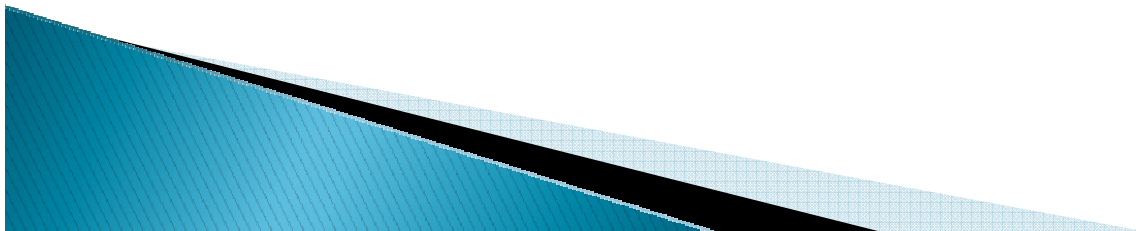


# Think Family Merton

Chris McCree  
AMH Liaison Specialist  
[Chris.mccree@merton.gov.uk](mailto:Chris.mccree@merton.gov.uk)

# Think Family

- ▶ Why 'think family'?
- ▶ Introduction and background to the guide
- ▶ Local context
- ▶ Local implementation plan



# Why Think Family

An estimated one-third to two-thirds of children whose parents have mental health problems will experience difficulties themselves (ODPM '04)

Parental mental health is a significant factor for children entering the care system (ODP'04)

29% of young carers care for a parent with a mental health problem (Dearden & Becker'04)

Children who are the subject of Serious Case Reviews often have parents who experience mental health problems. (Biennial Analysis of SCRs DCSF '09)

1 in 3 adults will experience a mental health difficulty in their lifetime

2m Londoners will experience mental ill health this year

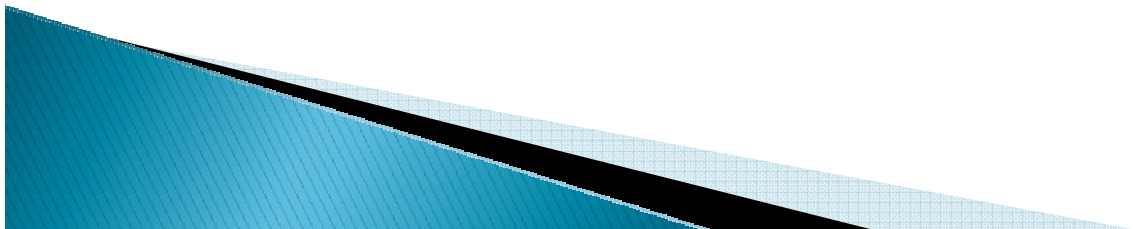
Half of all lifetime mental disorder starts by the age of 14 and 75% by the mid 20's.

Prevalence of maternal and paternal mental health problems

In 2016, the Royal College of Psychiatrists reported that approximately 68% of women and 57% of men with mental health problems are parents.

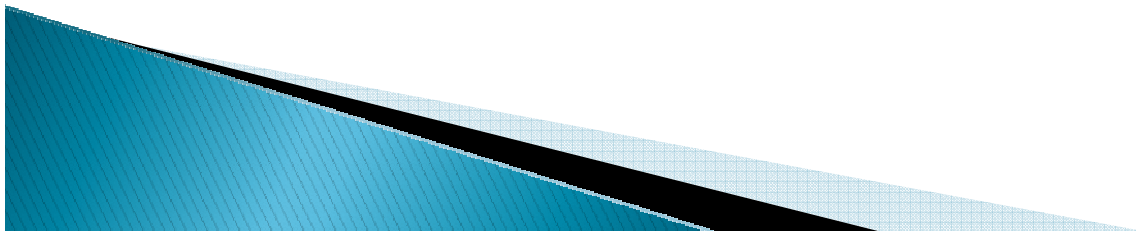
According to a Perinatal report published in 2015, the most common mental health problems experienced during pregnancy and after birth are anxiety, depression and PTSD.

Empirical work suggests that at least one quarter of adults admitted to UK adult acute inpatient settings are likely to have dependent children and that between 50–66% of people with severe mental illness may be living with children under the age of 18 .



# Barriers to 'thinking family

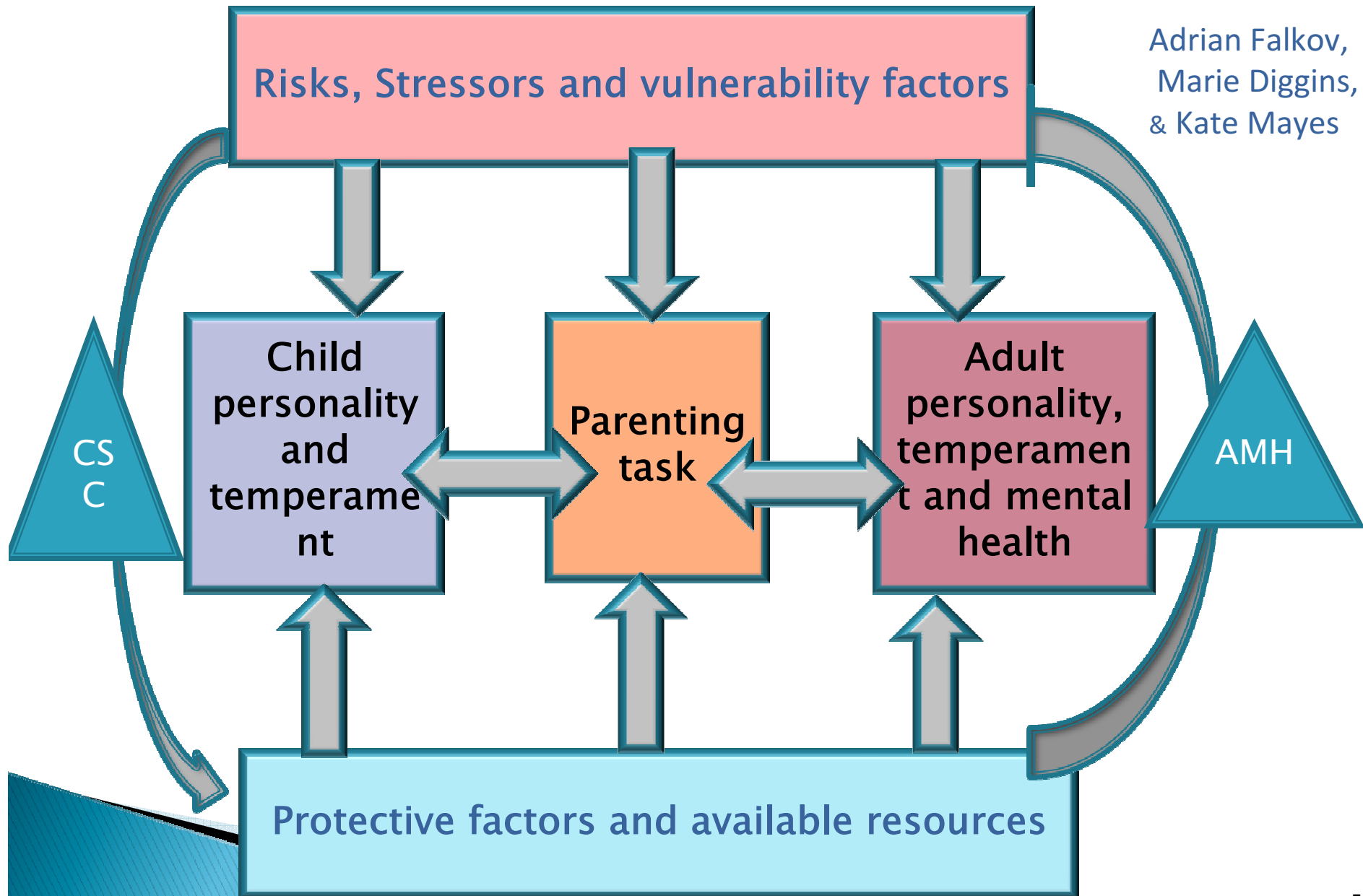
- Challenge of interagency working
- Fear and stigma
- Confidence and willingness to assess outside usual professional boundaries
- Information sharing
- Knowledge of services



# Family Model- WHAT ARE THE ISSUES?

Adrian Falkov,  
Marie Diggins,  
& Kate Mayes

Page 57



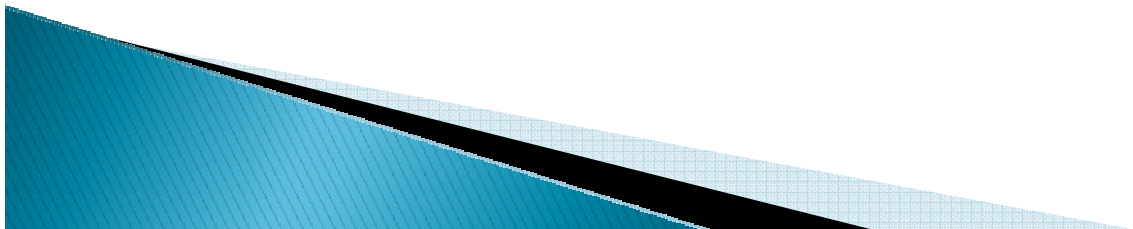
# Key messages

## **Develop services that:**

- ▶ Take a 'no wrong door' approach
- ▶ Look at the whole family and co-ordinate care
- ▶ Provide support that is tailored to need
- ▶ Build on family strengths
- ▶ Build services that embed a Think Family approach

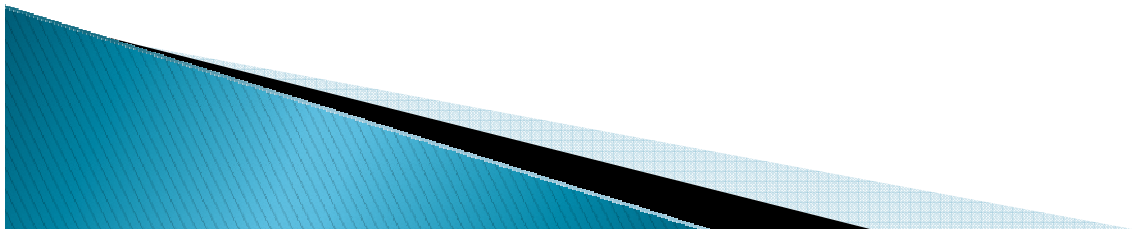
## **Plus**

- ▶ Signposting and improving access via communications strategy
- ▶ Workforce development
- ▶ Strategic approach – Development of a Think Family Strategy



# Local Implementation

- ▶ Borough Post- to lead with others the development and implementation of the Think Family work.
- ▶ Development of Multiagency Protocols to safeguard children whose parents/carers who experience mental health or substance misuse or disabilities
- ▶ Development of a Think Family strategy this should include all stakeholders and the involvement of parents, children and young people
- ▶ Workforce development- Review of Training and staff development- Increase understanding of parent mental health and its potential impact for children and young people roll out the Crossing Bridges Think Family training.
- ▶ Joint children and adults safeguarding conference
- ▶ Service Development- inc to consider Family Needs and family threshold for services
- ▶ Provision of advice and consultation in relation to parental mental
- ▶ Development of out come measures- what will look different in 2 years time
- ▶ Increased understanding of need through public health and CCG commissioners
- ▶ Assessment and Care Planning – involving children and young people in Care and crisis planning



This page is intentionally left blank