

**PARENT ASSIST:  
EVALUATION OF FIRST YEAR OF A PILOT PROJECT TO PROVIDE PRACTICAL  
ASSISTANCE FOR PARENTS WITH A MENTAL ILLNESS**

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A small pilot project called Parent Assist provided moderate levels of practical assistance to parents with a mental illness. Parent Assist was sponsored by Southern Domiciliary Care in Adelaide using funds made available from HACC. Parent Assist was available to parents who were registered with mental health services in the southern region of Adelaide that are serviced by Noarlunga Health Services and Flinders Medical Centre. Services were provided by Centacare, who employed two Family Support Workers, commencing in March 2001.

After one year, 12 clients had been referred to the Parent Assist program. This report describes and evaluates the first year of the pilot project.

## **PROGRAM STRUCTURE**

### **Eligible Clients**

The Parent Assist program was available to clients of the regional mental health service who were custodial parents of children under 18 years of age. Priority was given to clients who either had been hospitalised because of illness associated with pressures arising from parenting, or who were assessed as being at risk of being hospitalised. The program aimed to correct a cycle associated with episodic mental illness, where pressure associated with parenting produced an episode of illness, and hospitalisation produced further pressure on the family.

The program was available to each client for a maximum period of 13 weeks, during the hours of 9.00am to 5.00pm on weekdays. A Family Support Worker (FSW) came to the client's home to help the parent in practical ways to manage a variety of parenting tasks. The Family Support Worker was able both to talk to the family about issues, and to assist the family in completing practical tasks. The Family Support Worker was not provided simply to perform housework.

### **Program Support**

Support was provided for a maximum of 3 hours per week for a maximum period of 13 weeks. There were two reasons for the limited duration of service. First, as mental illness is often episodic, the program aimed to assist parents during a difficult phase. Second, the program aimed to empower families to operate together without needing ongoing help from an external worker.

Service delivery was organised in three phases with (a) an initial assessment in one session by a Family Support Worker, followed by (b) 6 weeks of service delivery before a review, and then (c) a further 6 weeks of service delivery. This format enabled both the client and FSW to identify clear goals for each phase of the project, and to withdraw if the service was not meeting the client's current needs. This step

was taken following an earlier attempt to provide a family support service where clients declined to accept workers into their home because of uncertainty about what would happen.

### **Referrals**

The service was available only to people registered with the community mental health service. Referrals were made by the client's key worker who provided ongoing support throughout the program. The FSW was able to contact the key worker as required.

### **Program Capacity**

The program was provided on a low level of funding, so one FSW was able to support only two families at any time.

### **Family Support Workers**

Services were provided by two Family Support Workers FSW who were themselves parents. The FSWs were employed by a non-government agency Centacare, and were supervised by a social worker with mental health experience. Both FSWs had previous experience working with people with a disability.

### **Feedback Reports**

When each client episode ended, the Family Support Worker provided a written summary on the main issues that had been addressed. The present evaluation is based on those reports.

## OVERVIEW

### CLIENT PROFILE

Twelve clients were referred to the pilot program in the first year. Of the clients, 7 had been admitted to hospital immediately prior to or during intervention.

#### Referrals

Referrals were made by 9 key workers employed in four community teams in the southern region of Adelaide.

#### Program Usage

The program provided a maximum of 13 sessions, being one assessment and twelve intervention sessions. Of the clients, two participated only in assessment, two withdrew soon after commencing, two achieved goals in fewer than 12 intervention sessions, and six participated in all 12 intervention sessions.

#### Marital Status

Of the clients, 6 were married or in a defacto relationship, and 6 were single.

#### Age of Clients

Clients were aged between 26 and 51 years, with a mean age of 34 years.

#### Children

The number of children in each family ranged from 1 to 4, with a mean of 2.3 children. Two clients had 1 child, seven clients had 2 children, one client had 3 children, and two clients had 4 children.

The ages of children ranged from 5 weeks to 17 years. Children who were the primary reason for support being requested can be separated into three age groups: pre-schoolers (N = 5), primary school age (N = 1), and teenagers (N = 6).

#### Diagnoses

The primary diagnoses of clients were: 8 clients were diagnosed with depression, 3 clients were diagnosed with another mood disorder, and 1 client was diagnosed with schizophrenia.

