Introduction

This checklist has been designed after consultation with young carers. Its aim is to help the professional give children and young people the information they need to come to terms with their family members Mental Health problems.

Not every young person will need answers to all the questions below but the following questions may be used as triggers re: the issues to consider.

- