficulties in concentrating and noticing the needs of others are characteristic of most mental disorders. Hence, the professional may be in a position where he or she has to steer the discussion back on track. It is important to be sensitive, and not to bluntly interrupt the parent when his or her thought strays to other issues. The recommended practice in these situations is to listen for a while, and note then that the parent is making an important point and that it should be discussed further. Agree when and where the topic could be discussed, and then return to the original focus, the child. An experienced professional may also be able to guide the discussion back on track by asking skilled questions. But most

importantly, the parent should never be made to feel that he or she is performing poorly, or talking about the wrong issues and thereby “spoiling” the discussion.

#### **5.4 Leading the discussion back on track**

The parents continuously change the subject to marital problems. Listen for a while, and then say:

*"You have a lot of issues that need to be discussed, and it is great that these issues have emerged, but we came here today to talk about Steve, so I would suggest that we focus on him now, and when this discussion is over, we could decide on where and when we could continue with the issues concerning your relationship...So, about Steve's school, does he like to go to school?"*

If the parent jumps from one thing to the next and the professional has difficulties in following the conversation, the professional could say:

*"hmmm...could we just go back to Steve's school. I still have a few questions. But it is good that you mentioned the hobbies, because they are very important, so let's talk about them next."*

The Log can also be used as a tool to keep the discussions on track. There is a discussion structure with topics here in the Log. *"This may seem a bit formal, but it would be safer to follow this so that I don't miss anything important..."*

### **6. Charting the Child's Situation and Development**

The section for charting the child's situation and development is intended for:

- (1) Assisting parents in identifying the strengths and vulnerabilities of their children, and
- (2) Joint discussions on why and how the parents could enhance the strengths of the children and help them overcome vulnerabilities both by themselves and by utilising additional support services. The children's situation and development are roughly charted. This is a very basic approach, and by no means comparable to an interview by a child psychiatrist.

The purpose of this evaluation is to provide the parents with information about their children. It should be emphasised that this does not involve screening the children for other services. Furthermore, the Discussions do not provide a meter for diagnostic profiling, and these cannot be used to replace one another. The problems of the children and the need for additional support are charted in cooperation with the parents as part of a process aimed at helping the parents understand the situation of their children.

It is of the utmost importance that the professional be able to distinguish this preventive approach designed to enhance parenting and support the parent-child relationship from conventional psychiatric interviews that focus on identifying problems.

The situation of each child is charted individually. Families with several children may require more than the two discussion sessions. The contents of the chart depend on the child's age. The Log includes attachments on the five different stages (pregnancy, infant/toddler, preschoolers, school age, adolescence). In addition, parenting experiences are also assessed.

The parents participate in the charting process, adding their expertise on their own children to the professional knowledge provided by the professional. It is important to maintain a warm and respectful attitude towards both the parents and the children. The parents are often pleasantly surprised when they are able to identify strengths in their children, in the family and in their own parenting skills. Realising that there are many areas where there are no problems is a great source of encouragement for the parents. Furthermore, the identification of vulnerabilities combined with the opportunity to help your child in a very concrete way is empowering and provides hope for the future.

For this method, the term “Strength” refers to anything that functions normally, i.e. is not affected by the problems in the family. Thus, the term does not refer to special skills or talents, but for example, in a situation where the parent is unable to provide the child with any support, it is defined as a strength that the child is able to take care of his or her schoolwork unaffected. Another strength is the ability to maintain friendships and hobbies. Sometimes, the strength can be classified as the child's own strength, in other cases it can be a shared strength of the child and his or her parents, and in other cases the parents' strength. An example of a parent's strength is a situation where the parent will exert all his or her available energy to take the child to day care every morning.

For this method, the term “Vulnerability” refers to anything that might develop into a problem, or which is causing concern at present. For example, if the child is shy and withdrawn and these characteristics become more pronounced during the parent's illness, this might lead to complete isolation, and it is thus defined as a vulnerability. Preventative actions could include inviting the child's social network to meet and consider ways in which they could take the initiative, instead of waiting for the child to make a move.

