



Let's Talk About Children

A Guide for Professionals

This guide has been prepared by Emerging Minds for the Children of Parents with a Mental Illness (COPMI) national initiative. Further resources and information about COPMI can be found at www.copmi.net.au

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The 'Let's Talk About Children' Method

'The Let's Talk About Children Method is a compilation of thematic discussions about children, carried out between the worker and the parent(s).'

Solantaus, 2006 Manual and Log

Introduction

'Let's Talk About Children' (Let's Talk) aims to make talking about children and parenting issues a natural part of the alliance between parents and practitioners. It has been developed for work with parents with dependent children who are experiencing a mental illness or mental health issue.

The model uses conversations with the parent to help both the parent and worker to explore the needs of the child, how the parent's mental health may be affecting their parenting and their child, and the assistance they may need. It uses supportive resources to equip parents to have conversations with their child and family about their mental health issues.

The Method

The Lets Talk Method consists of a Preliminary Discussion and subsequent conversations between the parent and their worker. If necessary, a Network Meeting with other invited individuals then follows.

Preliminary Discussion

As part of a regular appointment, the practitioner suggests participating in Let's Talk, explains the method and explores any ambivalence the parent may have about participating. The option of inviting the other parent or another carer of the child to participate is discussed.

Discussion One

Using the age-appropriate Developmental Log to guide and record the discussion, the parent identifies the strengths and vulnerabilities of each child, and raise concerns they may have. Additional scheduled time may be required depending on the number of children, as each child is discussed separately.

Discussion Two

The parent and practitioner spend time reflecting back on discussion one and move onto exploring specific topics relevant to families where a parent experiences mental health issues. Together, the parent and practitioner consider how the parent can best promote their child's development, build on strengths and address any areas of vulnerability. Guide books ['How can I help my child?'](#) and ['When your parent has a mental illness'](#) along with other resources for children, young people and parents found on the COPMI website are used for reference.

Optional Parent Support Network Meeting

Together, the parent and practitioner identify and invite other workers, family or support people to a meeting. The workers are either currently involved with the family, or might be able to offer other supports to develop a consistent plan. The parent takes a central role in the planning of this meeting.

Benefits

- Addressing parenting stress, resulting in improved mental health outcomes for parents.
- Supporting healthy parent-child relationships, promoting protective factors for the child's wellbeing.
- Broadening the practitioner's understanding of the issues facing the parent and improving the client/practitioner alliance.
- Easily integrated into ongoing work and the recovery approach.
- Helps parents to develop their own strategies to build on identified strengths and to address vulnerabilities regarding their child and family.

Key Principles

- Acknowledges that parents may have fears about discussing their parenting and child's issues and finds ways to reassure them.
- Gives parents a rationale as to why Let's Talk would be beneficial.
- Reinstates parents as the experts on their child.
- Assumes the parent is the best person to talk with the child about their mental illness.
- Recognises that all parents need support.
- Considers the needs of all family members, including children.
- Builds trust to facilitate conversations about parenting and children.
- Employs a strengths/vulnerabilities focus.
- Employs a non-judgemental approach with enquiring questions.
- Utilises a trauma-informed approach.

Stance

Let's Talk practitioners adopt a 'stance' or position that underpins a strengths-based collaborative approach to talking about children and parenting. The essential elements of the stance are:

A Proactive Approach to Addressing Hesitancy and Stigma

The Let's Talk method aims to counter the stigma that often surrounds talking about children and parenting in the context of a parent's mental illness. For this reason, it is important that practitioners anticipate a parent's hesitancy to be involved and persist with the goal of offering Let's Talk. Some of the hesitancies that you can anticipate and respond to will be explored later in this module.

Child and Parenting Focus

A practitioner with a child and parenting focus recognises the interconnection between parental mental health and child mental health and development. In practice, this means that a practitioner will explore and support parenting and child needs as a routine and important part of the treatment and recovery process. Within Let's Talk, this stance encourages discussions primarily about parenting, the parent-child relationship and opportunities to strengthen child development, within the structure of the Developmental Log.

Parent Role Orientation

In contrast to working with an individual-orientation that is focussed on the symptoms and management of an individual's mental illness, practitioners step back and view their clients in terms of their experience and expertise as parents

Health Promotion

This stance presents an opportunity to prevent the emergence of difficulties and to promote child development and wellbeing. This involves continually asking: 'How can I support parents to influence environments that support children to thrive?'

Understanding

This position centres on the importance of understanding the unique experiences of both parents and their children. It involves taking on the role of a listener and being genuinely curious and sensitively asking parents to help with understanding their experiences of parenting and their perceptions of child strengths and vulnerabilities.

Reflective Practice

It is important that practitioners are encouraged to reflect on their skills, knowledge and the emotional content of their work. Reflection and supervision can support professional development as well as supporting practitioners to understand and manage the attitudes and emotional responses that they may encounter when talking about parenting, children and families.

Practitioner Preparation and Meeting Guides

The following pages provide practitioners with practical preparation materials (including several Meeting Guides on pages 10 to 14) for Let's Talk meetings.

The materials assist with preparation prior and subsequent to the Preliminary Discussion, Discussion One and Discussion Two. They summarise the key features of each discussion as outlined in the eLearning course modules and act as a quick reference to ensure you cover key points with the parent.

Included in the Appendix are the Parent Feedback Form and Meeting Record Sheet. The purpose of these are to capture what has been observed and how the meeting was experienced by both the worker and the participant. Evidence shows that immediate feedback assists the therapeutic alliance. These are optional features that practitioners are encouraged to consider using at the end of each discussion.

Each meeting guide is formatted to enable practitioners to print off the section they need for each step of the method. Although the online version appears in colour the guide and appendices are designed to enhance black and white print quality.

Preparing for the Preliminary Discussion

It is beneficial to ensure that talking about children becomes a routine part of discussion during any appointment with a parent. This approach reinforces that the parenting role is an important part of any parent's life.

If a parent is hesitant, it's important to address any questions or concerns they may have. It can be helpful to view the example script demonstrating how you might cover the Preliminary Discussion with them. Importantly, it should include a clear rationale regarding why Let's Talk is beneficial to both the parent and their child. 'A Letter from a Parent to Other Parents' may also help this process (see Appendix A on page 18).

When considering the example script, it will be necessary to tailor the content to the situation of the parent you see. For instance, for parents with infants or those who are generally anxious about sharing their information, the emphasis on 'talking with children about mental illness' may need to be initially modified. Over time you will develop your own script and words to fit into your work setting and the clients you see. Key aspects to cover in the Preliminary Discussion are bolded for quick reference.

Example Script

'Many parents who experience mental health issues have questions or concerns about their children. They often worry about things they have noticed or they may have questions about how to best support them. They may also worry about how their illness impacts on their parenting role. **Sometimes things go along quite smoothly, but at other times things can be much more challenging - and these things can be hard to discuss in families.**

Here at... we can **offer parents a program called 'Let's Talk'** which provides time to do just this. **Many parents have found it a very worth while process** as well as **workers who find that it deepens their understanding** of what is most important to their clients who are parents. So I wondered if you would like to spend time talking about your child and have the opportunity to discuss things that you think are going well or concerns that you may have? I can also provide you with **some information that other families in this situation have found helpful.**

My suggestion is that **we make two appointments to discuss things.** Of course we can meet more often if that is necessary, but let's start with the two meetings.

The first meeting is called **Discussion One** and it uses a document called a **'Developmental Log'** that helps us to really **focus on your child and their overall development** and guides our discussion. Together we talk about **your child, what they're like, what they're interested in and how they're coping.** We will talk about their **strengths** – that is, the ordinary everyday things (such as regular routines and the time you spend with your child) that are powerful factors that contribute to resilience. We could also discuss their **vulnerabilities** – that is, the things that you feel would benefit from more attention or support. **We both take copies** of the Developmental Log and you then have time to process what has been discussed and perhaps talk about it with your family before we next meet.

The second meeting is called **Discussion Two.** In this meeting we spend time together **to reflect on Discussion One** and look at **ways your child's strengths can be sustained and increased.** We can also talk about other **challenges you might be experiencing.** We can talk about whether you think **other supports would be helpful for your family.**

We have also found that many parents have been wondering for a long time about how they should discuss their health concerns with their children. Some parents that I have spoken with feel that it's better not to talk about mental illness with their child, however it's natural for children from a very young age to try and make sense of what they notice, what they see and hear. One of the things we can do together is talk about **what you think your child understands about your mental illness and how you might approach having a conversation about this with them** and your family. What do you think about this?

As we are thinking about what is helpful for your family, **some parents have found it beneficial if their husband/wife/partner also participates**. Would you consider that as an option? My aim here is to work together to support you, your child and your family. I will **check regularly as we go along to see how you are feeling**.

Notes

Addressing Parental Hesitancy

The following are common themes of hesitancy, ambivalence and reluctance that you may encounter when offering the Let's Talk method to parents. The responses below can be adapted for your own conversations with parents.

'I'm worried that if I talk about myself as a parent you will judge me and find me lacking in some areas'.

'I talk a lot with others who have mental illness – and this is a common theme. Maybe it's the first time you've had these conversations in some detail...it can be very new to people and you may be worried, however we're here to work together. The purpose of Let's Talk is about getting a good outcome for your children. Perhaps I can check with you as we go along and we can chat about how you're feeling'. Also ask: 'What would be a helpful conversation for you?'

'I'm reluctant to discuss my worries and concerns about my kids as you may think there are so many issues that it would be better if they were taken away from me'.

'This is a concern that many parents have, but it's not what we're here to discuss and not the intention of Let's Talk. It's about supporting you in your parenting role and supporting your children. Please be up front if you're concerned and we can talk about things. We're working together here and if there are any big concerns from my perspective be rest assured I'll try talking to you about them first.'

'I'm worried that the discussion will not go well for me – that's been my past experience when I have tried to talk about my kids with health professionals'.

'I want to be honest here. It hasn't been common practice for many services to raise the topic of your children in the past. Services have been behind in this way and previously workers haven't had a lot of practice in this, however we're here to make this a much more positive experience. If we work together, I believe it can be. Please remember during this process to keep me on track. If I'm not on top of what's best for you and your family, please be up front and let me know. Let's check with each other as we progress'.

Also ask:

- 'What do I need to understand in order to prevent repeating past mistakes that others may have made?'
- 'What can we do together to make sure it's different this time?'

'I'm worried that if I raise this issue it will make it worse for my child and it's best that they don't know'.

'This is a worry that's often raised. Children need to make sense of what they think, feel and observe as without an explanation they will make sense of things themselves and create their own meaning. I wonder what your children understand about your illness. It's good to give children the opportunity to make sense of things in a way that enables them not to worry or feel responsible'.

'If I start this conversation, I won't know where to go with it. It will open up too many wounds'.

'I acknowledge that having a conversation like this can be challenging. It can make people fearful and worried. If you feel this way, it's okay to stop the conversation or ask for 'time out'. It would be great if you could be honest with me if things do become uncomfortable. It's okay to go slowly and gently, and try not to do too much, too quickly. Also, let's check in on things as we go and check on if we're travelling at the right pace'.

Also ask: Questions around how things have gone in the past and how you could approach it differently.

Meeting Guide

The Preliminary Discussion: Introducing the Method

Date:

.....

Name of parent:

.....

Name of child(ren):

.....

Present: Parent/client Child(ren) Partner/other parent Other

The first stage of the Let's Talk method involves the Preliminary Discussion, where the practitioner introduces the method and explores any ambivalence the parent may have about being involved. It also involves the identification of other individuals the parent may consider inviting to participate in Let's Talk and an agreement on where and when the first meeting should be held.

