

Supporting recovery in families affected by parental mental illness

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This practice paper outlines ways in which practitioners can support healing and recovery in families affected by parental mental illness. In particular, this paper encourages practitioners to:

- understand that recovery occurs in a family context;
- focus on strengthening parent–child relationships;
- support families to identify what recovery means for them;
- acknowledge and build on family strengths, while recognising vulnerabilities;
- assist family members to better understand, and communicate about, mental illness; and
- link families into their communities and other resources.

As parental mental illness can underpin or exacerbate many of the difficulties experienced by individuals and families in contact with the human services sector, this paper is intended to be used by managers and practitioners in diverse sectors, including family services, child protection, out-of-home care and mental health.

Introduction

Many families involved with human services face multiple and complex issues, including parental mental illness, substance misuse and domestic violence (Bromfield, Lamont, Parker, & Horsfall, 2010). While services often focus on a particular area of need (e.g., child safety, substance misuse, housing instability) it has long been recognised that when services adopt a narrowly focused, “siloed” approach in their work with individuals and families, interventions tend to be less than effective. This practice paper focuses on the issue of parental mental illness. It is intended to be used by practitioners from diverse sectors, including those who work outside of the mental health sector. As parental mental illness can play a role in many family difficulties, it is important that all practitioners who work with children and families have a basic understanding of the ways in which they can assist parents and families on their journeys of recovery from mental illness.

This paper is grounded in the recovery approach to mental health, which in recent years has increasingly influenced mental health policy and practice in Australia and throughout the English-speaking world. For many individuals, the concept of recovery is about staying in control of their lives despite experiencing ongoing symptoms of mental illness (Slade, 2009). While the medical approach emphasises *clinical recovery*, as indicated by a remission of mental health symptoms, the recovery approach centres on *personal recovery*, which aims not necessarily at a symptom-free life, but instead at “living a satisfying, hopeful, and contributing life, even when there are ongoing limitations caused by mental health problems” (Mental Health Commission of Canada, 2012, p. 12). A popular model of recovery is the CHIME framework (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011) where recovery is seen to occur across five domains: Connectedness, Hope, Identity, Meaningfulness and Empowerment.

While recovery was originally conceived as a largely individual journey, it is increasingly being seen as an “inherently social process” (Marino, 2015, p. 68). A number of authors have proposed models of family recovery that acknowledge that for many people with a mental illness it is impossible to separate their own recovery from the functioning of their family or their responsibilities as parents (e.g., Maybery et al., 2015; Nicholson, 2014). This paper draws on the family recovery literature, as well as the lived experience of people affected by parental mental illness. It suggests ways in which practitioners can work with parents and families to strengthen relationships and environments to support the healing and recovery of all family members, with particular focus on supporting the parent–child relationship.

It is unlikely that all parts of the paper will be relevant to every reader. Readers are encouraged to draw on information that is relevant to their particular practice and level of expertise, as well as to use the “Further resources” sections to pursue avenues of particular interest. It is not intended that this paper will replace training or detailed information on specific mental illnesses and their treatment, or act as a guide in interventions or risk assessment procedures. Rather, this paper aims to inspire practitioners to learn more about supporting family recovery. It conveys the idea that all practitioners, wherever they are positioned in the human service sector, have a role to play in family recovery.

Further resources

- **Report:** Australian Health Ministers’ Advisory Council. (2013). *A national framework for recovery-oriented mental health services: Policy and theory*. Canberra: Department of Health. <<http://bit.ly/29Q63jw>>
- **Report:** Bromfield, L., Lamont, A., Parker, R., & Horsfall, B. (2010). *Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse, and mental health problems* (NCPC Issues No. 33). Melbourne: Australian Institute of Family Studies. <<http://bit.ly/29R5uJM>>
- **Journal article:** Reupert, A. E., Maybery, D. J., & Kowalenko, N. M. (2012). *Children whose parents have a mental illness: Prevalence, need and treatment*. *MJA Open*, 1(Suppl 1), 7–9. <<http://bit.ly/2a3zIPM>>
- **Annotated bibliography:** CFCFA website. *Parents with a mental illness*. <<http://bit.ly/29KGdOv>>
- **Resource library:** COPMI website. *Resource library* (for use by parents and families, children, professionals who support them and other groups). <<http://bit.ly/2abZs8w>>