## **7. Follow-up procedures**

Towards the end of Discussion No 2, when the children and the effects of the parental mental problems have been discussed, the strengths and vulnerabilities of each child are repeated, and the professional and the parents try to find the best practices for each case. This is not a simple matter of addition and extraction; an equal number of strengths and vulnerabilities does not mean that the situation is balanced, and the number of strengths and vulnerabilities is not decisive. The purpose of these discussions is that the parents be able to identify - and be proud -of their children's strengths, and that the vulnerabilities be addressed either by the parents themselves or by taking advantage of the available support services. One identified vulnerability may be reason enough to organise an Effective Family Network Meeting.

## **8. Using the Log**

The Log is intended for the professional, to assist in covering the discussion topics; the discussion topics are all listed in the Log. However, the Log should not be allowed to limit or restrict the discussions if the scope of the discussions needs to be extended for the benefit of the children. It should be possible to have a very open and unrestricted discussion with the parents about the various topics. Based on practical experience, it is suggested that when the professional is not yet familiar with the method, he or she should follow the instructions and guidelines in the Log. As the professional becomes more experienced in using the method, he or she can adopt a more creative approach, referring to the Log only when necessary. There is space for private notes in the Log.

Identifying the strengths and vulnerabilities of the children and the parents is part of the working method. For every topic, the parents and professional jointly assess whether it is a strength or a vulnerability, and the conclusion is written in the Log. A vulnerability is always listed when one of the participants is concerned about the issue. The method is introduced to the parents and the parents are informed that, at the end of Discussion No 2, the strengths of each child and the family are listed, and any issues in which the parents may need additional support or services are identified.

The Log is available during the discussions and shown to the parents. The parents will receive copies of the age-specific pages of the Log when the situation of the child is being charted. This will give the parents a better picture of the topics of the discussion. The parent can write

down the strengths and vulnerabilities of the child, and think about them at home. The manual includes also explanations and comments

### **9. Feedback!**

Please send your feedback either by email to: Tytti.Solantaus@stakes.fi, or by mail to the address: STAKES, P.O.BOX 220, FIN-00531 Helsinki, Finland.

### **10. Acknowledgements**

The „Let’s Talk About Children“ Method, this manual and the Log are the result of a long, complex learning process. Creative learning is never possible in isolation, but is always the result of collaboration. I have been inspired by the families that I have had the privilege to work with. In entrusting their concerns with me, they have been my most important teacher.

Concerns regarding parenting and one’s own children are at the very heart of every parent; I have been entrusted with much. It is my hope that this collaboration and these experiences have given rise to a new approach that can provide assistance and support to many families and professionals.

Being introduced to the Beardslee Family Talk Intervention provided a direction, and the opportunity to carry out the STAKES Effective Family Project enabled this dream to come true - my dream that every parent with mental health problems would receive support without being stigmatised. The Effective Family Project is a STAKES Project financed - and appreciated - by the Ministry of Social Affairs and Health.

The group of clinicians that met in STAKES during the years 2001 to 2003 was - and still is - an unfailing source of ideas, experiences and observations. And best of all, there are more people joining as the method spreads. I would like to extend my warmest thanks to all of you!  
Thank you!

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## V „LET’S TALK ABOUT CHILDREN“ - LOG

Name of the Family:	
Name of the Child/Adolescent:	
Family ID:	

### 1. Preliminary Discussion: Introducing the Method



When the professional discusses children with the parent, it is very important to pay attention to adopting the proper attitude. The professional should be genuinely and positively interested in the children. When thinking about children people usually smile - the children of the parent should not be an exception. If the professional starts to talk about the children with a careworn face and in a dismal tone, this will tell the parents that the professional expects that the children are not coping well. The parent might become withdrawn and feel that they have both - the child as well as the parent - been stigmatised already.

1. Introducing the „Let’s Talk About Children“ Method: Define the purpose and explain the structure of the method	<input type="checkbox"/> *

\* Please always tick when completed!