- Introduce Let's Talk to the parent(s) and describe the purpose of the method
- Explore any reluctance and address issues the parent(s) raise about being involved (including past experiences)
- Identify who else the parent would like involved. Explore issues relating to their involvement
- Provide parent(s) with introductory information sheets about the Let's Talk method
- Decide when and where to meet for the first discussion

Date agreed:

.....

**You can start the Let's Talk discussions right away if the intended participants (e.g. parents not wishing for others to join or both parents) are present.*

Notes

Meeting Guide

Discussion One: The Developmental Log

Date:

.....

Name of parent:

.....

Name of child(ren):

.....

Present: Parent/client Child(ren) Partner/other parent Other

Discussion One involves welcoming the participant(s) and introducing the Developmental Log. The focus of this meeting is a discussion about the child, with the parent as the expert on their children. This may be a different conversation to what has previously occurred for them. As a practitioner it is important to keep the discussion on track. You will work together with the parent(s) to record their child's situation and development using the age-appropriate Developmental Log.

If you are not the parent's primary practitioner and do not have a good understanding of the parent's mental illness, you may need to spend some time preparing and familiarising yourself with the parent's situation, including their mental health issues in direct consultation with their primary practitioner. This will assist both your preparation and the goal of keeping the conversation focused on children instead of mental illness and treatment.

- Welcome the participant(s) and introduce the Let's Talk method
- Explain the purpose of the first meeting and the need to focus on each child separately
- Provide a copy of the Developmental Log appropriate to each child for discussion
- Explain the Developmental Log and the strength and vulnerability concept

As you progress through the log questions, you should agree together with the parent about whether they consider an item to be either a 'strength' or 'vulnerability'. The definition and meaning behind these terms should be clarified at the beginning of the discussion.

Strength *An area of the child's life that is progressing well, including everyday routines, time spent together and community activities which your child participates in.*

Vulnerability *An area of the child's life that may be of concern or could benefit from further attention and support.*

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

- Discuss the importance of keeping the discussion on track
- Determine the family structure and record the details (a genogram may be useful)
- Record the discussion about each child's situation on a separate Developmental Log
- Provide a copy of the completed Developmental Log for the parent to take away (may need to be sent if copier not available)
- Check with the parent how the discussion went and offer a Parent Feedback Form
- Complete the Meeting Record Sheet

Developmental Log Appendices

- Appendix A** A Letter from a Parent to Other Parents (see page 18)
- Appendix B** Pregnancy (see page 20)
- Appendix C** Infants and Toddlers - birth to 2 years (see page 24)
- Appendix D** Pre-schoolers - 3 to 4 years (see page 28)
- Appendix E** School Age Children - 5 to 12 years (see page 32)
- Appendix F** Adolescents (13 to 18 years attending school) (see page 37)
- Appendix G** Parent Feedback Form (see page 43)
- Appendix H** Meeting Record Sheet (see page 45)

Notes

Meeting Guide

Discussion Two: Planning for the Future

Date:

Name of parent:

Name of child(ren):

Present: Parent/client Child(ren) Partner/other parent Other

Discussion Two occurs after completing the developmental log for the child (or where there are a number of children all logs have been completed) It is recommended that prior to Discussion Two the practitioner reflect on, review and summarise for themselves the discussions about each child including common themes in the case of multiple children.

After exchanging your reflections on Discussion One, you will work with the parent to identify protective factors and strategies they would like to pursue to support their child(ren) in response to the strengths and vulnerabilities. Together, you will share information about common responses and issues that children may encounter when a parent experiences mental health issues.

You should also offer information, resources and opportunities for parents to practice how to communicate with their child(ren) about their mental health. This can either be part of their preferred immediate/short term plan or to help them anticipate the possibilities for future conversations with their child(ren). Developing a collaborative plan and considering the optional Parent Support Network Meeting to engage other agencies and family where this has been discussed are also recommended.

Review Discussion One

Explain the purpose of Discussion Two and how it follows on from Discussion One

Review the child(ren)'s strengths and vulnerabilities highlighted in Discussion One

You might consider using the prompts below:

- *'If we were to have a helpful discussion today, what issues would you like to include that were raised in Discussion One?'*
- *'Since Discussion One have you had any additional thoughts about your child(ren)'s strengths and vulnerabilities?'*
- *'What would you like to start with and what timeframe should we work with? Plan the meeting together.'*

Spend time discussing with the parent how they can best support each child's development

Consider any other items from Discussion One that you feel are important to discuss

Cover Important Topics

Below are various topics that you may consider talking about in developing a collaborative plan:

- The importance of conversation. Explain that helping the child to understand their parent's mental illness can be a powerful way of supporting their own mental health
- What the family and children already understand, the words/terms they use to describe and discuss mental illness
- How the child may interpret their parent's mental health symptoms and why they need to know about their parent's mental illness
- The basic principles of talking to children about mental health based on their age and stage of development
- The importance of giving the child a 'solution enabling future' statement (e.g. *'I have schizophrenia and I am getting help from the mental health team'*)
- Household chores and parenting responsibilities
- The importance of a child's social network outside of the home, including hobbies, school, friends and other reliable adults in addition to family members
- The parent's options for care and preventative services for their child
- Offer supporting booklets and discuss options for further information as required
- Assess the need for a Parent Support Network Meeting and/or additional services
- Preparation for the Parent Support Network Meeting if necessary
- Collate the strategies they would like to pursue into a collaborative plan

Conclude the Meeting

- Clarify if there are any other issues the parent would like to discuss
'Can I just check with how you are feeling at the end of this discussion and ask whether there is anything we have not covered or that you would like to raise before we finish?'
- Encourage the parent to share joys and concerns about their child during regular consultations
- Offer a Parent Feedback Form
- Complete the Meeting Record Sheet

Notes

About the Developmental Logs

The Developmental Logs in the Appendices of this guide are used to record a child's situation and developmental progress through the use of question prompts. Practitioners can adapt the language to suit them and the parent. A copy is provided to the parent at the conclusion of the meeting. As practitioners and parents work through each of the log questions you should consider and jointly decide whether an area is either a 'strength' or 'vulnerability'. The definition and meaning behind these terms should be clarified at the beginning of the discussion.

Strength An area of the child's life that is progressing well, including everyday routines, time spent together and community activities in which your child participates.

Vulnerability An area of the child's life that may be of concern or could benefit from further attention and support.

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

Each log is devoted to a different developmental age and stage. Prior to Discussion One practitioners are encouraged to refresh their knowledge about the relevant developmental phase of the child(ren) to be discussed by accessing the more detailed information in the links found on:

<http://www.copmi.net.au/professionals-organisations/how-can-i-help/advice-by-setting/mental-health-community/mental-health-youth#development>

Take the time to consider information regarding parenting at the particular stage you are exploring, the characteristics of child development and the vulnerabilities that may present when there are challenges. However it must be stressed that the aim of the log discussion is to obtain the knowledge held by the parent about their child, not to educate them about developmental phases.

Pregnancy

Pregnancy is a time of growth, development and preparing for parenthood. The baby grows and develops in order to be able to live outside the womb. At the same time, parents prepare for the new family member and (if this is the first child) for becoming parents.

Pregnancy is a good time to work on nurturing healthy relationships. During pregnancy, hormonal changes in the body can cause lots of emotional ups and downs. It isn't surprising that adjusting to these major changes can leave mothers feeling emotional and vulnerable. For some partners a baby arriving can put extra pressure and demands on their relationship. Being aware of this in pregnancy can help parents prepare for change and minimise the impact on their relationship and the unborn child.

Stress is a normal reaction to changes and challenges. For some expectant parents, pregnancy itself can be stressful. But too much stress can be overwhelming, making it difficult to cope with everyday tasks. Too much stress can affect your body, thoughts, feelings and behaviour and there is some evidence that stress in pregnancy can affect the health of both mother and baby. Stress is unlikely to have serious consequences if it is managed appropriately. The happier and healthier the environment after the birth, the lower any health risks become for mother and child.

There are no safe levels of drugs and alcohol in pregnancy. Alcohol, smoking and certain prescribed, over the counter and illegal drugs can lead to problems with the birth, birth weight and a child's learning and emotional and social development. It's always best to consult with the family doctor early about these

issues and it's never too late to quit or ask for help with drugs and alcohol problems to reduce effects on the unborn child.

For more detailed information:

http://raisingchildren.net.au/pregnancy/pregnancy_and_birth.html

Infants and Toddlers (birth to 2 years)

An important challenge for a newborn is to form relationships with the people closest to them. Later on, it's important to learn how to control bodily and mental functions. For toddlers they are ready to test their own limits and willpower. If a problem exists, a child may appear passive, unresponsive or unhappy. A child that takes no pleasure interacting with their parents may cry easily or have disturbed sleeping and eating cycles. They may be continuously 'out of sorts', cling to their parent and get distressed if they lose sight of them. Alternatively, some children may withdraw and become very passive. They may appear to be very settled and unresponsive to interactions.

For more detailed information:

<http://raisingchildren.net.au/newborns/newborns.html>

<http://raisingchildren.net.au/babies/babies.html>

<http://raisingchildren.net.au/toddlers/toddlers.html>

Pre-Schoolers (3 to 4 years)

Pre-schoolers are at a creative developmental stage. They exaggerate their speech, play and emotions. One moment they can be as fierce as giants and in the next moment they can be vulnerable little babies. They are interested in everything they see, ask lots of questions and want to explore their surroundings. Parents are important, but pre-schoolers will now also start to focus on relationships outside the family.

When pre-schoolers have problems they often become disinterested in play and whine or cling to their parent. They can also become sad and teary. There may be eating and sleeping problems, and possibly issues with using the toilet and getting dressed. Being separated from their parent can cause anxiety. All children may feel sad or irritable at times. There is reason for concern only when a behavioural or emotional problem starts to control the child's life.

A parent experiencing their own issues may find it challenging dealing with the range of behaviours that this age range may exhibit. It could be coping with defiance, clingy behaviour or outbursts of anger. It is important to explore how the combination of personal parental challenges and possible challenges in the child affect the parent-child relationship.

For more detailed information:

<http://raisingchildren.net.au/preschoolers/preschoolers.html>

School Age Children (5 to 12 years)

School is an entirely new challenge. Starting school will bring a child into regular contact with adults and perhaps hundreds of new children. A healthy child will be enthusiastic, curious and willing to enter into new social situations, especially with support from an adult.

The child will often enjoy school, though it may sometimes be described as 'boring'. There may be conflict situations, but they can be resolved. A child is likely to make more friends as friendships become more and more important to them and their territory expands. They will find hobbies and things they like doing.

Fluctuations in behaviour are often the result of a child's progress through to a different stage of development. Changes in behaviour often raise concerns about whether the child is developing mental health issues themselves. It is important to remember not all children will experience mental health issues.

If a child is experiencing their own mental health issues (such as emerging depression or anxiety) they may be moody, cry easily, lack motivation, avoid homework, be irritable, afraid and have difficulty sleeping. The child may attend school reluctantly, withdraw from others, feel lonely, and may talk about loss of hope or enjoyment in life. Their outward behaviour may be defiant, demanding and they may bully other children or be indifferent to danger.

A parent experiencing their own issues may find it challenging dealing with a defiant and angry child, or a clingy and anxious one. Alternatively if a child withdraws or isolates themselves it's often likely not to be seen as a problem. It's important to wonder about this possibility and for parents to be supported in how they manage their responses and their child's behaviours.

For more detailed information:

http://raisingchildren.net.au/school_age/school_age.html

<http://raisingchildren.net.au/pre-teens/pre-teens.html>

Adolescence (13 to 18 years)

Adolescence is the phase when parents and children renegotiate their relationship. The parent's role is to foster independence in their child so that they can eventually 'take off' on their own. It is also a time that is characterised by a wide range of fluctuating behaviours and emotions. It can be hard for parents and adolescents to work out what is wrong.