Strategies for promoting family recovery

1. Understand that recovery occurs in a family context

Recovery occurs in social contexts. For many individuals experiencing mental illness, the family is the most salient context: estimates have indicated that over 50% of Australia’s mental health service users have daily contact with family member/s (Morgan et al., 2012) and roughly 20% live with dependent children (Maybery, Reupert, Patrick, Goodyear, & Crase, 2009). For many parents with a lived experience of mental illness, it is simply not possible to separate their own recovery from the wellbeing of their family, from their responsibilities as parents, and from the state of their parent–child relationship/s. In

outlining her model of family recovery, which was developed for mothers with severe mental illness (but is also applicable to fathers), Nicholson (2014) observed:

Clearly, women who are mothers are not living in a vacuum. The context of their lives is often defined by family parameters. Families are commonly understood as systems in which members are engaged in reciprocal relationships (i.e. family members affect each other) and events are multiply determined by forces operating within and external to the family. For mothers living with mental illnesses, recovery is a dynamic process that contributes to and is influenced by family life, family experiences, and the wellbeing and functioning of other family members. (pp. 6–7)

Nicholson encouraged practitioners to consider “the relationships between parent and child characteristics, the family and the environment, and the interactions and transactions among them to suggest targets and pathways for recovery” (p. 7). Whether practitioners are working with children, parents, carers or the whole family, it is likely that interventions will only be effective in the long term if they account for the interdependence of child, parent and family outcomes.

Practice considerations

- Do your organisation’s intake and assessment processes capture individual client’s mental health as well as parenting and family status?
- As part of the intake and assessment process, do you consider the ways in which relationship difficulties, separation or divorce may be impacting on parents’ mental health?
- Does your organisation provide or access training on understanding mental illness and the recovery approach? If so, does this training adopt a family-focused and systemic perspective?
- As part of ongoing assessment with families, do you attempt to identify and understand the roles that different family members play in supporting the parent with a mental illness, as well as the impacts of these roles on family relationships and children’s daily lives?
- As a practitioner, how can you support the parenting role in the context of a parental mental illness? Who in your organisation can support you with this work?
- Does your organisation train practitioners to discuss sensitive topics with clients (e.g., raising the topic of mental illness and its impact on children and family relationships)? What supports are in place to help practitioners engage in such conversations (e.g., tailored supervision, secondary consultation with specialist services, inter-agency and inter-professional learning networks, online resources and professional recognition)?

Further resources

- **eLearning course:** COPMI website. “[Keeping families & children in mind](http://bit.ly/2abZwoK)” eLearning course (Introductory course suitable for practitioners from a diverse range of sectors). <<http://bit.ly/2abZwoK>>
- **eLearning course:** COPMI website. [The “Family Focus” eLearning course](http://bit.ly/2ap1cro) (Skills-based training in an evidence based therapeutic intervention. For experienced practitioners in private or public practice, specialist mental or general health, or family counselling or therapy). <<http://bit.ly/2ap1cro>>
- **Journal article:** Cowling, V., & McGorry, P. (2012). [Parental mental illness is a family matter](http://bit.ly/29R557w). *MJA Open*, 1(Supp 1), 5. Retrieved from <<http://bit.ly/29R557w>>
- **Research summary:** Trowse, L., Hawkins, K., & Clarke, J. (2013). [Putting families at the centre of recovery](http://bit.ly/29QdozR) (GEMS edition 14). North Adelaide: COPMI. <<http://bit.ly/29QdozR>>
- **Research summary:** Maybery, D., & Korhonen, T. (2009). [Issues for mental health workers when working with children and parents](http://bit.ly/29R7ilQ) (GEMS edition 6). North Adelaide: COPMI. <<http://bit.ly/29R7ilQ>>
- **Report:** Robinson, E., Rodgers, B., & Butterworth, P. (2008). [Family relationships and mental illness: Impacts and service responses](http://bit.ly/29Jzrcx) (AFRC Issues No. 4). Melbourne: Australian Institute of Family Studies. <<http://bit.ly/29Jzrcx>>

Box 1: A mother's perspective*Including family in the recovery process*

The people I was working with (in this clinical service) saw me as a whole person, and not just as a person, but as a mum. I'm Mum first. I've got two little people who rely on me, no matter how unwell I am, no matter how good I'm going, or how bad, and I've got a partner as well. He is the one who keeps it together, and it's taken its toll on him, it's taking its toll on my kids, so they need to be factored in.

Through going to the supported playgroup they run, there was a lot more support, and there was a different approach. I got to go to psychiatric sessions with my partner. He got to sit down and talk, he finally got to have a voice in my recovery. He finally got to have some relief and just be able to vent, and it wasn't all internalised. It wasn't just us.