2. The other parent or a support person is invited to join.	<input type="checkbox"/>

3. Materials are handed to the parent	<input type="checkbox"/>

4. The first discussion is held on	<input type="checkbox"/>

You can begin the „Let’s Talk About Children“ Discussions right away, if the intended participants (single parent not wishing for others to join, or both of the parents) are present.

### NOTES

### EVALUATION

1. Starting to talk about the children went:

very well	well	ok	not too well	very badly
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2. Explaining the purpose and structure of the method went:

very well	well	ok	not too well	very badly
-----------	------	----	--------------	------------

3. The overall attitude of the participants was:

very positive	positive	neutral	negative	very negative
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4. The parent was/the parents:

were very motivated	were motivated	showed a little motivation	were hardly motivated at all	were not motivated at all
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## Explanatory comments

During a regular appointment, the parent is told why it would be important to talk about the children and what the topics are that will be discussed. Any questions the parent might have are answered.

*"We have been having these appointments for a while now, but we haven't really talked about the children...I was thinking that now/our next appointment would be the perfect opportunity to talk about your children...It might sound crazy, but it hasn't been noticed until lately that a lot of parents worry about their children when the other parent is suffering from mental health problems...Some parents are concerned about the things the children might have noticed, others worry whether the problems will be passed on to the children and many parents think about how the problems will affect the children...Does this sound familiar?...What I would suggest is that we talk about these and other relevant issues, and we could consider together about what to do that would be best for the children / if there are reasons for concern, and how these problems should be addressed. The parents can also support their children in various ways. How does this make you feel? My suggestion is that we make two appointments to discuss these issues. Of course we can meet more often if that is necessary, but let's start with the two sessions. During the first session, you could say something about your children. We'd focus on what your children are like, what they are interested in and how they are coping. We could talk about their joys and concerns, and if you have concerns relating to the children, we could talk about them too. The second session would be more focused on how your children feel about these problems and how you have handled this in your family. We could also talk about the things the parents can do to support their children. What do you think about this?" "*

If the parent shows no interest or seems reluctant, he or she might be afraid of child protection actions or that the children will be admitted to care.

*"I am not sure, but you seem a little hesitant? I do not know what you are thinking, but many parents have begun by thinking that they will lose the custody of their children, or that the children will be admitted to care. But our purpose here is to support the parents. Many parents have been worried about their children for a long time without receiving any support. And if there are some additional services that would benefit your family, we can think about that, too, and can try to arrange it."*

## 2. Discussion No 1



### I Welcoming the participants and introducing the method

1. Welcoming the participants and introducing the method	<input type="checkbox"/>

2. Explain the purpose of this first session	<input type="checkbox"/>

3. What is the structure of the family?	<input type="checkbox"/>

4. If you do not know the parents, the symptoms and mental problems of the affected parent, as well as the experiences of his/her spouse are briefly discussed	<input type="checkbox"/>

### II Charting the child's situation and development

1. Explain the method: mapping the strengths and vulnerabilities	<input type="checkbox"/>

2. Charting the child's situation and development, see the age-specific attachments <a href="#">4.1. PREGNANCY</a> <a href="#">4.2 INFANTS AND TODDLERS (from birth to 3 years)</a> <a href="#">4.3 PRESCHOOLERS (4-6 years)</a> <a href="#">4.4 SCHOOL CHILDREN UNTIL ADOLESCENCE (7-12 years)</a> <a href="#">4.5. ADOLESCENCE (13-18 years)</a>	<input type="checkbox"/>

### III Concluding the discussion, and making the next appointment

1. Ask how the parents' experienced the session	<input type="checkbox"/>

2. Give the topic of the next discussion, and repeat the time and date of the next session.	<input type="checkbox"/>

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### EVALUATION

1. Starting to talk about the children went:

very well	well	ok	not too well	very badly
-----------	------	----	--------------	------------

2. Explaining the purpose and structure of the method went:

very well	well	ok	not too well	very badly
-----------	------	----	--------------	------------

3. The overall attitude of the participants was:

very positive	positive	neutral	negative	very negative
---------------	----------	---------	----------	---------------

4. The parent was/the parents:

were very motivated	were motivated	showed a little motivation	were hardly motivated at all	were not motivated at all
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### **3. Discussion No 2**

It is difficult to list the topics of this discussion in any specific order, because they will be mixed, depending on the family and the situation with the children. The informative sections might turn into discussions about specific problems, and these will then be covered before being introduced by the Log. However, the more experienced you are, the more these topics can be allowed to mix.



