THE LIFESAVER FRAMEWORK – A METAPHOR FOR ENHANCING ASSESSMENT FOR PARENTS WHO PRESENT TO MENTAL HEALTH SERVICES AND WHO HAVE CHILDREN

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Abstract

This paper proposes a simple assessment framework that Mental Health Nurses (MHNs) can use to identify infants and children at risk when a parent or caregiver diagnosed with a mental illness presents to a mental health facility. The *Lifesaver Framework* is intended to complement existing assessment processes by using three Australian lifesaving flag metaphors as a means of including the child's overall health and emotional wellbeing within current assessment practices. Not to be confused or mistaken with the NSW Health - Between the Flags - Keeping Patients safe strategy, this publication is a version of an award winning presentation as part of the 2011 Australian College of Mental Health Nurses' 37th International Mental Health Nursing Conference - "Swimming between the Flags."

Between the flags recognises the parent/child relationship is within general growth and developmental milestones and that the parent/child relationship is consistent with and responsive to the emotional needs of the child. *Adjusting the flags* indicates that vulnerabilities exist within the parent/child relationship, and that the child's development is potentially compromised, highlighting the need for an early intervention referral. *A red flag* indicates that there is imminent risk of harm to the child and that an immediate action is required in order to provide a safe environment for the child. Family configurations are ever changing and in Mental Health Nursing this is no different. In this paper the terms parent and child are given to include other variations, such as caregiver and infant.

Key words: developmental, infant/child - parent relationship, mental illness, therapeutic relationship.

Introduction and Background

The *Lifesaver Framework* addresses the importance of all MHNs being able to recognise signs of developmental compromise in children living with parental mental illness. This process includes focussing on the relationship between the parents and children, as well as therapeutically between parents and clinician when they access mental health services for care co-ordination.

The importance of having an enhanced assessment framework to focus on parental mental illness is reflected in demographic reports. Such evidence indicates that up to 23% of children live with at least one parent with a diagnosed mental illness (Maybery, Reupert et al., 2009). This exposure to mental illness within the family has been argued to increase the child's risk of developing psychological, learning and behavioural problems, as well as an increased vulnerability to developing a mental illness later in life (AICAFMHA, 2003). Children accompanying parents to mental health facilities thus present a unique assessment opportunity for MHNs. This contact is essential as it allows the MHN to gather information, observe interactions and identify services that may, or may not be involved with ongoing care (AICAFMHA, 2003).

The Lifesaver Framework

When using the *Lifesaver Framework*, MHNs can identify if specific vulnerabilities (e.g. exposure to stress and trauma), as a consequence of mental illness, are potentially impacting on the parent-child relationship (Davis, Day & Bidmead, 2002). The metaphor of MHNs being "lifesavers" and using the "flags" highlights the importance of identifying issues that impact on the child's wellbeing. Identified within the Lifesaver Framework as flagged developmental stages, the MHN can make clinical decisions about the overall health and wellbeing of the child and just as importantly, the stability of the parent/child relationship. After an initial assessment interview the MHN is able to decide whether the parent/child relationship is *between the flags, flags need adjusting*, or if a *red flag* is indicated.

Between the flags suggests that the MHN has considered all available information and regards the relationship between the parent and child to be optimal. Child development is also deemed to be age appropriate and within milestone limitations. *Adjusting the flags* indicates that parent/child relationship conditions are compromised, perhaps due to the severity of the parent's psychiatric symptoms upon presentation. A referral to an early intervention service that can provide parenting support, for example, or where further assessment may be warranted is indicated by a need to adjust the flags. A *red flag* indicates that conditions within the family are dangerous and an immediate intervention is required. An example of this is when the parent is suspected of neglect or harm of the child, or where their own physical safety is at risk.