The importance of friends and activities outside the home will become pronounced during this time, and eventually dating will also take place. Life outside the home will be important but may also involve some challenges, and even dangers.

If a parent experiences mental health issues, this may interfere with the adolescent's capacity to pursue out of home activities or conversely, could lead the adolescent wanting to stay out as much as possible. This may contribute to unhealthy risk-taking behaviour and may compromise safety.

It is usual for adolescents to experience changing levels of confidence, social comfort, motivation and mood. This may manifest by heightened irritability, withdrawal from family events, complaining about going to school, not accepting limits on behaviour, changed sleep patterns and fluctuations in mood (hormonal or otherwise). Behavioural problems may include being rude and demanding, irritable, bullying other adolescents, appearing to deliberately create conflict and being indifferent to danger.

When these behaviours become more extreme and interfere significantly with their daily life, this may be an indication of an emerging mental health issue. They might escalate to a loss of interest in life, thoughts of ending their life, severe and consistent depression, irritable or anxious states, abuse of substances, significant changes in appetite and/or weight and severe isolation. If the relationship with an adolescent is very strained and they withdraw or choose to spend time away from home it may be tempting to not see this as a problem. It's important to wonder about this possibility and for parents to be supported in how they manage their responses and their teenager's behaviours.

For more detailed information:

<http://raisingchildren.net.au/teens/teens.html>

Dear fellow parent,

My name is Gemma and in early 2012, like you, I was asked to be a participant in the Let's Talk About Children pilot program. As such, I was one of the first parents in Australia to whom 'Let's Talk' was delivered. Ever since I have been a strong advocate for the program's merits and have had extensive input into the way it has been further developed to deliver to other parents like me and you. Now that the program is ready to be rolled out, I am writing this letter describing my experience in the hope that I am able to convey to you that Let's Talk is a worthwhile step in the recovery process for you and your family, who have been touched by mental illness.

So let's begin...I am a twenty-six-year-old mother of two children, aged ten and two. Since the age of thirteen I have experienced recurring episodes of moderate to severe depression. I am also the child of a parent with a mental illness as my father has schizoaffective disorder.

My last major depressive episode was between 2009 and 2011, and it was the worst episode I have experienced. I remember very little as those two years were like living in a fog, and I found every single aspect of day-to-day life so hard it hurt. It crept up and once it started, the life my daughter, my fiancé and I led was changed in monumental ways. I no longer had the capacity to be the 'rock' that my little family relied on to look after their emotional and physical needs. We were confused and worried and although we tried to go on as if life was normal, my daughter now had a mum in a depressive 'coma'. That's when I came to be involved with community mental health services and for two years we tried to claw our way back to the life our family once led.

My whole experience was impacted by what I had experienced when my father first became acutely unwell when I was eleven years of age. I knew first-hand what can happen to a family when mental illness strikes, and I was worried about the impact that being unwell would have on my daughter. Back in 1997, when my childhood was impacted by parental mental illness, the focus of mental health recovery was on the patient who was unwell. The fact that the person suffering from an acute state of illness was a parent and had a family at home was not taken into account. My mother, my two siblings and I were left in the dark about what was happening to dad. My mother was left to look after a family affected by what we had seen happening to him and what had happened to our family in the process, and we kids had questions that were left unanswered. My brother (aged nine), my sister (aged three), and I (aged eleven) had just seen our dad in a state of acute psychosis/mania and we needed to know what was happening to dad. Was he ok? Would he ever get better? What help was there for us kids and mum to recover?

Even back then there were those who worked in the mental health service battling for families like us, some of whom we had contact with through the CHAMPS (Children of Mentally Ill Parents) Program. Now, after over ten years of hard work and persistence, there is a way forward that has the potential to work for all families affected by mental illness. A way in which a person experiencing mental illness is treated not just as an individual, but as a parent, and a way in which children, like my siblings and I, and carers like my mother, will not be forgotten – and that's Let's Talk.

By the time Let's Talk was ready to deliver to parents it was early 2012, and I was just starting to recover from my depressive episode. Walking into a room with somebody I felt comfortable talking to about what was happening in my children's lives as a result of my experience, was like a breath of fresh air and gave me hope. Even though it can be hard to talk about the impact my mental health has had on our kids,

Let's Talk gave me a way to move forward and it gave me new knowledge of the supports available to me and my family. The program also taught me new skills that I needed to engage in conversations with my family about my mental health. But most importantly, it gave me validation as a parent - not just a woman suffering from depression.

My participation in Let's Talk also made me realise that these hard-working individuals in the mental health system had succeeded. There was no need for kids (like me) to be in the background as their lives are affected by the mental illness of a parent. In addition, I liked the fact that if I had any questions or concerns about Let's Talk, I just had to talk to my support worker, as there is flexibility in the program and it could be tailored to work for me and my family.

Let's Talk is a way to start the conversations that would have helped my family back in the late 90's. If it had been available back then and my parents had participated, they would certainly have felt more supported as parents to three young children who were living through a major life change. In addition, they would have had the tools to come home and sit down with us as children and tell us what was happening with dad.

I do hope that this letter has helped to express how passionate I am about a parent's participation in the Let's Talk program. I hope I have also succeeded in highlighting how important a step Let's Talk can be to empowering yourself and your family on the road to recovery.

Yours sincerely,
Gemma

Pregnancy

Date:

Name of parent:

Present: Parent/client Child(ren) Partner/other parent Other

Strength Aspects of your pregnancy, preparation for birth and parenthood that are progressing well.

Vulnerability Aspects of your pregnancy, preparation for birth and parenthood that may be of concern or could benefit from further attention and support.

Mother/Parent

What do you think and feel about your pregnancy? Strength | Vulnerability

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Have you had any complications during your pregnancy? Strength | Vulnerability

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What is your previous experience of pregnancy and birth (either your own or that of family members and friends)? Strength | Vulnerability

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What arrangements/plans are in place for the birth? Strength | Vulnerability

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What plans do you have for organising your home to accommodate your baby?

Strength | Vulnerability

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What are your hopes and expectations about the birth?