#### **I Discuss the previous meeting briefly and tell about the purpose of this second discussion**

1. What were the feelings after the previous meeting?	<input type="checkbox"/>

2. The purpose of this second discussion	<input type="checkbox"/>

#### **II Mutual understanding and the basic rules**

1. Did you read any material you were given? Is there an issue you would like to begin with?	<input type="checkbox"/>

2. The most important thing is to talk about the problems: How do you feel about that? How can I help my children?	<input type="checkbox"/>

3. Information: Mutual understanding protects the child	<input type="checkbox"/>

4. Information: How children interpret the symptoms of their parent	<input type="checkbox"/>

5. Have the parents talked about the problems at home and, if so, what did the parents say?	<input type="checkbox"/>

6. Information: Basic rules and principles when talking with a child	<input type="checkbox"/>

#### **III Specific topics to be covered: for informative purposes, and to be considered**

1. The guilt children experience and how to relieve it	<input type="checkbox"/>

2. Parent's problems with impulse control	<input type="checkbox"/>

3. Informing the child of the parent's treatment	<input type="checkbox"/>
4. Children and their fears concerning the parent's well being and divorce	<input type="checkbox"/>
5. Daily routines: household chores and taking care of the children	<input type="checkbox"/>
6. The child's social network outside the home	<input type="checkbox"/>
7. Take one symptom/problem as an example How does the child see it? Discuss, together, how it could be explained to the child	<input type="checkbox"/>

#### **IV Supporting the children**

*"We have now discussed how parental mental health problems affect children in general and in your family in particular. In our last discussion, we talked about the children and defined the strengths and vulnerabilities of each child. We could go through the strengths and vulnerabilities of each child again, and then we could try to find ways in which the strengths can be enhanced and the vulnerabilities overcome. If we have already discussed something, there is no need to discuss it again. But if it is important, we can shortly review it."*

1. Strengths (determined separately for each child)	<input type="checkbox"/>
2. Vulnerabilities	<input type="checkbox"/>
3. Assess the need for Effective Family Network Meetings and/or additional services	<input type="checkbox"/>
4. Tell about the available care and preventative services	<input type="checkbox"/>
5. Preparing for „The Effective Family Network Meeting“ , if necessary Explain the purpose and structure Agree on topics and participants, the date and on who sends out the invitations:	<input type="checkbox"/>

## V Conclusion

1. Are there still some questions you would like to discuss?	<input type="checkbox"/>

2. What do you think of this discussion? How do you feel about this?	<input type="checkbox"/>

3. For the future: Encourage the parents to talk about the children during the course of later sessions; to share their joys and concerns alike	<input type="checkbox"/>

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## EVALUATION

1. The topic "Mutual understanding and the basic rules" went

very well	well	ok	not too well	very badly
-----------	------	----	--------------	------------

2. The topic "Specific topics to be covered" went:

very well	well	ok	not too well	very badly
-----------	------	----	--------------	------------

3. The topic "Supporting the children" went:

very well	well	ok	not too well	very badly
-----------	------	----	--------------	------------

4. Preparing for „The Effective Family Network Meeting“ went:

very well	well	ok	not too well	very badly
-----------	------	----	--------------	------------

5. The overall attitude of the participants was:

very positive	positive	neutral	negative	very negative
---------------	----------	---------	----------	---------------

6. The parent was/the parents:

were very motivated	were motivated	showed a little motivation	were hardly motivated at all	were not motivated at all
---------------------	----------------	----------------------------	------------------------------	---------------------------

#### **4. The Age-specific Charting of the Child's Situation**

If an issue is identified as a vulnerability, ask whether this has always been so, or has there been a change. If there has been a change, ask when the parents noticed the change, and what they consider to be the reason for it.