And if things hadn't have happened, and our family hadn't had the support to move forward, if my kids were still in that position, if my daughter was still suffering, I don't think I would've been able to get better. I can't get better when I'm fighting to get well or stay well and family life is impacting, so having somewhere to talk about that and bring them in to focus was just so important to my recovery and healing.

2. Focus on strengthening parent–child relationships

Parental mental illness can affect parent–child relationships in a number of ways. Parents experiencing mental illness are more likely than others to report parenting difficulties and strained relationships with their children (Wilson & Durbin, 2010), and their children are at increased risk of a range of emotional and behavioural problems (Ramchandani & Psychogiou, 2009). While difficulties in parent–child relationships are an important risk factors for ongoing problems for both parents and children, they are also one of the factors that is most amenable to change. Often, one of the most basic ways practitioners can support family recovery is to help parents reflect on if/how their mental illness affects their relationships with their children and their capacity to provide parental care. Such reflections can assist in identifying the most appropriate supports for strengthening parent–child relationships, if such supports are necessary. It should be noted, however, that it is important for practitioners to try to avoid making assumptions about the ways in which parental illness impacts on parent–child relationships. Many parents who experience mental illness are able to maintain healthy relationships with their children. Indeed, some parents even report that they are closer and more engaged with their children as result of their struggles with mental illness (Ackerson, 2003). While every family will be different, strong parent–child relationships are often at the heart of family recovery.

Practice considerations

- Does your organisation provide access to resources about, and narratives from, families affected by parental mental illness that could expand and deepen practitioners' understanding of the relational impact of mental illness?
- Are there options and supports available for you to work with parents and children together, thereby bringing parent–child relationships to the forefront of your practice?
- Do you talk with parents about how some parenting activities, at some times, might require support from other people? How can you assist parents to identify and find the parenting supports they might need?
- Does your organisation identify and promote information on parenting support and education groups that you could refer parents to if they expressed interest?
- Are you aware that recreational activities can be an important component of family relationship building? If families have limited access to recreational activities, how can you help to identify the barriers and work to address these, or find suitable alternatives?
- Have you considered ways you can support parents to connect with their child/ren even when their parenting capacity is limited by mental illness? For instance, might you support parents to consider the low-energy tasks that they can engage in with their child/ren, such as watching a movie, sharing a colouring activity or listening to an audio book from the library?

Further resources

- **Research summary:** Cowling, V., & Garrett, M. (2008). *Children of parents with a mental illness and their family relationships* (GEMS edition 3). North Adelaide: COPMI. <<http://bit.ly/29QgtQ4>>
- **Journal article:** Phelan, R., Howe, D., Cashman, E., & Batchelor, S. (2012). *Enhancing parenting skills for parents with mental illness: The Mental Health Positive Parenting Program*. *MJA Open*, 1(Suppl 1), 30–33. <<http://bit.ly/29R6tHu>>
- **CFCA webinar:** Cuff, R., & Morgan, B. (2015). **"Flying over the radar": Changing practice to support children and families where a parent has a mental illness**. Melbourne: Australian Institute of Family Studies. <<http://bit.ly/29JCbGC>>
- **Program manual:** Anglicare & The Northern Area Mental Health Service. (2013). *Our time: A supported playgroup for parents with a mental illness. Manual*. Melbourne: NAMHS. <<http://bit.ly/29UvIBt>>
- **Booklet:** COPMI. *Supporting children of parents with a mental illness: A resource for primary school workers*. North Adelaide: COPMI. <<http://bit.ly/29Q2JH7>>

3. Support families to identify what recovery means for them

The term “recovery” means different things to different people. Although there are various models of recovery to guide peoples’ thinking, ultimately each individual and each family needs to work out what recovery means for them in particular. For some, recovery may mean feeling empowered to achieve the best quality of life they can when experiencing the symptoms of mental illness. For others, recovery is an opportunity to strengthen relationships and make positive changes to their life and priorities. Every person and family will be different. Family recovery is most likely to occur when it is family-driven and self-determined; as Nicholson, Wolf, Wilder, and Biebel (2014) argued, “change is driven by what people identify as important to them and their families” (p. 26). The process of identifying what recovery means for a particular family will not always be straightforward or conflict-free; it is quite common for different family members to have different goals, expectations, time frames and progress benchmarks. However, promoting ongoing discussion assists parents and families to keep dialogue open, to see their experience as shared as well as individual, and to reduce stigma that interferes with help-seeking behaviour.