Strength | Vulnerability

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What do you think/feel about becoming a parent?
What are your expectations about the first 3 months?

Strength | Vulnerability

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Are there any difficulties that your partner/parent of your child is experiencing that might impact on their parenting and the family (e.g. health or mental health issues, substance use, relationships or other challenges)?

Strength | Vulnerability

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If you have other children, how are they responding to the pregnancy and the idea of a new sister or brother?

Strength | Vulnerability

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Who is most supportive of you within and outside the family and how do they support you?

Strength | Vulnerability

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Other Parent (if present)

What do you think/feel about becoming a parent?

Strength | Vulnerability

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Are there any difficulties that your partner/parent of your child is experiencing that might impact on their parenting and the family (e.g. health or mental health issues, substance use, relationships or other challenges)?

Strength | Vulnerability

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Who is most supportive of you within and outside the family and how do they support you?

Strength | Vulnerability

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Have there been any issues/complications with your partner's pregnancy that you are concerned about?

Strength | Vulnerability

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Both Parents

As parents, are you facing any particular challenges?

Strength | Vulnerability

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How would you describe your relationship?
How supportive of each other are you?

Strength | Vulnerability

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Notes (space to draw genogram)

Infants and Toddlers (birth to 2 yrs)

Date:

Name of parent:

Name of child:

Present: Parent/client Child(ren) Partner/other parent Other

Strength An area of the child's life that is progressing well, including everyday routines, time spent together and community activities in which your child participates.

Vulnerability An area of the child's life that may be of concern or could benefit from further attention and support.

Your Child

How would you describe your child? Strength | Vulnerability

Do you have any concerns or worries about your child? Strength | Vulnerability

Have you ever sought or received help for your child? Where? Strength | Vulnerability

At Home

What activities do you and your child enjoy doing together? Strength | Vulnerability

Does your child enjoy the company of their sister(s) or brother(s)? How do they get along?

Strength | Vulnerability

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How is your child progressing? Feeding? Eating? Sleeping? Play?

Strength | Vulnerability

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Child Care/Family Day Care/Other Care Givers

What have other caregivers told you about how your child copes with the daily routines of care away from home?

Strength | Vulnerability

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Does your child play with other children?

Strength | Vulnerability

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Does your child enjoy spending time with other care givers?

Strength | Vulnerability

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Does your child have a close relationship with another adult?

Strength | Vulnerability

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How would you describe your relationship with other caregivers?

Strength | Vulnerability

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Parenting

What is it like being a parent?

Strength | Vulnerability

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As a parent, how do you balance looking after children and taking care of the household?

Strength | Vulnerability

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When there is stress or conflict with your child, what do you do? What does your child do?

Strength | Vulnerability

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As a parent, who is most supportive of you within and outside the family and how do they support you?

Strength | Vulnerability

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Are there any difficulties that your partner/parent of your child is experiencing that might impact on their parenting and the family (e.g. health or mental health issues, substance use, relationships or other challenges)?

Strength | Vulnerability

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Notes (space to draw genogram)

Pre-Schoolers (3 to 4 yrs)

Date:

Name of parent:

Name of child:

Present: Parent/client Child(ren) Partner/other parent Other

Strength An area of the child's life that is progressing well, including everyday routines, time spent together and community activities in which your child participates.

Vulnerability An area of the child's life that may be of concern or could benefit from further attention and support.

Your Child

How would you describe your child? Strength | Vulnerability

Do you have any concerns or worries about your child? Strength | Vulnerability

Have you ever sought or received help for your child? Where? Strength | Vulnerability

At Home

What activities do you and your child enjoy doing together? Strength | Vulnerability

Does your child enjoy the company of their sister(s) or brother(s)? How do they get along?

Strength | Vulnerability

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How does your child manage daily routines?
Sleeping? Going to bed? Meal times? Toileting?

Strength | Vulnerability

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What does your child enjoy doing alone?

Strength | Vulnerability

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Does your child have friends? How do they play with other children?

Strength | Vulnerability

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Child Care/Family Day Care/Other Care Givers

What have other caregivers told you about how your child copes with the daily routines of care away from home?

Strength | Vulnerability

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Does your child have friends? Do they play with other children?

Strength | Vulnerability

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Does your child enjoy spending time with other care givers?

Strength | Vulnerability

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Does your child have a close relationship with another adult? Strength | Vulnerability

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How would you describe your relationship with other caregivers? Strength | Vulnerability

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Parenting

What is it like being a parent? Strength | Vulnerability

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As a parent, how do you balance looking after children and taking care of the household? Strength | Vulnerability

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When there is stress or conflict with your child, what do you do? What does your child do? Strength | Vulnerability

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As a parent, who is most supportive of you within and outside the family and how do they support you? Strength | Vulnerability

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Are there any difficulties that your partner/parent of your child is experiencing that might impact on their parenting and the family (e.g. health or mental health issues, substance use, relationships or other challenges)? Strength | Vulnerability

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Notes (space to draw genogram)

School Age Children (5 to 12 yrs)

Date:

Name of parent:

Name of child:

Present: Parent/client Child(ren) Partner/other parent Other

Strength An area of the child's life that is progressing well, including everyday routines, time spent together and community activities in which your child participates.

Vulnerability An area of the child's life that may be of concern or could benefit from further attention and support.

Your Child

How would you describe your child? Strength | Vulnerability

Do you have any concerns or worries about your child? Strength | Vulnerability

Have you ever sought or received help for your child? Where? Strength | Vulnerability

At Home

What activities do you and your child enjoy doing together? Strength | Vulnerability

Does your child enjoy the company of their sister(s) or brother(s)? How do they get along?

Strength | Vulnerability

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How does your child manage daily routines?
Getting up? Going to bed? Meal times? Toileting?

Strength | Vulnerability

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How would your child describe their relationship with their other parent/your partner?

Strength | Vulnerability

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Does your child have any household responsibilities? What are they?