##### **4.1 PREGNANCY**

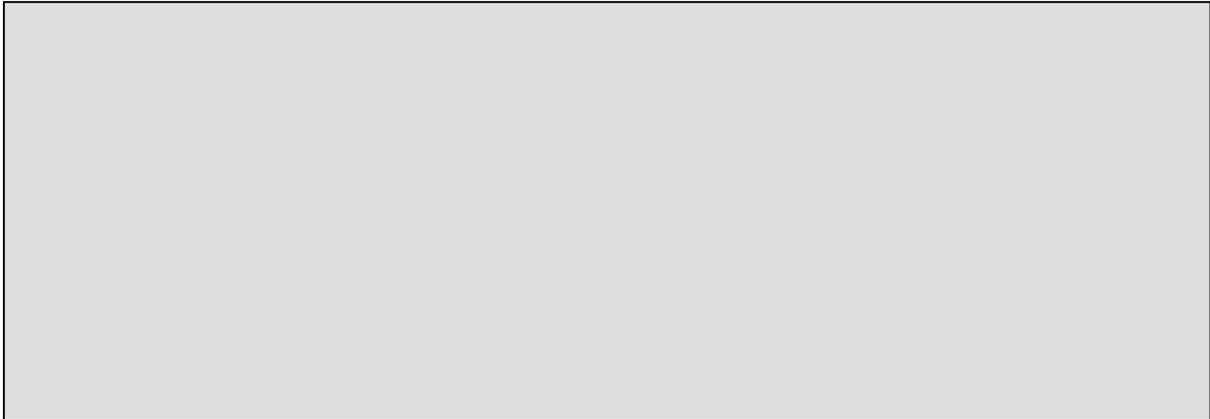
Pregnancy is the time of growth, development and preparing for parenthood: the baby grows and develops in order to be able to live outside the womb, the parents are preparing for the new family member and - if this is the first child - for becoming parents. The situation of the pregnant mother and the father create the basis for parenting in the future.

Strength = there are no problems.

Vulnerability = supportive structures are weak, there are concerns

1. As a mother, what do you think about your pregnancy?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
2. What kind of feelings do you as father have?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
3. As parents, are you facing some problems?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
4 As a mother, do you have complications?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
5. As a mother, what are your thoughts on becoming a parent?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
6. As a father, what are your thoughts on becoming a parent?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
7. As parents, how do you describe your relationship, is it mutually supportive?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your spouse have mental problems/problems with substance abuse?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
9. Supportive social network outside your family	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

## NOTES



## RECOMMENDATION

When a pregnant mother, or the mother or father of an infant enters care because of mental health problems, an Effective Family Network Meeting with the Maternity Clinic or Child Health Clinic, and other relevant support is recommended. In this way, the professionals will be aware of the situation and will be able to support the mother and the family. The Meeting will also offer an opportunity to consider the available supportive services together with the parents.

If vulnerabilities were identified, it is especially important to organise an Effective Family Network Meeting.

#### 4.2. INFANTS AND TODDLERS (from birth to 3 years)

The first challenge for the newborn is to form relationships with the people closest to him or her. Later on, it is important to learn how to control bodily and mental functions. Toddlers should be ready to test their own limits and will power. If there is a problem, the child is passive, phlegmatic and cheerless, or whimpering and unhappy. The child takes no pleasure in interacting with the parents, cries easily, and the sleeping and eating cycle is disturbed. The toddler may continuously be in a bad mood, cling to the parents and be unable to bear to lose sight of them.

If an issue is identified as a vulnerability, ask whether this has always been so, or has there been a change. If there has been a change, ask when the parents noticed the change and what they consider to be the reason for it.