#### Special Issues

Nine clients presented with special issues apart from a mental illness. These were: three clients lived in an argumentative situation, two clients had a child with a disability, the partner of one client had a mental illness, one client was aboriginal, one client had recently arrived in the state, one had a chronic medical condition, one client was pregnant, and the daughter of one client was pregnant while under 16 years of age.

### INTERVENTION ISSUES

Clients raised issues for intervention both with the Key Worker at the time of referral, and with the Family Support Worker during the program. Issues that were addressed by Family Support Workers are summarised in Table 1. A summary of issues in each case is given in Appendix 1.

**Table 1. ISSUES RAISED BY CLIENTS**

<b>ISSUES RAISED BY CLIENTS</b>	<b>NUMBER OF CLIENTS</b>
Housework	6
Access to community services	6
Behaviour of a Child, Communication	5
Parenting standards	5
Client's own personal needs	5
Children's friends	4
Finances	4
Teenage issues	3
Baby sitting	3
Non-attendance at school	2
Arguments between children	2
Single parent issues	2
Respite for parent	2
Issues with Relatives	2
Take children to school	1
Issues with Husband	0

Table 1 shows the frequency with which issues were raised by clients. Brief comments are made about each issue and how it was usually addressed in the program.

### **Housework**

Arguments over housework were common. Some clients did all of the housework with little help from children, while other clients wanted the children to do most of the housework. One issue arising with teenagers was how to encourage the teens to take a reasonable level of responsibility for tasks in the house. Family Support Workers offered to work alongside members of the family during sessions when housework would be done. Routines were established that could continue when the program ended. Discussion about how to cooperate around tasks provided a venue for promoting constructive discussion within families on other topics.

### **Access to Community Facilities**

Some clients were isolated and did not know about relevant community facilities. Some clients were apprehensive about attending community facilities for fear that other people might label them as having a mental illness, and as being unfit parents. Family Support Workers were knowledgeable about community facilities for parents, and accompanied clients to facilities as requested.

## **Behaviour of a Child**

Some clients sought advice about disruptive behaviour of their children, both over how to manage the behaviour, and how to speak to the child about the behaviour. This was addressed in a variety of ways including speaking about the topic in the family context using empathic communication, speaking about limits to behaviour, and supporting the parent in their role when addressing the topic.

## **Parenting Standards**

Some parents were uncertain how well they were functioning in their role as a parent. Feedback was provided about whether they appeared to be especially unassertive or too strong when expressing opinions. Comment was also made to teenage children about how standards appeared from the point of view of another parent.

## **Client's Own Needs**

Some clients devoted so much time and thought to the needs of their children that they left no time for their own personal issues, and felt guilty if they did things for themselves. This was addressed by affirming that it was important for the parent to have some time for themselves, to spend some money on themselves, and to go out leaving older children to look after themselves.

## **Children's Friends**

Friends of children posed problems for some clients, especially if the friends wanted to stay in the house instead of returning to their own home, or supported children in anti-social activities. Some clients expressed concern about teenage daughters having boy friends. These topics were discussed in a normalising way, with the FSW reflecting expectations that apply in other families.

## **Finances**

Some clients expressed concern about financial issues, especially when teenagers wanted significant amounts of money spent on them to keep up with fashions. This led to disputes about expenditures for the children and for the parent, and to bills not being paid. Budgetary topics were discussed in a family context.

## **Teenage Issues**

Some clients expressed the view that they had been good parents for their children in earlier years, but did not know how to be a good parent for teenage children. Other clients with babies were uncertain about good parenting practices, and were apprehensive about telling staff from mainstream services about their difficulties because of an apprehension that their difficulty would be attributed to their mental illness and they would be stigmatised. Issues about parenting were discussed, often just with the client. Feedback was given about good functioning.

### **Baby Sitting**

Some clients asked for assistance with baby sitting. Babysitting was requested either to allow time for the client to care for other younger children, or to allow time for the husband and wife to do things together. Babysitting within normal work hours was provided as part of the program, but babysitting outside of normal work hours was not catered for in the pilot project.

### **School non-attendance**

Children of some clients declined to attend school. Reasons for non-attendance were examined and a variety of solutions were proposed.

### **Children Arguing**

Arguments between children were an issue for some clients. The FSW offered to sit with the children and parent while each expressed their views about the topic being debated. The focus was on respectful communication, as well as the topic being debated. Families were encouraged to identify solutions that suited the family as a whole, not only individuals. The FSW suggested ideas that have worked for other families, but did not attempt to impose solutions.

### **Single Parent Issues**

Half of the clients were single parents, so did not have a partner to speak to about complex parenting issues. The FSW empathised with the client about single parent issues.

### **Respite**

Some clients sought brief periods of respite from the responsibilities of parenthood. Some respite was provided by having an FSW work alongside the client. The program was not organised to provide respite outside of normal working hours.

### **Issues with Relatives**

Some clients expressed the view that their relatives did not understand mental illness, and did not offer help that would be expected if the client had another form of illness. Attitudes of relatives were discussed to ensure that the client was not excessively blaming either self or relatives. Phrases to help relatives to understand the impact of the illness were explored.

No client wanted to complain significantly about their husbands.

### **Taking Children to School**

One client asked the program to assist by taking children to school each morning. This request could not be met as the FSW was not available to work outside of usual working hours in the pilot project.

**OUTCOMES**

The program provided tangible benefits to 8 of the 12 clients who were referred, as listed in the Appendix. Of the four clients who did not receive benefit from the program, two made requests that were outside of the scope of the pilot project, one was prepared to accept help only from professionals, and one preferred to receive support directly from mainstream services.

## **OTHER ISSUES**

In addition to issues associated with direct service provision, a number of other issues arose from the contact with clients that needed to be addressed within the program. These additional issues are summarised below.

### **ACCEPTANCE BY FAMILY MEMBERS**

The Family Support Workers went into the client's home to work. FSWs reported being well accepted in family homes in all cases except one. In one case, a daughter of a client appeared to resent the intrusion of the FSW especially when the FSW supported the client in a parenting role. The daughter made the FSW feel uncomfortable by doing things such as going off to her bedroom and not participating, and making abusive comments about the client. The FSW was concerned that the daughter may become more unpleasant towards her mother after the FSW left the house.

### **ACCEPTANCE BY RELATIVES**

Some clients were isolated from relatives, while others had relatives living nearby who did not provide the assistance that was requested by the client. The FSWs had little interaction with relatives from the extended family. When the FSW did meet relatives, there was uniform acceptance that the Parent Assist program was beneficial for the client and the family.

### **FAMILY THERAPY**

The Parent Assist program provided practical in-home support, and was not a therapy program that addressed ongoing family dynamics. The FSW worked in conjunction with the client's key worker, who provided therapy as required. One case was identified where the FSW considered that family focused therapy was required as well as practical support in the home.

The FSWs reported they were able to operate satisfactorily within the framework of providing practical assistance from the perspective of a parent.

### **PSYCHIATRIC BEHAVIOUR**

Family Support Workers were asked whether they experienced psychiatric behaviour during their time with clients, and whether they felt unduly disturbed by this behaviour. The FSWs reported that they did not observe undue psychiatric behaviour from most clients, as they related to the clients as parents not as mental health workers. One client did display considerable mood variation during sessions, and this was reported to the key worker. Another client expressed suicidal ideation during a session, and this was reported to the key worker leading to the client being admitted to hospital.



## **CHILD PROTECTION ISSUES**

Concern was expressed that FSWs may encounter issues of child abuse requiring mandatory reporting for child protection purposes, and possible removal of children from the home. Family Support Workers were trained in issues of child protection, and were aware that they were mandated reporters of child abuse. No instances of child abuse or negligence were reported.

## **DOMESTIC VIOLENCE**

There was evidence of arguments within three families, with FSWs hearing about instances of verbal abuse, objects being thrown, and holes that had been punched in a wall. FSWs worked alone in the client's home, working within hours when both a supervisor from the agency was available, and mental health staff were available. FSWs were instructed to leave the house if they felt concerned that any form of domestic violence may occur. Domestic violence was a ground for discontinuing support from the program, but no contracts were ended on this basis.

## **PROGRAM TIME**

The program was available for limited hours from 9.00am to 5.00pm on weekdays. This timetable suited a large proportion of participants. However the limited time availability of the program was an important restriction for two families, and resulted in the service not being provided to these families.

## **DEPENDENCE ON PROGRAM**

The Parent Assist program was structured to reduce ongoing dependence by clients on support from the FSW. This was done by providing support in three stages. All clients accepted the short term nature of the program, and accepted the end of the program when the allotted number of sessions were completed. Several clients used fewer than their allotted number of sessions.

## **SUPPORT FROM KEY WORKERS**

The FSWs were told that they could seek support from the client's key worker as required. The FSWs reported that support was provided by key workers when requested. No difficulties arose over questions of confidentiality of information.