Practice considerations

- Do you discuss the concept of family recovery with the parents you work with? What training, support or resources would you need in order to make such discussion a routine part of your work?
- Do you have organisations you can refer families to if they are struggling to negotiate different opinions they may have about what recovery should look like for themselves or their family?
- Have you considered the ways in which cultural, religious and spiritual factors may influence families’ understanding of mental illness and recovery?

Further resources

- **Journal article:** Maybery, D., Goodyear, M., Reupert, A., & Harkness, M. (2012). *Goal setting within family care planning: Families with complex needs*. *MJA Open*, 1(Suppl 1), 37–39. <<http://bit.ly/29JGD8C>>
- **Journal article:** Maybery, D., Reupert, A., & Goodyear, M. (2015). *Goal setting in recovery: Families where a parent has a mental illness or a dual diagnosis*. *Child and Family Social Work*, 20(3), 354–363. <<http://bit.ly/2a3SgtW>>
- **Webpage:** COPMI website. *Recovery and parenting*. <www.copmi.net.au/parents/parenting-with-a-mental-illness/parenting-and-recovery>

Box 2: A father's perspective

Working towards recovery

For a long time, I didn't think I was making any progress and my symptoms and issues were multifaceted so it was a little like dealing with an octopus one leg at a time. The learning curve is about me and what works. I had to deal with ruminating. I needed to slow down, taking time, rest. Medication helped. Therapy worked wonders.

I found that fishing alone and with others recharged me. I found the same at work in the greenhouse—working alone and with others was physically demanding but had enormous benefits. I had to make meaning of my illness to somehow redeem it. I blogged, I journalled, I read. I returned to work in a professional capacity—slowly.

Recovery is glacial and non-linear. It's more of an adventure than a trip from A to B. It's sometimes circular with the destination unclear. I often felt like a ship that had left the dock but unable to see my destination or to know if I would ever reach it.

While my capacity for productivity has not fully returned, nor my resilience, I've reached a point now where the person I am today, is much better than the person I used to be (you can ask my wife). Mental illness nearly killed me—but recovery from it made me into a better version of me.

Today, I work with men experiencing mental illness and families who are caring for a loved one with symptoms. We didn't get much support as a family and I know that there are other poor bastards out there wanting to die just like me. I share my story wherever people find it useful so hopefully they and their families can go on a journey of recovery too and find life again.

4. Acknowledge and build on family strengths, while recognising vulnerabilities

Highlighting family strengths is essential to promoting recovery in families affected by mental illness (Maybery et al., 2015; Nicholson et al., 2014). Strengths-based approaches focus on peoples' capabilities and resources rather than the more traditional focus on deficits and pathologies. Family members' abilities, resources, personal characteristics, interests and wishes are all taken into consideration and are seen as motivators and tools for positive change. Of course, this does not mean that practitioners should ignore risks or vulnerabilities in the family environment, especially where children's safety is at stake. When working with families with complex issues, practitioners will need to identify and address risk factors and deficits as well as acknowledge and build on strengths and capabilities (Scott, Arney, & Vimpani, 2013). It is also important to remember that a family's strengths and vulnerabilities will not remain static, but rather will change over time.

Practice considerations

- To what extent is strengths-based practice supported in your organisation? As a practitioner, do you have tools, skills and knowledge available to you to undertake strengths-based practice?
- If you work with individual clients (e.g., children, parents), do you attempt to ascertain the strengths and vulnerabilities of each client's whole family system, as well as the parent-child relationships within the system?
- What strategies do you use to help clients overcome their discomfort with discussing their personal or family vulnerabilities? Who can support you with these conversations?

Further resources

- **Journal article:** Maybery, D., Reupert, A., Goodyear, M., Ritchie, R., & Brann, P. (2009). *Investigating the strengths and difficulties of children from families with a parental mental illness*. *Australian e-Journal for the Advancement of Mental Health*, 8(2), 165–174. <<http://bit.ly/29Q2rV3>>

- **Journal article:** Scott, D. (2009). "Think child, think family": How adult specialist services can support children at risk of abuse and neglect. *Family Matters*, 81, 38–42. <<http://bit.ly/29Q2pMO>>
- **Research summary:** Goodyear, M., & Power, J. (2015). *Resilience in families where a parent has a mental illness* (GEMS edition 20). North Adelaide: COPMI. <<http://bit.ly/29Q3L61>>
- **Report:** Hunter, C., & Price-Robertson, R. (2014). *The good practice guide to Child Aware Approaches: Keeping children safe and well (Part C)* (CFCA Paper No. 21). Melbourne: Australian Institute of Family Studies. <<http://bit.ly/29UxFZc>>