##### A. Describing the child. What is your child like?

1. How does your child behave, and what is your child's general mood?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
2. As a parent, do you have concerns about your child?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
3. As a parent, have you sought and received help? Where?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

##### B. At home

1. Does your child enjoy the company of the parents?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child enjoy the company of his or her sisters and/or brothers?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
3. As a parent, how do you spend time with your child? What do you do? Is there something about your child that really makes you happy as a parent?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
4. Describe the meals.	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
5. How does your child sleep?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
6. As a parent, do you experience stress and conflicts with your child?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

7. As a parent , how do you cope with the stress and conflict situations? What do you do?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

C. In day care and in the company of other children

1. Does your child enjoy day care?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your child have a special relationship with one of the adults at day care?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

3. How does your child cope with the daily routines?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

4. Does your child have friends, does the child play with the other children?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

5. Co-operation between the parents and the day care personnel	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

D. Parenting and household chores

1. As parents, how do you cope with your children and take care of your household?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you receive support from your spouses?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

3. Does your spouse have mental health problems, or problems with substance abuse?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

4. As parents, what are your thoughts on being parents?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

NOTES



## RECOMMENDATION

When a mother or father of an infant enters care because of mental health problems, an Effective Family Network Meeting with the relevant health and social professionals (social worker, GP, paediatrician...) is recommended. In this way, the professionals will be aware of the situation and will be able to support the family and the development of the children. The Meeting will also offer an opportunity to consider the available supportive services together with the parents. If vulnerabilities were identified, it is especially important that an Effective Family Network Meeting be organised.

### 4.3 PRESCHOOLERS (4-6 years)

Preschoolers are at a creative developmental stage. They exaggerate in their speech, play and emotions; one moment they are fierce giants and in the next tiny little babies. Preschoolers are interested in everything they see, they ask questions and want to explore their surroundings. Parents are still important, but they will start to focus on friends outside the family.

When the preschoolers have problems they become uninterested in play, can't think of anything to do, and whine and cling to the parent. The child can be depressed and weepy. There may be eating and sleeping problems, and possibly problems with using the toilet and getting dressed. Being separated from the parents causes anxiety. The child may be angry and moody, and has a tendency to hurt the smaller children deliberately. However, be aware that all children are sometimes sad and in a bad mood. There is reason for concern only when a behavioural or emotional problem starts to control the child's life.

A parent with mental health problems may find it especially difficult to cope with a defiant child, or if the child clings to the parent. It may be a relief to the parent if the child withdraws from him or her. Thus, the parent will not perceive it as a problem. The professional must ask if the child has been withdrawing from the parents.

If an issue is identified as a vulnerability, ask whether this has always been so or if there has been a change. If there has been a change, ask when the parents noticed the change and what they consider to be the reason for it.

#### A. Describing your child. What is he/she like?

1. How does your child behave, and what is your child's general mood?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

2. As parents, do you have concerns about the child?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

3. As parents have you sought and received help?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

#### B. At home

1. Does your child enjoy the company of you as parents?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your child enjoy the company of his or her sisters and/or brothers?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

3. How do you spend your time with your child? What do you do?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

4. Does your child enjoy playing?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

5. How does your child eat, sleep, get dressed, use the toilet?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

6. Are there a lot of conflict situations?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

7. As parents, how do you handle such situations? How do you behave in conflict situations?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

C. In day care and in the company of other children

1. Does your child enjoy day care?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your child have a special relationship with one of the adults at day care?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

3. How does your child cope with the daily routines?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

4. Does your child have friends, does he or she play with the other children?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

5. Co-operation between the parents and the day care personnel	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

D. Parenting and household chores

1. As parents, how do you cope with the children and taking care of the household?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

2. As parents do you receive support from your spouses?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

3. Does your spouse have mental health problems, or problems with substance	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

abuse?		
	<input type="checkbox"/>	<input type="checkbox"/>

4. What are your thoughts on being parents?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

RECOMMENDATION

If vulnerabilities were identified, an Effective Family Network Meeting with the Social worker, family counselling center, kindergarten, Psychiatrist, Child hospital etc. is recommended. In this way, the professionals will be aware of the situation and will be able to support the parents and the development of the child. If necessary, an expert in child psychiatry, or a representative from the Family Counselling Centre is invited to estimate the child's need for psychiatric assessment and additional support.

