

NHS GG&C Mental Health Service

Children Affected by Parental Mental Health Problems Guidance for Adult Mental Health Staff

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Document Number:	MHS-04
Lead Author:	Nurse Consultant Perinatal
Responsible Director:	Nurse Director Partnerships & Lead Associate Medical Director
Approved by:	MHS Quality & Clinical Governance Group
Date approved:	August 2017
Date for Review:	August 2020
Replaces previous version: [if applicable]	<p>Children Affected by Parental Mental Health Problems Guidance for Adult Mental Health Staff - August 2010 – 2014 (Ver 2.0)</p> <p>Children Affected by Parental Mental Health Problems Guidance for Adult Mental Health Staff – Aug 2014 – 2017 (Ver 3.0)</p>

MHS 04 - Children Affected by Parental Mental Health Problems Guidance for Adult Mental Health Staff

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
1.0		First Draft	
2.0	Aug 2010	Reviewed by SLWG	E Clark
3.0	Aug 2014	Reviewed by SLWG	E Clark
4.0	18/5/17	<p>Page 9 – Sec 5, Updated to reflect integration of HSCPs</p> <p>Sec 6 - Updated to include the National Practice Module and make staff aware of documents they make be asked to contribute to</p> <p>Sec 7 - Updated standby info</p> <p>Sec 11 - Updated to include EMIS, see separate sheet for child information</p> <p>Sec 12 - Updated Adult Mental Health reporting template for Child Protection Case Conference</p>	Anne Malarkey, Yvonne Milne, Anne McHenry , Karen Geed , Elaine Clark
4.0	10/8/17	Comments from consultation included	E Clark & Yvonne Milne updated from Dr Kate McKay Lorna MacArthur Janice Harper Jayne Sellers Gail McDonalds

Contents Page

1. Purpose	4
2. Scope	4
3. Introduction & Background.....	4
4. The View of Parents & Children	6
5. Roles and Responsibilities	9
6. Assessment	10
7. Next steps.....	12
8. Information Sharing and Confidentiality.....	14
9. Women who are Planning a Pregnancy, Pregnant or Breastfeeding	15
10. Options for medication management – SIGN 127, Management of Perinatal Mood Disorders (2012):	16
11. Standards of Record Keeping	16
12. When Adult Mental Health Staff are Invited to Attend Formal Children and Families Reviews	17
13. Discharge Procedures Where There May be Child Protection Concerns .	18
14. References	Error! Bookmark not defined.

1. Purpose

This guidance aims to help staff understand and discharge their responsibilities in relation to children who may be in need, or at risk, because of their parents or carers mental health problems. Large numbers of children grow up with a parent who at some point experiences a mental health problem. These parents may have a mild or short-lived problem, whilst others will experience a severe and enduring illness. Whilst not every parent with mental health problems will have ongoing or even periodic compromised parenting skills, some may need support from time to time.

2. Scope

This guide is primarily aimed at staff working within adult mental health services, but will be useful for others working with children. Child protection is everyone's responsibility and staff have a legal and professional duty to protect the welfare and safety of children whether or not the child is the patient.

3. Introduction & Background

Parents with mental health problems and their children can have complex needs. Not all parents and children will need the support of health and social care services but those who do can find it difficult to get help that is acceptable, accessible, and effective for the whole family.

Large numbers of children in the UK grow up with a parent who at some point experiences a mental health problem. Many of these parents will have a mild or short-lived problem, whilst others will experience a severe and enduring illness such as schizophrenia, personality, and bipolar disorders.

Many parents feel pressure to balance their parenting role with other responsibilities in their lives such as work, and other commitments. Parents with mental health problems can find this particularly difficult.

Children worry about their parents, and may be reluctant to ask for help for fear there may be negative consequences such as being taken away from their parents. Children may become carers for their parents and lose out socially and educationally. Although many children experience negative effects from their parents' mental ill health, many others do not. Certain factors can protect children's mental health when their parents are unwell.

These include:

- Support from relatives, teachers, other adults, and friends
- Having another caregiver who does not have mental health problems
- Being supported by agencies who take a 'whole family' approach to supporting the child, their parents, and other family members

Research studies have indicated that some children of parents with a severe and enduring mental illness experience greater levels of emotional, psychological, and

behavioural problems than children and young people in the rest of the population. This may be due to genetic reasons, but social factors can also affect their mental health. For instance, parents with a severe illness are more likely to experience poverty which in turn can affect their children's mental health.

The monitoring report published by the Mental Welfare Commission – When parents are detained (2013), this refers to section 278 of the Mental Health Act; there is a duty for service providers to mitigate the effects of compulsory measures on parental relations.

The report sets out the following recommendations:

- Raise awareness of section 278
- Care plans that consider the impact on family life
- Improve communication between professionals
- Access to resources
- Child-friendly visitor spaces in hospitals
- Access to child-friendly information
- Social circumstances reported where a service-user has a child under 18 yrs

It must be stressed that not every parent with mental health problems will have ongoing or even periodic compromised parenting skills. However, in order to support parents and their children, staff working within mental health services must be aware that:

- Parental mental health problems can adversely affect the development, and in some cases the safety of children
- Growing up with a parent who experiences mental health problems can have a negative impact on a person's adjustment in adulthood, including their transition to parenthood
- Children, particularly those with emotional, behavioural or chronic physical difficulties, can precipitate or exacerbate mental ill health in their parents and carers

Public concern has arisen because of a number of high profile cases where children have been directly harmed, sometimes fatally, because of the mental health problems of their parents or carers. Common themes emerging from such cases have included:

- Lack of awareness of the impact of parental mental health problems on children
- Individual agencies and their staff being unaware of the presence of children within households
- Lack of any clear assessment of the needs, situation and circumstances of children. In addition, services being too focused on the needs of adults and ignoring or lacking sensitivity to the needs of children and families
- Ineffective communication between professional staff and between agencies
- Inconsistent recording linked to the issue of poor assessment of children
- Poor evidence as to why decisions to act or more importantly not to act have been taken
- Professionals not acting to help children soon enough resulting in crises arising and actual harm or tragedies happening

It is recognised that adult mental health services staff can sometimes become anxious about asking people about issues related to their children and or how they, as parents, are coping with their parenting and child care responsibilities.

Most of these concerns originate from:

- A belief that asking questions about children or childcare issues will fracture or distort the development of the therapeutic alliance and rapport with the person leading to ineffective information sharing, reduced concordance and partial or complete disengagement
- Concern that people will be less likely to seek voluntarily help and assistance from mental health services if they believe that their ability to care for their children will come under scrutiny

Serious consequences can arise from both of the above, for both parents and children if an 'at- risk' situation remains hidden from the view of supporting agencies.

There are however, clear public health implications of not addressing the needs of such families, as parental mental health problems can have an impact on parenting and on children over time and across generations.

Evidence indicates that:

- Between one in four and one in five people will experience mental ill health at some time during the course of their life
- At the time of their episode(s) of mental ill health, at least a quarter to a half of people will be parents
- The children of people who have experienced mental ill health will have a higher incidence of mental health problems themselves than is the norm indicating a strong link between parental and child mental health
- Parental mental ill health has an adverse effect on child mental health and development.
- Child psychological and mental disorders and the stress of parenting negatively impacts upon the quality of adult mental health and wellbeing
- The mental health of children is a strong predictor of their likely mental health in adulthood
-

It is clear therefore that some parents with mental health problems need support. They need to have their parental responsibilities acknowledged and sensitively explored and any difficulties they might be having in this regard must be recognised at the earliest possible juncture. This will allow the necessary supports to be put into place.

4. The View of Parents & Children

The **Children and Young People (Scotland) Act 2014** aims to strengthen children's rights, and improve and expand the services that support children and families, including looked after children. It is the most significant law for children and families in Scotland since the Children (Scotland) Act 1995. The Act is being introduced in stages and due to be fully implementation in 2017.

The key stages are:

- A focus on strengthening children's and young people's rights.
- Requires public services to work together to design, plan and deliver services for children and families – you may be asked to contribute to this
- Introduces a single point of contact for every child up to 18 – the Named Person – until 5 years old this is Health Visitor, then Education from 5 -18yrs.
- Introduces a multi-agency 'Child's Plan' for every child who needs one – you may be asked to contribute to this
- Increases entitlement to early learning and childcare and introduces a duty to provide flexibility to meet parents' needs - you may be asked to support this.
- Improves aftercare and continuing care for looked after children
- Strengthens rights and services for children at risk of becoming looked after
- Includes other provisions such as the definition of 'Wellbeing' and the introduction of free school meals for all P1-P3 pupils.

Contrary to the belief held by some health practitioners, parents and children can welcome the opportunity to discuss the impact of mental health problems on family life. A number of studies reported in the Crossing Bridges report (1998) and Keeping the Family in Mind; Barnardo's (2007) highlight what parents & children want from services for themselves, and for each other.

In general, they want support and understanding based on the needs of individual family members.

Specifically parents want:

- More understanding and less stigma and discrimination in relation to mental health problems
- Support in looking after their children
- Practical support and services
- Parent support groups
- Child centred provision for children to visit them in hospital
- Freedom from fear that children will be inevitably removed from them

For their children they want:

- Provision of explanation and discussion about the events and circumstances surrounding the parental mental health problems.
- Opportunities for children to talk about any fears, confusion, and guilt Children and young people want:
- Age appropriate information about the illness and prognosis
- Someone to talk to but not necessarily formal counselling
- A chance to make and see friends

A group of young carers (Barnardos 2007) developed the following ten messages as a simple checklist for practitioners who encounter families where a parent has mental health problems:

1. Introduce yourself. Tell us who you are. What your job is
2. Give us as much information as you can
3. Tell us what is wrong with our mum and dad
4. Tell us what is going to happen next
5. Talk to us and listen to us. Remember it is not hard to speak to us. We are not aliens
6. Ask us what we know, and what we think . We live with our mum and dad. We know how they have been behaving
7. Tell us it is not our fault. We can feel really guilty if our mum or dad is ill. We need to know we are not to blame
8. Please, don't ignore us. Remember we are part of the family and we live there too!
9. Keep on talking to us and keeping us informed. We need to know what is happening
10. Tell us if there is anyone we can talk to. **MAYBE IT COULD BE YOU**

The Mental Health Child Protection Reference Group have a recommended list (Appendix 7) of various reading and information materials for children or young people whose parent or parents have a mental illness. This is in line with Mental Welfare Commission (2013) and Barnardo's (2007).

The above sentiments echo those found in the Scottish Children's Charter.

Protecting Children and Young People: The Charter

The clear message from children and young people is:

“As children and young people, we have a right to be protected and be safe from harm from others.”

When we have difficulties or problems we expect you to:

- | | |
|---|--|
| ● Get to know us | ● Speak with us |
| ● Listen to us | ● Involve us |
| ● Take us seriously | ● Respect our privacy |
| ● Be responsible to us | ● Think carefully about how you use information about us |
| ● Think about our lives as a whole | ● Make things happen when they should |
| ● Put us in touch with the right people | ● Help us be safe |
| ● Use your power to help | |

1. Information can be accessed for children or young people whose parents experience mental illness from the Royal College of Psychiatry “When a parent has a mental illness”, <http://www.rcpsych.ac.uk/healthadvice/parentsandouthinfo/youngpeople/caringforparent.aspx> . As highlighted by the Mental Welfare Commission for Scotland (2012) and Barnardos (2007).

5. Roles and Responsibilities

The National Scottish Government Child Protection and Health Guidance (2010) – “Procedures and guidance cannot in themselves protect children; a competent skilled and confident workforce, together with a vigilant public, can. Child protection is a complex system requiring the interaction of services, the public, children and families. For the system to work effectively, it is essential that everyone understands the contribution they can make and how those contributions work together to provide the best outcomes for children. Social workers, health professionals, police, educational staff and anyone else who works with children and their families, as well as members of the community, need to appreciate the important role they can play in remaining vigilant and providing robust support for child protection. Guidance provides the framework for that understanding. It enables managers and practitioners to apply their skills collectively and effectively and to develop a shared understanding of their common objective – to support and protect children, particularly those who are most vulnerable” <http://www.gov.scot/Resource/Doc/334290/0109279.pdf>

Getting it right for every child (also known as "Getting it right" or GIRFEC) is the national approach to supporting and working with all children and young people in Scotland. It affects all services for children and adult services where children are involved, so it is relevant to adult mental health services. It is based on research, evidence and best practice and designed to ensure all parents, carers and professionals work effectively together to give children and young people the best start we can and improve their life opportunities.