## **CLIENT PRIORITIES**

Clients were informed that the Parent Assist program was there to assist them on topics they nominated, within limits. The precise help that would be offered to each client was negotiated on an individual basis before the FSW went into the client's house. The Parent Assist program aimed to work with each client on agreed tasks, not to be a substitute worker who took over the role of a parent. Most clients operated within priorities that had been agreed. One client persistently asked the FSW to perform tasks outside of what was agreed, asking the FSW to work as a cleaner while she rested.

**HYGIENE**

The FSWs were generally happy to work in houses of clients. In one case the FSW complained about smells in the house due to pets and the unhygienic state of the house. This assessment that was also made by other workers.

**BEING A FRIEND**

The role of the FSW was to go further in providing practical help on parenting tasks than is usually done by professional key workers. There was a chance that clients may perceive the FSW as a friend who could be contacted out of hours, and who may continue in an unpaid role after the program ended. A request to maintain contact as a friend after the program was made by only one client.

## **APPENDIX 1. SERVICES PROVIDED TO INDIVIDUAL CLIENTS**

Information about each client is summarised below

### **CLIENT 1**

Client 1 was a 31 year old married woman with two young children aged 3 years and 5 weeks. The client had experienced post-natal depression after each childbirth. The client had medical problems and somatised when under stress, seeking pethidine from her GP to manage headaches.

Issues raised by the client were: provision of baby sitting while the client attended doctor's appointments or rested, assistance to complete housework, occupying the 3 year old while the client cared for the baby, high expectations about child rearing, and fear of criticism from relatives.

Client 1 received 13 sessions of support.

Outcomes of the intervention were: a marked increase in the client's confidence with children, being able to discuss normal difficulties in a calm manner, acceptance of positive feedback about parenting ability, an ability to set realistic standards for child rearing, and reduction in use of pethidine.

### **CLIENT 2**

Client 2 was a 31 year old single mother of two children aged 2 and 7 years. The client had recently moved into the area from inter-state to leave a domestic violence situation, and had no nearby family support. When referred to the mental health service, the client was in a suicidal state over pressures arising from parenting.

Issues raised by the client were: finding parent support resources in the local community, helping to organise household routines around getting the older child to school, providing feedback about whether the client was a good mother for her children, discussing issues of being a single parent, and normalising a situation when the daughter was sick and needed to go to hospital.

Client 2 requested 9 sessions of support. Significant progress was reported on all of the topics raised.

### **CLIENT 3**

Client 3 was a 40 year old single mother of two teen aged children, a daughter aged 17 years and a son with ADHD aged 15 years. The client had been hospitalised on two occasions with depression and suicidal ideation and was reluctant to return home to care for the children. Both children had stopped attending school to care for their mother. There were arguments from the son, and verbal abuse from the daughter. The client often remained in bed all day.

Issues raised by the client included: difficulties in meeting requests by the teenage children for money, arguments between the children, motivating the children to do housework, hygiene problems caused by pets, friends of the teens staying in the house, the children going out especially at night, and her daughter having boyfriends.

The FSW explored options for ongoing education for the son, encouraged the daughter to attend youth counselling services, supported the client in fulfilling a parental role, encouraged the teens to participate in household tasks such as doing dishes, discussed financial limits and budgeting as a family, required respectful language when discussing difficulties, and stated limits for the behaviour of both children while the FSW was present. Some sessions were held in the home, and some in a coffee shop and other community facilities.

Client 3 received 13 sessions of support. Outcomes were that the son returned to school, the daughter attended counselling sessions for her own issues, the client used community facilities more, the client expressed confidence in her children when they were out of the house, the teens showed more respect for their mother when communicating, and the client was more confident when dealing with teenage behaviour. The client did not require further hospitalisations.

#### **CLIENT 4**

Client 4 was a 46 year old single mother with a son aged 17 years who lived at home, and two older children who had left home. The client was diagnosed with schizoaffective disorder. There were signs of the son having punched a hole in a wall. The son was not attending school, and invited friends to stay in the house. The son talked about leaving home, but the client was reluctant for him to go fearing that she would feel lonely. The son demanded money, and the client gave this.

Intervention by the FSW focused on assisting the client to develop routines allowing for the time when her son may move out of home and she would be alone, improving the management of finances, and going out to make more contacts in the community.

Client 4 received 13 sessions of support. The outcome was that the son left the mother's home during the intervention. The client adjusted to this move, and noted a reduction in tension in the house. The client made new friends and enjoyed going out.

#### **CLIENT 5**

Client 5 was a 33 year old single mother with two children, a daughter aged 15 years who had not attended school for a year, and a son aged 11 years. The daughter was pregnant.

Issues raised by the client focused on involving the children in household tasks of laundry and dishes, talking about family issues in a family context that involved the children, and financial problems. Intervention focused on family discussions while

the FSW was present, and participation in household tasks as a group with all four working at the same time on agreed tasks. The FSW spoke about financial pressures, disclosing problems and solutions.

Client 5 received 13 sessions. Outcomes of the intervention include the family working together on household tasks, the daughter returning to school, the client expressing more confidence in her children, and the client planning to return to work.

#### **CLIENT 6**

Client 6 was a 37 year old single mother of two children, a daughter aged 17 years and a son aged 13 years. The client had diagnoses of depression and borderline personality disorder. The daughter was not attending school, and was going out with boy friends the client disapproved of.

Issues raised by the client included demands for expenditures by her children, arguments between the children, and verbal abuse by the daughter.

The FSW focused primarily on how members of the family communicated with each other, to promote respectful communication. The budget system was discussed openly in a family context. Reassurance was given to the client about methods that were working well and were accepted by the children. A roster was proposed so that all members of the family participated in household tasks. Reassurance was given that it was reasonable for the client to spend some time on her own interests, and that she did not have to do all of the work in the house. There were discussions about new activities the whole family could participate in together.

Client 6 requested only 7 sessions. Outcomes included the family communicating better about difficulties, and acceptance of financial limitations. The family resumed management of their affairs before the time limit for the program.

#### **CLIENT 7**

Client 7 was a 36 year old married mother of four children: twins aged 15 months, and children aged 3 years and 4 years. The client had a schizoaffective disorder.

The client requested in-home respite by providing assistance in caring for the older children while she looked after the twins, including taking the 4 year old to play groups. There was also discussion about realistic standards for parents, and feedback about how well she related to her children. It was emphasised that the client's own needs as a person needed to be recognised and met, and to allow some time for this.

Client 7 received 13 sessions of support. The outcome was that the client managed her own time better to include all of the activities she wanted to accomplish, and was able to acknowledge what she was achieving instead of focusing only on what still needed to be done.

**CLIENT 8**

Client 8 was a 51 year old single mother of a 17 year old daughter. The client was diagnosed with depression.

Issues raised by the client included encouraging her daughter to participate in household tasks, communicating with her daughter, and a proposal for the daughter's boy friend to live in the house. Intervention focused on modelling good ways of discussing difficult topics, supporting the mother in making requests for assistance in basic household tasks, and working directly with the daughter in performing some tasks.

Client 8 received 13 sessions of support. Outcomes were that the daughter participated in some tasks that were negotiated, and was able to participate in discussion with her mother. The mother was hospitalised in a mental health ward during the intervention.

**CLIENT 9**

Client 9 was a 47 year old married woman with two teenaged children. The client believed that her son had a mental disorder although this was not confirmed by professionals.

The client declined both practical assistance and discussion from the FSW, believing that her problems could be managed only by professionals. The client did not progress beyond assessment.

**CLIENT 10**

Client 10 was a 32 year old married mother of three children aged 4 months, 2 years and 4 years. The client was diagnosed with post-natal depression. The client's own parents lived inter-state, and the client considered that her inlaws did not understand mental illness and were critical of her.

The client sought babysitting after working hours so that she and her husband could have time together, to go shopping and to do other things out of the house. The pilot program was not able to support workers out of normal working hours, and this request was declined. Client 10 received only 1 session of support.

**CLIENT 11**

Client 11 was a 39 year old married woman with two children aged 5 and 8 years. The client was diagnosed with schizophrenia, and her husband was also diagnosed with schizophrenia.

The client asked for assistance in taking the children to and from school each day, and to provide babysitting on weekends so that the parents could spend time together. The pilot Parent Assist program did not provide this level of practical

support for clients who did not also participate in the activity, and did not provide support out of normal working hours. The client received 3 sessions of support.

#### **CLIENT 12**

Client 12 was a 26 married mother of four children aged 3 months, 15 months, 8 years and 9 years. The client was diagnosed with post-natal depression.

Issues raised by the client involved access to mainstream services. The client declined assistance from the Parent Assist program, preferring to obtain support directly from a mainstream service. Client 12 did not progress beyond assessment.