#### 4.4 SCHOOL CHILDREN UNTIL ADOLESCENCE (7-12 years)

School is a wholly new challenge and starting school will bring the child into regular contact with adults and perhaps hundreds of new children. A normally developed child will be enthusiastic, curious and willing to enter into new social situations – especially with support from an adult. The child enjoys school although it can sometimes be boring. There will be conflict situations but they can be solved. The child makes more friends as friendships become more and more important. The child’s territory expands. The child will find hobbies.

A depressed child is moody, cross, cries easily, lacks motivation, doesn’t take care of his/her homework, is irritable, has fears and difficulties sleeping, attends school reluctantly, withdraws from the others, is lonely, and talks about death.

Behavioural problems: defiant, cross, demanding, bullies the other children, seems to seek conflicts intentionally, is indifferent to danger. Other behaviour characteristics include obsessive-compulsive symptoms, rituals, problems during meals etc.

A parent with mental health problems may find it especially difficult to cope with a defiant and angry child, or if the child clings to the parent. It may be a relief to the parent if the child withdraws from him or her. Thus, the parent will not perceive it as a problem. The professional must ask whether the child withdraws and isolates him/herself from others. Diminished impulse control is part of many mental health disorders, and the professional must ask how roughly the parents handle the children.

If an issue is identified as a vulnerability, ask whether this has always been so or has there been a change. If there has been a change, ask when the parents noticed the change, and what they consider to be the reason for it.

##### A. Describing your child. What is your child like?

1. How does your child behave, and what is the child’s general mood?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
2. As parents, do you have concerns about your child?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
3. As parents, have you sought and received help?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

##### B. At home

1. Relationship with you as parents	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
2. Relationship with sisters and brothers?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
3. How does your child cope with daily routines: sleeping, eating, getting dressed, using the toilet?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

4. As parents, have you noticed any specific features or characteristics in the child's behaviour or emotions, e.g.	STR.	VUL
depression, suicidal acts/talk/thoughts	<input type="checkbox"/>	<input type="checkbox"/>
anxiety, phobias, obsessive-compulsive symptoms	<input type="checkbox"/>	<input type="checkbox"/>
inability to concentrate, restlessness	<input type="checkbox"/>	<input type="checkbox"/>
withdrawn, shy, fears being bullied	<input type="checkbox"/>	<input type="checkbox"/>
defiance, bullying others, behavioural problems?	<input type="checkbox"/>	<input type="checkbox"/>

5. Are there a lot of conflict situations?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

6. As parents, how do you handle such situations? -What do you do?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

C. At school

1. Does your child enjoy school?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

2. How is your child doing at school? What about homework?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

3. How does your child get along with his or her school mates?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

4. Is the child often absent or late for classes?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

5. Co-operation between the parents and the school	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

D. Spending spare time on weekday evenings and during the weekends

1. As a parent, how do you spend time with the child? What do you do? Is there something about the child that really makes the parent happy?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your child have any hobbies?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

3. How does your child get along with other children? What do the children do together?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

4. Screen: TV, computer games, the Internet	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

E. Parenting and household chores

1. As parents, how do you cope with the children and take care of the household?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you receive support from their spouses?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

3. Does your spouse have mental health problems, or problems with substance abuse?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

4. What are your thoughts on being parents?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

RECOMMENDATION

It is recommended that the parents tell the teacher or other professionals, or the student welfare personnel about the situation at home. This will make it possible for the school to take the child's situation into account, treat the child with understanding and provide adequate support, if necessary. An Effective Family Network Meeting can be organised with the school. This is especially important, if the child is having social problems, or problems with learning, or when the child is often late or absent from classes and attends school reluctantly.