We all want our children and young people to be fully supported as they grow and develop to be:

- **Safe** - protected from abuse, neglect or harm at home, at school and in the community
- **Healthy** - experiencing the highest standards of physical and mental health, and supported to make healthy safe choices
- **Achieving** - receiving support and guidance in their learning - boosting their skills, confidence and self-esteem
- **Nurtured** - having a nurturing and stimulating place to live and grow
- **Active** - offered opportunities to take part in a wide range of activities - helping them to build a fulfilling and happy future
- **Respected** - to be given a voice and involved in the decisions that affect their well-being
- **Responsible** - taking an active role within their schools and communities
- **Included** - receiving help and guidance to overcome social, educational, physical and economic inequalities; accepted as full members of the communities in which they live and learn

And above all, to be safe - protected from abuse, neglect or harm

We want our children and young people to be successful learners, confident individuals, effective contributors and responsible citizens

Getting it right for every child - giving all children and young people the best start in life

More information is available at:

<http://www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec>

You also have a responsibility to keep your knowledge and training up to date. Child protection training should be part of your PDP. As a minimum, all staff has to complete the online Level 1 induction training. Staff with direct patient contact and care responsibilities should also do the foundation Level 2 module. More information and links to the online training can be found on the Child Protection Units website:

http://www.nhsggc.org.uk/CONTENT/default.asp?page=home_Child%20Protection%20Unit

It is the responsibility of individual practitioner to make themselves aware of local HSCP child protection committee guidance and protocols. Each HSCP area has an Adult Mental Health representative on local Child Protection committees. Every area should display local Child Protection information and service.

6. Assessment

If you identify a child as being at risk of harm then you must act

If you consider a child not to be at risk of harm then you must be able to evidence why you think they are not at risk

All adult mental health staff are required to identify where children are present in the household or are cared for by adults with mental health problems. Adult Mental Health services patient documentation contains child information sections. These are designed to ensure that, as a minimum, children are identified at the initial or baseline stage of assessment. These must always be completed.

The Assessment requires us to:

- Gather the names and age of children and where **appropriate** their legal status and any corresponding information in relation to management system identifier (e.g. Mental Health Single Shared Assessment/ Front sheet for inpatients)
- Enquire about the children's current living situation, where, who with, and who is in the household (up to and including adult who may not be immediate carers for children)
- Ascertain from patients if they have any concerns regarding the care of their child or children
- Identify and record and inform the Named Person for each individual child.
- Identify and record whether there is any other agency contact with these children

- Evaluate whether further investigation or assessment of the child's circumstances is required

Staff must consider the impact of parental mental health problems on the health, wellbeing and immediate safety and circumstances of the child. This is not optional but a mandatory role.

You might have concerns about children because it is clear from the needs of the adult you are working with that they have:

- A parenting responsibility
- Are unlikely to be fully coping or fulfilling their responsibility as a parent adequately

The child may:

- Have unexplained bruising or bruising in an unusual place
- Appear afraid, quiet or withdrawn
- Appear afraid to go home
- Appear hungry, tired or unkempt
- Be left unattended or unsupervised
- Have too much responsibility for their age
- Be acting out in a sexually inappropriate way
- Be misusing drugs or alcohol

Or, you cannot form a clear view as to the presence or circumstance of the child possibly because:

- Information is inconsistent
- Information is being withheld
- Information is being falsified

You must follow up these concerns:

- Note your concerns clearly on your assessment
- Record evidence for your concerns

More detailed information available in NICE Clinical Guidance 89(2009)

<https://www.nice.org.uk/Guidance/CG89>

Any concerns or issues in relation to a child should be recorded with notes clearly stating the evidence for these concerns. You must then describe any actions to be taken in relation to these concerns. Be specific about what your concerns for children are. Obtuse descriptions are insufficient for this purpose and your assessment should give specific observations, with professional analysis. It is important to include any Carer responsibilities the child has. You could speak to the child and offer advice on other means of support like Child Line or Young Minds, or Supporting children who have a parent with a mental illness www.childrenssociety.org.uk . There should be regular detailed monitoring of the adult with mental health problems and the identification of any further children who may be in need or at risk directly or indirectly.

You may be asked to contribute to further assessment in relation to neglect and emotional abuse; such as 'Working with Neglect – Practice toolkit' – Glasgow Child Protection and WOS Child Protection Network – Practice guidance for Health Professionals



EMOTIONAL ABUSE
AND EMOTIONAL NEC

Be alert to adults, who although not parents, may live in the household with children. Discuss your concerns with your line manager, or deputy, in order to agree the next step.

Children's needs must be regularly reviewed as new information becomes known about their circumstances, or where the circumstances and needs of those adults who have responsibility to care for them changes over time. Below are two models to help with this.

The Crossing Bridges Family Model (Falkov 1998) is a useful conceptual framework that can help staff to consider the parent, the child and the family as a whole when assessing the needs of and planning care packages for families with a parent suffering from a mental health problem.

More information is available at:

<http://www.scie.org.uk/publications/guides/guide30/familymodel/index.asp>

My World Triangle - The Triangle is a simple way of representing the three domains that assessment should take account of:

- The child's developmental needs
- The parents' or caregivers' capacities to respond appropriately
- The wider family and environmental factors

More information is available at:

<http://www.iriss.org.uk/assessment/triangle.html>

Where formal interventions are required, they should be:

- Carried out as far as possible in partnership with the family with the aim of helping them to put their children's welfare first
- Parents with mental health problems should be assessed in the same way as other parents whose personal difficulties interfere with or lessen their ability to provide adequate parenting

7. Next steps

There is a recognition that NHS GG&C works in partnership with six different local authorities; with slight variation the following is a general guide

This is what you must do:

- Share information with the Named Person for the child/children (refer to GIRFEC)

- When workers are concerned about a child's welfare, telephone contact should be made with social work in the first instance to discuss the concern and the possible action that may be taken. If unsure which social work department contact Social Work Direct
- Child Protection Unit can be contacted via the advice line or click the desk top icon on your PC
- If the situation requires an urgent response, ensure that your referral is discussed with a qualified social worker or team manager. This is particularly relevant in areas where referrals are received by non-qualified social work staff.
- The referral form should be completed immediately following this discussion. Documents can be accessed via Child Protection desk top icon on your PC.
- If out with hours duty standby – **Glasgow & Partners Emergency Social Work Services, 03003431505**
- Even if the child is known to Social Work Children and Family service, a form should be complete documenting your concern. A new referral form should be completed when there is an increased or new risk to the child.
- Notify the police if there is immediate danger to the child

The referral form and guidance notes are available on the CPU website by following this link:

<http://www.nhsggc.org.uk/content/default.asp?page=s552>

Raising your concerns will lead to a more specialist assessment of that child's needs, by skilled competent children's practitioners

Generally, it is considered best practice to be open and honest with parents/carers and where appropriate, children and young people, about your intention to share concerns with other agencies.

However, there may be occasions when it is not appropriate to do so:

- where there are allegations/concerns in relation to possible sexual abuse and whether by alerting parents/carers to your concerns, this may prejudice any subsequent investigation
- where you have concerns about possible factitious or fabricated or induced illness in children
- where you have concerns about child trafficking or grooming
- where you believe this may result in an increased risk of harm to the child; and
- where you believe this may result in an increased risk to your own personal safety

Adults with a severe and or persistent mental health problem associated with a high level of need and or poor engagement with services will be assessed by the Multi-Disciplinary Team for an Assertive Outreach Approach. This assessment will include mental health, psychological and social care needs.

For inpatient services, where it becomes apparent that a patient has parenting responsibilities it is incumbent upon staff to ensure the potential impact of the

parent's mental health problems upon the children has been recognised. In the circumstance where concerns are identified, staff must refer to the appropriate Children and Families team and complete the appropriate inter agency referral form.