Between the Flags – Key Indicators within the Lifesaver Framework

Asking about children in the care of the parent is the first step in acknowledging the parental role of the adult consumer and the potential impact that mental illness can have on the parent/child relationship (Newman, 2008). In a *between the flags* situation the clinician will observe the caregiving nature of the parent to be safe enough to promote normal milestone developmental opportunities. This includes emotional, physical and neural functioning which is optimum in the developmental environment. If the child is in the company of their parent during the assessment the clinician can observe if the child is seeking proximity to the adult and in turn if the parent is reciprocating the child's approach (Fonagy, Luyten & Strathearn, 2011; Marvin, Cooper, Hoffman & Powell, 2002). A child who withdraws and does not appear comfortable in their parent's company may in fact be expressing anxiety which would cause the flags to be raised. During the

assessment the nurse should also consider the overall age-appropriate physical growth and developmental parameters for the infant/child. This assessment along with the parent's opinion of the impact of their illness on the child and their impression of what extra support might be needed to ensure a normal childhood development is also important. Another inclusion during the assessment process is gathering and recording information about the child's behaviour and the specific external responses that are observed by the MHN during the assessment interview. Information gathered can include how emotions and attachment needs of the child are responded to by the parent, or how the parent attempts to regulate the child's emotional state during periods of distress or uncertainty (Mares, Newman et al., 2005; Glossop & Stein, 2008).

To understand specific childhood behaviours MHNs need to have a working knowledge of neural activity. This includes neural responses activating certain parts of the brain to perform tasks such as freezing, fleeing or confronting the situation (Perry, 2001b; Perry & Hambrick, 2008). If such involuntary responses to a perceived threat are repetitive and stress and trauma is part of the child's everyday experience, this can negatively impact on their overall immediate and longer term development (Perry & Marcellus, 1996-2011) and may be an indicator that flags need adjusting, or that red flag pathways are necessary.

Adjusting the Flags – Key Indicators within the Lifesaver Framework

Adjusting the flags indicates that a problem exists within the current parent/child relationship and that the Mental Health Nurse recognises problematic signs and is able to explore and facilitate targeted interventions for the parent (Mares, Newman et al., 2005). An example of adjusting the flags includes responding to adults who have a suspected history of trauma and who are actively involved in parenting their children (Newman, 2008). The added stressor for the parent of having a mental illness potentially places further strain on their ability to provide a secure base (emotionally, physically) for the child (Marvin, Cooper et al., 2002; McIntosh, 2008).

Such compromised conditions provide an opportunity for the MHN to engage with the consumer parent. Such opportunities include providing a trusting, helping alliance for the parent within a therapeutic model of care, extending their capacity to include the child in the alliance (Keen & Lakeman, 2009). Such capacity includes the MHN modelling to the parent consumer emotionally respectful behaviours that encompass consistency, sensitivity and nurturing (Bateman & Fonagy, 2003; Perry, 2005).

Other examples of the need to adjust the flags include educating the parent about negative behaviours being modeled to the child. These include yelling, swearing, and not setting consistent limits for their child. Some parents may also have unrealistic expectations of their child and education about age appropriate behaviours and cognitive development could be warranted. Unreasonable expectations could further include inappropriate communication styles such as referring to an infant, or child in derogatory adult discourse and the parent perceiving the infant's need for proximity as demanding of attention (Perry, 1996-2009; Perry & Pollard, 1996-2011).

Red Flags – Key Indicators within the Lifesaver Framework

The third and most important indicator of risk is when the MHN identifies that there is a need to raise the *red flag*. The *red flag* is indicative of conditions that are dangerous for the child and an immediate intervention is required.

Identifying *red flag* situations is also important during the in vitro period with evidence indicating that in the event of pregnancy, prolonged, elevated stress levels can also have detrimental effects on the developing foetus and the potential infant (Alder, Fink, Bitzer & Hotzgreve, 2007).

Elevated stress levels also contribute to hormonal changes such as cortisol being raised during pregnancy and infancy. Raised cortisol levels have been implicated to increase risk of developmental delay and behavioural problems across the lifespan (Field, 2011; O'Donnell, O'Connor & Glover, 2009). This information further highlights to the MHN their valuable role in identifying and recognising critical, sensitive periods where the child is entirely vulnerable and dependent on the parent for care and protection (Cozolino & Mirza, 2009; Field, 2011).

When such conditions present themselves to the MHN a decision regarding child protection options may be considered. This includes contacting the local child wellbeing unit for advice and information regarding the family, or community services to report risk of serious harm to the child (Ministry of Health, 2009). Such referrals are indicated by caregiver neglect or abuse, nutritional compromise, or ideation regarding harm to self or others. Initiating mandatory protection referrals highlights the increased scope of practice using knowledge related to overall childhood development and environmental safety.

For example, a *red flag* incident could be a clinician that suspects a child has witnessed a violent incident between parents. The child may be displaying anxious behaviour by screaming that 'mummy and daddy are fighting' (Trout, 2002). It is obvious from the heightened emotion elicited that the child is under significant stress and the immediate home environment is unsafe. Additionally, a threat to personal safety in the home increases the potential negative risks for the overall health and wellbeing of the child and other siblings (Trout, 2002; Holt, Buckley et al., 2008).

A number of situations can raise *red flags* and the foregoing examples are not exhaustive. However when such developmental issues arise there is a need to report and refer.

The Lifesaver (MHNs) and the Family

As the Mental Health Nurse is essentially the first point of contact for many consumers that present to a mental health facility, it is important that a therapeutic relationship is established quickly to identify parent-child relationship vulnerabilities. Lifesavers (nurses) in adult mental health settings play a valuable role in identifying and helping vulnerable families. This includes being available to validate the challenges that being a parent and living with a mental illness can bring (Newman, 2008; Priest & Barnett, 2008).

Another challenge is to enable and support a process where the child can speak up about any problems facilitating the development of a positive relationship between the parent and child. This voice is often age dependent and can potentially support the parent/caregiver in identifying how their child may be responding or coping with their immediate situation (Fonagy & Target, 2005; McIntosh, 2008). Within a supportive environment parents are provided with an opportunity to reflect on their own childhood experiences and how their own intergenerational patterns may contribute to current parenting and caregiving roles.

Supporting experiential patterns of care not only provides the scaffolding for positive parental attachment and ongoing relationships but also how consumers view and engage with mental health services (McMahon, Barnett et al., 2006; Swain, Lorberbaum et al., 2007). Being able to promote consumers' reflections on their own development and how this may impact on bringing up their own child is an important focus for the MHN when working with children and parents and the mental illness sequelae.

To reiterate, when building therapeutic alliances, clinicians also need to be mindful about their own personal and professional experiences. Certain therapeutic situations may affect the way that MHNs interact throughout some clinical presentations (Rafferty, 2000). Some client groups may provoke vicarious (Todd, 2007) occupational stress and burnout (over-extension, exhaustion, cynicism and reduced effectiveness) (Perseius, Kaver et al., 2007). These will potentially contributing to the way nurses approach and effectively work with certain families (Williamson & Dodds, 1999; Cooper, 2008).

If MHNs are able to assess and explore circumstances with the consumer they may find that neglect is not intentional but a consequence of parental ignorance around their child's growth and developmental needs (Perry, 1996-2011). This scenario further highlights the extensive but important role that front line Mental Health Nurses have when working with families living with mental illness.

Conclusion

The Lifesaver Framework provides Mental Health Nurses with an enhanced assessment tool and useful reflective process that can be used when working with parental mental illness. This includes recognising whether the parent/child relationship is *between the flags, flags need adjusting*, or a *red flag* is metaphorically raised. This lifesaving metaphor provides a quick reference point upon which to base clinical decisions, including the need to refer on, or report to mandatory child protection services. Like lifesavers on the beach, Mental Health Nurses are available within the clinical mental health setting to identify and advocate for children of consumers with a mental illness. MHNs have a professional obligation to meet this challenge and promote optimism with consumers, particularly during the challenging time of parenting.

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