5. Assist family members to better understand, and communicate about, mental illness

Mental illness can leave families feeling confused and shameful. In the absence of education and effective communication about mental illness and its effects on family life, misunderstandings are likely to develop. As Reupert, Cuff, and Maybery (2015) noted:

A parent's mental illness is often the "elephant in the room" or the shameful secret that everyone knows is there but no one talks about. Mental illness is likely to affect the parent's behaviour, which the child might notice but not always understand ... Young people who lack information about their parent's mental illness may interpret their parent's behaviour in the context of their own limited and often inaccurate understanding, which in many ways is often far worse than what is actually the case, leading children to experience distress or confusion. Similarly, without an accurate understanding of their parent's illness, young people might blame themselves for their parent's behaviour or depressed state. (pp. 201–202)

A great way to start to encourage family recovery is to support parents to talk about how they think their children understand mental illness, and then further support them to have conversations with their children about mental illness. For some families, just the act of sharing their experiences and perspectives with each other can be a healing experience. Many people also benefit significantly from engaging with peers who have similar experiences to them (e.g., one-on-one peer support; support groups for partners or carers; programs for children of parents with a mental illness, such as CHAMPS).¹

Practice considerations

- Do you understand the ways in which mental illness can impact on family life and family relationships? Can you identify further training/resources in this area, and gain support from your supervisor to access these?
- Do you attempt to ascertain family members' understanding of mental illness and recovery? How might you assist family members to access information or further support?
- Did you know that you can access the COPMI website for information about mental illness that is specific to family members' self-identified roles (e.g., carer, young carer, grandparent, family friend)?
- Does your organisation offer training or resources that help practitioners to support parents to provide children and young people with age-appropriate information about parental mental illness and its effects on family life?

Further resources

- **Research summary:** Ferguson, B. (2012). *Talking to children about parental mental illness* (GEMS edition 12). North Adelaide: COPMI. Retrieved from <<http://bit.ly/2a4TDHA>>
- **Video:** COPMI website. [About Mental Illness \(for children and young people\)](http://www.copmi.net.au/kids-young-people/about-mental-illness). <www.copmi.net.au/kids-young-people/about-mental-illness>

¹ For more information on CHAMPS Programs, see <www.copmi.net.au/find-help/prevention-services/item/vic-eastern-metropolitan-area-champs-programs>

- **Booklet:** COPMI. (2014). *When your parent has a mental illness*. North Adelaide: Australian Infant, Child, Adolescent and Family Mental Health Association. <<http://bit.ly/29Q4rZ1>>
- **Booklet:** COPMI. (2014). *How can I help my child?* Adelaide: COPMI. <<http://bit.ly/2a3Qp8g>>
- **Resource library:** COPMI website. [Resource library \(including literature written specifically for children and young people\)](#). <<http://bit.ly/2abZs8w>>

Box 3: A child's perspective

A gradual journey of healing

Growing up my family consisted of Mum, my Dad and my two younger brothers. Mum suffered from bipolar disorder and Dad was clinically depressed for my entire life. It all began in their teens before I was born.

Dad's illness stemmed from childhood traumas, and later in his life he self-medicated with drugs and alcohol, only to take his life when I was 19 years old. He was on and off medications throughout my life and had some hospital stays for his mental health and also from overdoses and suicide attempts, some of which I had discovered as a child, which was very traumatic for me. The grieving process, I tend to think, is different when it comes down to that person's choice. It is almost 6 years since he passed away. Not a day goes by that I don't miss him.

It took me making a lot of mistakes in my teenage years experimenting with drugs and alcohol, going out and partying and being irresponsible to learn about life and exactly where I didn't want to be, and also to get me to the point where I am now. I have travelled and worked around Australia, been on a few overseas trips and seen some of the world, experienced new things and now have a stable government job as a Correctional Officer and see a psychologist regularly. We think I suffer from mild PTSD as a result of my childhood experiences, along with anxiety and depression. I managed this previously with medication, and now with regular appointments with my psychologist: to check in, touch base and have a better understanding in dealing with my emotions, situations and reactions to things.

I consider myself lucky. Very lucky. I've managed to do and see things my parents could have only dreamed of, and I'm grateful for that. I believe my morals, values and resilience come from them and I'm grateful for that. I look at the inmates I work with every day, and hear their stories, some that are so similar to my own, and I'm thankful that I've managed to assemble somewhat of a "normal" life, whatever that means.