8. Information Sharing and Confidentiality

The Greater Glasgow and Clyde Protocol for Sharing Information

Deciding to Share Personal Information

The Board and the Local Authorities encourage their staff to share information about their service users for the purposes of better and more effective care and where information sharing is necessary to protect vulnerable adults or children who may not be service users. Information has been shared between the Parties for a number of years for the benefit of clients. Sharing relevant information leads to benefits for service users in improved and more joined-up services. However, it is important to recognise that legal safeguards are in place to ensure that only relevant information is exchanged in the appropriate way and that it can only be seen by staff that requires to see it for the purposes of their job. All staff of the Parties who have access to personal information are contractually obliged to treat it as strictly confidential, and all information exchanged is kept secure by both parties

There will be occasions when information will be shared without consent, particularly to protect vulnerable adults and children, who may not themselves be service users. If any member of the Parties' staff believes there are risks to a vulnerable person which may be mitigated by sharing personal information, they are obliged to share that information, if necessary without consent

The Protocol is available on Staff Net by following the link:

[http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Communications/Hot%20To
pics/ Pages/comms_ISP-InformationSharingProtocol_mb020710.aspx](http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Communications/Hot%20To%20pics/Pages/comms_ISP-InformationSharingProtocol_mb020710.aspx)

Sharing appropriate information is an essential component of child protection and care activity. To secure the best outcomes for children, practitioners need to understand when it is appropriate to seek or share information, how much information to share and what to do with that information.

Practitioners also need to consider from and with whom information can, and should, be sought and/or shared. This applies not only between different agencies, but also within agencies. Consideration of child welfare and protection should be an intrinsic aspect of assessment, case management, monitoring and review for all service providers.

Sharing of personal information must only take place when there is no doubt that the information is accurate, up to date and relates to the right person.

Information sharing has to be necessary, relevant and not excessive. The information shared should be provided to achieve a specific objective.

In the event information is found to be inaccurate, out of date then you are required to correct this in your records and alert any other agencies that you sent the wrong information to, so they can correct their records.

When information is shared, a record should be made of when it was shared, with whom, for what purpose, in what form and whether it was disclosed with or without informed consent. Similarly, any decision not to share information should also be recorded.

The reasons why information needs to be shared and particular actions taken should be communicated openly and honestly with children and family.

The sharing of personal information supports more effective, efficient provision of resources to service users leading to better outcomes. It is also necessary for the protection of vulnerable adults and children.

NHS GG&C and the local authorities encourage their staff to share information about their service users for the purposes of better and more effective care and where information sharing is necessary to protect vulnerable adults or children who may not be service users.

NHS GG&C works in partnership with other organisations and has clearly established and communicated protocols for sharing information i.e. information should be shared, subject to any necessary consents and safeguards. However, staff are reminded that child protection issues override “confidentiality”

If a child is considered to be at risk of harm, Relevant information must always be shared.

9. Women who are Planning a Pregnancy, Pregnant or Breastfeeding

The treatment and management of severe and enduring mental disorder in women who are trying to conceive, and during the antenatal and postnatal periods, is challenging and complex. This is largely because the risks of taking medication during pregnancy are not always well understood and because the risk of relapse in women during this time is high. No psychotropic drug is specifically licensed for use during pregnancy or when breastfeeding.

The following protective factors should be taken account of when dealing the issues of pregnancy:

- Supportive partner
- Extended family presence
- Stable financial status
- Stable secure housing
- Reduced stress
- Good level of functioning

Women with identified existing severe and enduring mental illness should be offered pre-

conceptual counselling when considering pregnancy.

The absolute and relative risks of problems associated with both treating and not treating the disorder during pregnancy should be discussed with women. Women should be directed to the patient version of SIGN 127 'Mood disorders during pregnancy and after the birth of your baby' (2012) – www.sign.ac.uk/guidelines/fulltext/127/

More frequent contact by specialist adult mental health services (including, where appropriate, specialist perinatal mental health services), working closely with maternity services, should be considered for pregnant women with a mental disorder, because of the increased risk of relapse during pregnancy and the postnatal period. Perinatal Mental Health Service can be contacted for additional advice on 0141 211 6500 or www.nhsggc.org.uk/perinatalmentalhealthservice

A written plan for managing a woman's disorder during the pregnancy, delivery and postnatal period should be developed as soon as possible. This should be developed with the patient and significant others, and shared with her obstetrician, midwife, GP and health visitor. All medical decisions should be recorded in all versions of the patient's notes. Information about her medication should be included in the birth plan and notes for postnatal care.