#### 4.5. ADOLESCENCE (13-18 years)

Adolescence is the phase when the parents and children renegotiate their relationship. The parent's role is to provide the basis for „take-off.. The importance of friends and activities outside the home are pronounced and, eventually, dating will also enter the picture. Life outside the home is important but may also involve some dangers. When the parent has mental health problems, this may prevent the young person from leaving the house or might lead to the adolescent staying out as much as possible. When the child stays out late, there is a danger of undesired company and activities (a negative attitude towards education, substance abuse, smoking, anti-social behaviour).

A depressed adolescent is sad and may cry secretly, lacks motivation, does not take care of homework, is irritable, has fears and difficulties sleeping, attends school reluctantly, withdraws, stays at home, is lonely, and talks about death.

Behavioural problems may include being in a bad mood, being rude and demanding, bullying other children, seeming to seek conflicts intentionally, being indifferent to danger. Does not obey curfews, stays out late, stays up late, disturbed diurnal rhythm. Is late and/or absent from school. Substance abuse, smoking. Other behavioural characteristics include obsessive-compulsive symptoms, rituals, eating disorders, severe isolation, strange talk, etc.

If the relationship with an adolescent is very difficult for a parent with mental health problems, it might be a relief if the child is seldom at home, and the parent may not be able to identify this as a problem. You must ask about these issues.

If an issue is identified as a vulnerability, ask whether this has always been so or has there been a change. If there has been a change, ask when the parents noticed the change, and what they consider to be the reason for it.

##### A. Describing the young person. What is the adolescent like?

1. How does your child behave, and what is your child's general mood?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
2. As parents, do you have concerns about the child?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
3. As parents, do you have sought and received help?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

##### B. At home

1. Relationship with the parents	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
2. Relationship with sisters and brothers?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
3. How does the adolescent cope with daily routines, such as sleeping and eating?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>
4. As parents, have you noticed any specific features or characteristics in the	STR.	VUL

adolescent's behaviour or emotions, e.g.		
depression, suicidal acts/talk/thoughts	<input type="checkbox"/>	<input type="checkbox"/>
anxiety, phobias, obsessive-compulsive symptoms	<input type="checkbox"/>	<input type="checkbox"/>
inability to concentrate, restlessness	<input type="checkbox"/>	<input type="checkbox"/>
withdrawn, shy, fears being bullied	<input type="checkbox"/>	<input type="checkbox"/>
eating problems, vomiting	<input type="checkbox"/>	<input type="checkbox"/>
indifference, defiance, substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
isolation, withdraws from the company of others, odd thoughts/talk	<input type="checkbox"/>	<input type="checkbox"/>

5. Are there a lot of conflict situations?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

6. How do you handle such situations? What do they do?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

C. At school

1. Does your adolescent enjoy school?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

2. How is he or she doing at school? What about homework?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

3. How does the adolescent get along with his/her schoolmates?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

4. Is the adolescent often late for school or absent from classes?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

5. Co-operation between the parents and the school	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

D. Spending spare time on weekday evenings and during the weekends

1. Does the family share hobbies or activities?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

2. Does the adolescent have any hobbies?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

3. Screen: TV, computer games, the Internet	STR.	VUL
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	<input type="checkbox"/>	<input type="checkbox"/>
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4. How does the adolescent get along with other children his or her age? What do they do together?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

5. Does the adolescent have plans for the future?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

E. Parenting and household chores

1 As parents, how do you cope with the children and take care of the household?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

2. As parents, do you receive support from your spouses?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

3. Does your spouse have mental health problems, or problems with substance abuse?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

4. What are your thoughts on being parents?	STR.	VUL
	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

RECOMMENDATION

It is recommended that the parents tell the teacher or other professional and/or the student welfare personnel about the situation at home. This will make it possible for the school to take the child's situation into account, treat the child with understanding and provide adequate support, if necessary. An Effective Family Network Meeting can be organised with the school. This is especially important if the adolescent is having social problems, or problems with learning, or when the child is often late for school, absent from classes or attends school reluctantly. When an adolescent has behavioural or mental health problems, these should be taken seriously, and an Effective Family Network Meeting with the unit providing mental health care services for the young should be urgently organised.