Strength | Vulnerability

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Have you noticed anything specific about your child's behaviour or emotions? For example:

Strength | Vulnerability

- Inability to concentrate, restlessness
- Withdrawn, shy, fear of or being bullied
- Defiance, bullying others, behavioural problems
- Refusing to go to school
- Frequent complaints of physical symptoms with no apparent physical cause
- Isolation, withdrawing from the company of others, odd thoughts/talk
- Anxiety, phobias, obsessive-compulsive tendencies
- Depression, suicidal thoughts/comments/acts.

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School

What does your child enjoy the most/least about school?

Strength | Vulnerability

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How is your child progressing with schoolwork?

Strength | Vulnerability

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How does your child get along with children at school?

Strength | Vulnerability

Does your child have a close friend or group of school friends?

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What is it like getting ready to go to school in the morning?

Strength | Vulnerability

How does your child get to and from school?

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How is your child's attendance at school?

Strength | Vulnerability

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How would you describe your relationship with the teachers at school?

Strength | Vulnerability

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Do you meet with the teachers or attend school functions?

Strength | Vulnerability

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Spending Time Outside of School

How does your child spend their time out of school?

Strength | Vulnerability

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What does your child enjoy doing alone? (e.g. how do they play?)

Strength | Vulnerability

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Does your child have friends outside of school?
How do they play with other children?

Strength | Vulnerability

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Does your child spend time on the internet/playing
computer games/watching TV?

Strength | Vulnerability

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Does the whole family share any activities or hobbies?

Strength | Vulnerability

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Parenting

What is it like being a parent?

Strength | Vulnerability

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As a parent, how do you balance looking after
children and taking care of the household?

Strength | Vulnerability

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When there is stress or conflict with your child, what do you do? What does your child do?

Strength | Vulnerability

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As a parent, who is most supportive of you within and outside the family and how do they support you?

Strength | Vulnerability

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Are there any difficulties that your partner/parent of your child is experiencing that might impact on their parenting and the family (e.g. health or mental health issues, substance use, relationships or other challenges)?

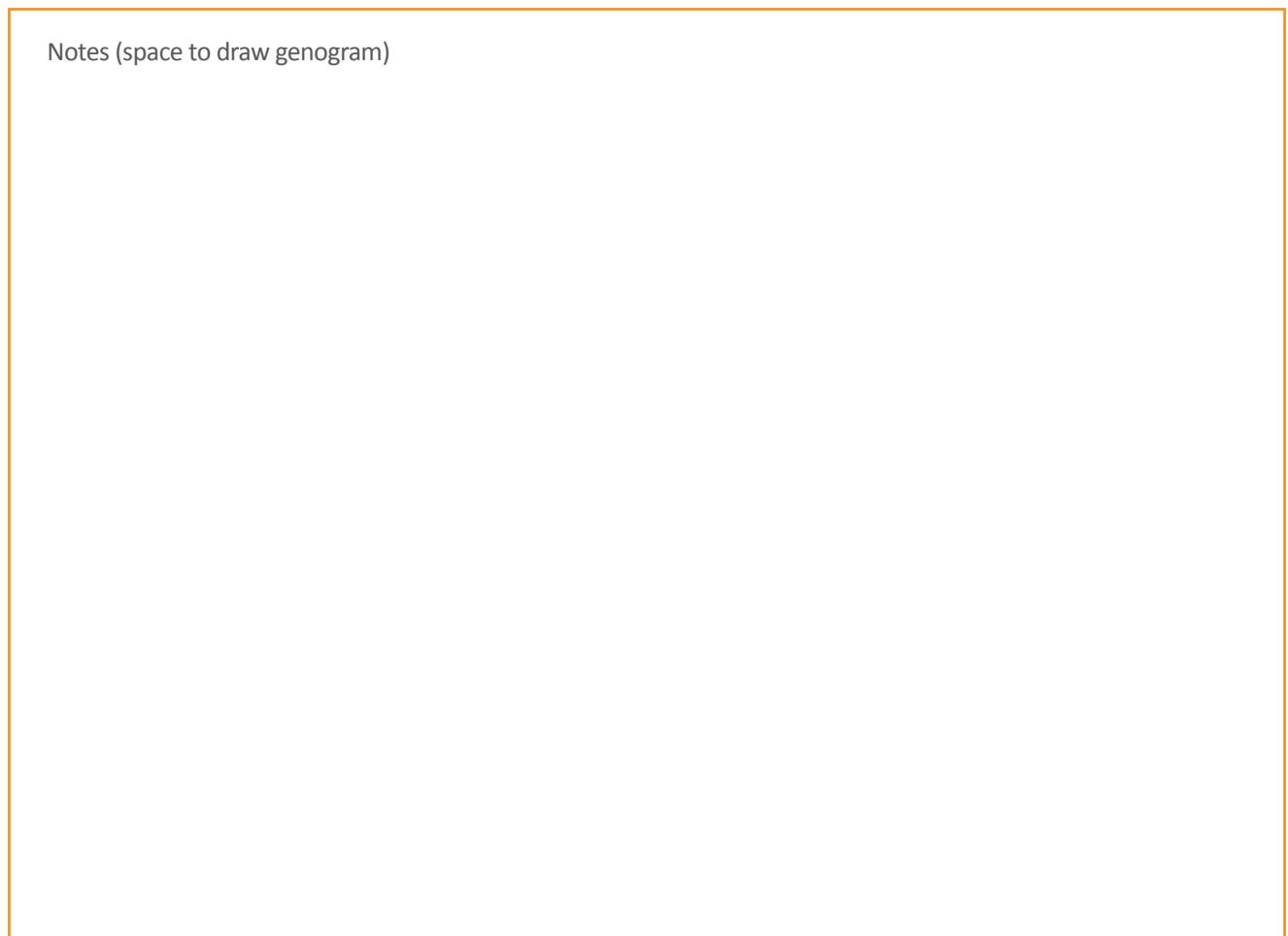
Strength | Vulnerability

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Notes (space to draw genogram)



Adolescents (13 to 18 yrs attending school)

Date:

Name of parent:

Name of child:

Present: Parent/client Child(ren) Partner/other parent Other

Strength *An area of the child's life that is progressing well, including everyday routines, time spent together and community activities in which your child participates.*

Vulnerability *An area of the child's life that may be of concern or could benefit from further attention and support.*

Your Child

How would you describe your child?