If there is wellbeing concerns or child protection concerns this should be reflected in pre birth plan.

10. Options for medication management – SIGN 127, Management of Perinatal Mood Disorders (2012):

- Stop medication before and throughout pregnancy
- Stop medications and reintroduce only if symptomatic in pregnancy
- Stop medications and reintroduce after first trimester
- Continue medication throughout
- Switch to lower risk drug

Adult Mental health staff should attend and contribute to any interagency Pre-Birth conference. Please refer to Section 10 of Glasgow Child Protection Committee Inter-Agency procedural guidance for vulnerable women during pregnancy (August 2008).

11. Standards of Record Keeping

Good record keeping is essential for safe and effective practice. The purpose of record keeping is to retain clinical information and establish an ongoing history of the patient, and to provide continuity of care. This will be inclusive of electronic and written records e.g. EMIS, Clinical Portal, and Care First.

The record of information must be accurate and consistent. Record keeping should be patients focused, safe, effective, accurate and contemporaneous.

Staff should avoid unnecessary professional jargon, irrelevant speculation, subjective statements or value judgements and remarks which might be construed as offensive.

If a particular term is likely to be referred to several times in a single narrative, good practice dictates that it must be written in full when written the first time. The use of abbreviations should however be avoided as much as possible.

Health care professionals are accountable for any entry they make to a clinical record. An individual's personal information must always be regarded as sensitive and confidential. Staff, third party contractors, partner organisations and volunteers must be fully aware of their responsibilities regarding confidentiality; records must be kept private and physically secure.

Appropriate care must be taken when disclosing and using information, staff must not access any patient, employee or other record for which they have no proper reason to do so in the course of their duties.

Decision making depends on having sufficient, succinct, accurate and accessible records.

Records should include note of:

- Date of staff contacts with children and families
- The child's view and emotional well-being
- Actions and decisions and rationale behind them
- Outcomes of interventions
- The Childs Plan(or Child Protection Plan, where the child is believed to be at risk of significant harm) and
- A chronology of significant events involving the child

Records should always be completed with the involvement of the child and/or their parent where appropriate.

Records must not be deleted or altered at a later date as per the NHS GG&C Standards for Record Keeping Policy and the standards of the individual's professional governing body.

12. When Adult Mental Health Staff are Invited to Attend Formal Children and Families Reviews

Child Protection Case Conferences or discussions, the minimum standard is that a written report will be provided and that staff will attend these reviews, as and when appropriate. A Template for adult mental health staff attending or sending a report to child protection case conference has been developed in conjunction with Child & Family Social.



ADULT MENTAL
HEALTH REPORTING

Please read the Policy and Procedure for all Health Professionals Attending Child Protection Case Conferences for more information on your responsibilities.

13. Discharge Procedures Where There May Be Child Protection Concerns

The ward staff must ensure that appropriate supports are put in place when a person is on leave from hospital, including day passes. This includes the Named Person for the child/children

Community Adult Mental Health teams are required to communicate with the original referral team or agency to ensure that all relevant information is available before discharge proceeds. This includes the Named Person for the child/children.

Ward staff must ensure that all supports are in place prior to discharge from hospital and that all agencies and professionals involved in the community support package are given adequate notice of the discharge date. The use of Crisis plans and advanced statements should be considered. It is important to consider the needs of children who will be carers to their parent. It is good practice to ask them about their needs and involve them in discharge planning.

If a patient with parental responsibilities is being discharged because of refusing to engage with services, and there is evidence of severe and enduring mental illness, then as a minimum:

- There must be a multi agency case review
- The circumstances of the child or children must be discussed with the Named Person for the child/children and Children and Family service and record what is discussed and agreed
- a referral must be made using the Shared Referral system

If new information that could pose a risk to children becomes known during discharge, then:

- The policy for notifying concerns to social work must be followed
- The information must go into the discharge summary
- Any other agencies involved with the care of the patient should be given appropriate information to keep the children safe

The vision for Scotland's children is:

'A Scotland in which every child matters, where every child, regardless of his or her family background, has the best possible start in life.'

The Forensic Directorate are implementing enhanced CPA as part of their discharge planning and support for parent and their children. This will benefit from multi agency communication and planning at an early stage.