6. Link families into their communities and other resources

The quote "*It takes a village to raise a child*" is often referred to in parenting resources. The reason for this is the widespread understanding that parenting can be hard and that close relationships and networks play an important role in nurturing children, as well as nurturing parents to raise children. Common consequences of mental illness are increased withdrawal, isolation and social exclusion—the very antithesis of what best supports the raising of children. Hence, a central part of recovery for many individuals is the development and maintenance of supportive connections within their community, which may involve friends, extended family, colleagues and practitioners (Topor et al., 2006). Similarly, it is important that families affected by parental mental illness are connected to any other supports or resources that may help them in the recovery process (e.g., peer-support groups, where they can get support from people with similar lived experiences). Often, it is also necessary for children and young people to have their own support networks outside of the immediate family; trusted people, both family and friends, who they can turn to during those times when their parent/s are unwell and unable to provide a supportive or safe environment.

Practice considerations

- How can you support clients and their families to connect with their local community (e.g., to join supported play groups or parenting supports groups, to attend community events, to visit the library, to volunteer for a local service)?
- Is it part of your routine practice to assist children and young people to identify their own supports and develop their own care plans?
- Has your organisation developed a resource library, so that practitioners have easy access to quality self-help materials that they can provide to families where a parent has a mental illness?
- How do you promote collaboration between non-government and government services, parents, children, families and the wider community?
- Does your agency encourage practitioners to undertake professional development provided by agencies outside your sector to expand learning and build interagency relationships?

Further resources

- **Booklet:** COPMI. *My child's support network*. Adelaide: COPMI. <<http://bit.ly/29IcSbS>>
- **Program evaluation:** Hargreaves, J., O'Brien, M., Bond, L., Forer, D., Basile, A., Davies, L., & Patton, G. (2005). *Paying Attention to Self (PATS): An evaluation of the PATS program for young people who have a parent with a mental illness*. Melbourne: Centre for Adolescent Health. <<http://bit.ly/29UyYYn>>
- **Program evaluation:** Goodyear, M., Cuff, R., Maybery, D., & Reupert, A. (2009). *CHAMPS: A peer support program for children of parents with a mental illness*. *Australian e-Journal for the Advancement of Mental Health*, 8(3), 296–304. <<http://bit.ly/2a7wsvR>>
- **Booklet:** COPMI. (2011). *Helping to piece the puzzle together (A resource for early childhood workers)*. Adelaide: Australian Infant, Child, Adolescent and Family Mental Health Association. <<http://bit.ly/29Uz8Pv>>

Box 4: A mother's perspective

Community and peer supports

Community and peer support have been paramount in my family's recovery journey, with one of the most important sources of both being "Our Time Playgroup", a supported playgroup for parents with a mental illness.

It was our place to go to be mother and son and from the start it normalised my experience of being a parent with a mental illness and supported me as an individual and a mother of two children. It was the place where no matter what kind of week I'd had, I could turn up, have a coffee, play with my son and walk out feeling like I'd done something worthwhile for the week.

The facilitators included a mental health social worker, family worker and peer support worker. The social worker brought her warmth and knowledge as a social worker to the group and as the setting was informal, could convey information about mental health in a different way. The family worker with her kindness and experience in the area of childhood development helped all us mums feel like our best was more than good enough. Our peer parent leader gave us hope for the future by sharing her lived experience and walking beside us, and my fellow parents have been true and understanding friends and supports for my family.

Being able to talk about my feelings and experiences as an individual with a mental illness and a parent no doubt helped me keep things in perspective and keep myself well. I knew that if I started slipping into depression again I would have a support network in place that knew me well enough to offer me real help and guidance that would take my whole life into account as throughout my time with the playgroup the facilitators and the other mums and dads came to know my family's ins and outs.

I cannot overstate the difference this group made to our lives and I hope that all parents experiencing similar things are able to find something like it on their recovery journey.

Conclusion

This practice paper has outlined some of the ways in which practitioners from diverse sectors can support the recovery of individuals and families affected by parental mental illness. There is no doubt that supporting family recovery can be challenging work. This paper is not intended to be used as a “how to” guide when working with families. Rather, it is offered as a resource to help practitioners reflect on ways in which they might orient their own practice to be more supportive of family recovery. It is hoped that such reflection will lead to further learning (the “Further resources” lists in each section above are a great place to start), training opportunities and conversations with colleagues. No matter where practitioners are situated in the service sector, if they engage with families, it is very likely that the issue of parental mental illness will be relevant to their work.

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