Strength | Vulnerability

Do you have any concerns or worries about your child?

Strength | Vulnerability

Have you ever sought or received help for your child? Where?

Strength | Vulnerability

At Home

What activities do you and your child enjoy doing together?

Strength | Vulnerability

How would your child describe their relationship with their other parent/your partner?

Strength | Vulnerability

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Does your child enjoy the company of their sister(s) or brother(s)? How do they get along?

Strength | Vulnerability

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What does your child's daily routine look like? Sleeping? Bathing? Eating? Curfews?

Strength | Vulnerability

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Does your child have any household responsibilities? What are they?

Strength | Vulnerability

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Have you noticed anything specific about your child's behaviour or emotions? For example:

Strength | Vulnerability

- Inability to concentrate, restlessness
- Withdrawn, shy, fear of or being bullied
- Refusing to go to school
- Eating problems, vomiting
- Indifference, defiance
- Substance abuse
- Isolation, withdrawing from the company of others, odd thoughts/talk
- Anxiety, phobias, obsessive-compulsive tendencies
- Depression, suicidal thoughts/comments/acts.

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School

What does your child enjoy the most/least about school?

Strength | Vulnerability

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How is your child progressing with schoolwork?

Strength | Vulnerability

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How does your child get along with children at school?

Strength | Vulnerability

Does your child have a close friend or group of school friends?

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What is it like getting ready to go to school in the morning?

Strength | Vulnerability

How does your child get to and from school?

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How is your child's attendance at school?

Strength | Vulnerability

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How would you describe your relationship with the teachers at school?

Strength | Vulnerability

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Do you meet with the teachers or attend school functions?

Strength | Vulnerability

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Spending Time Outside of School

How does your child spend their time out of school?

Strength | Vulnerability

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What does your child enjoy doing alone? (e.g. how do they play?)

Strength | Vulnerability

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Does your child have friends outside of school?
How do they play with other children?

Strength | Vulnerability

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Does your child spend time on the internet/playing
computer games/watching TV?

Strength | Vulnerability

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Do they have a part time job?

Strength | Vulnerability

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Does the whole family share any activities or hobbies?

Strength | Vulnerability

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Parenting

What is it like being a parent?

Strength | Vulnerability

As a parent, how do you balance looking after children and taking care of the household?

Strength | Vulnerability

When there is stress or conflict with your child, what do you do? What does your child do?

Strength | Vulnerability

As a parent, who is most supportive of you within and outside the family and how do they support you?

Strength | Vulnerability

Are there any difficulties that your partner/parent of your child is experiencing that might impact on their parenting and the family (e.g. health or mental health issues, substance use, relationships or other challenges)?

Strength | Vulnerability

Notes (space to draw genogram)

Parent Feedback Form

Client name:

Practitioner name:

Date of meeting:

- Preliminary Discussion/Introduction of the method
- Discussion One
- Discussion Two
- Other (Specify) :

Please rate today's meeting by circling the line nearest the description that best fits your experience

Meeting Rating Scale (Institute for the study of Therapeutic Change, Miller, Duncan & Johnson, 2003)

Relationship

I do not feel heard, understood and respected	----- ----- ----- ----- ----- -----	I felt heard, understood and respected
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Goals & Topics

We did not work on or talk about what I wanted to work on and talk about	----- ----- ----- ----- ----- -----	We worked on and talked about what I wanted to work on and talk about
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Approach or Method

The practitioner's approach is not a good fit for me	----- ----- ----- ----- ----- -----	The practitioner's approach is a good fit for me
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Helpfulness

The meeting was not helpful in addressing some of my needs	----- ----- ----- ----- ----- -----	The meeting was helpful in addressing some of my needs
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Overall

There was something missing in the meeting today	----- ----- ----- ----- ----- -----	Overall, today's meeting was right for me
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What did you like about the meeting?

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What did you not like about the meeting?

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What do you think could have made the meeting better?

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How could our service be improved to help you more?

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Meeting Record Sheet

Client name:

Practitioner name:

Date of meeting:

Let's Talk appointment number: (1) (2) (3) (4) (5) or Other:

Present: Parent/client Child(ren) Partner/other parent Other

Were there any presenting worries from the parent-client about their child(ren) or their parenting in this session? Yes No

If yes, provide a brief description of the strengths, worries or issues discussed:

.....

Consultation services provided in this session and associated outcomes:

Preliminary Discussion/Introduction of the method

- Completed today
- Parent agreed to engage in Let's Talk
- Time booked for Discussion One on /..... /.....
- Parent declined to engage in Let's Talk at this point
- Let's Talk to be re-offered in weeks/months
- Other (specify) :

Discussion One

- Completed today
- Time booked for further Discussion One for additional child(ren) on /..... /.....
- Time booked for Discussion Two on /..... /.....
- Parent decided not to continue with Let's Talk at this point
- Let's Talk to be re-offered in weeks/months
- Other (specify) :

Discussion Two

- Completed today
- Initial collaborative Parent/Family Plan* developed

Referral of parent-client to other services
Please specify:
.....

Referral of children to other services
Please specify:
.....

Referral of other family members to other services
Please specify:
.....

Parent identified need for a Parent Support Network Meeting

An additional Let's Talk specific meeting scheduled on /..... /.....

Continued discussion around children, parenting and family functioning to be incorporated into ongoing contact between parent and practitioner

No further Let's Talk specific meeting is needed or desired at this time

Other (specify) :
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.....

Parent/Family Plans*

Where applicable, provide a brief summary of the initial collaborative plan for supporting the client in their parenting role and addressing the family's needs as explored in Discussion Two.

Options to consider or action	Who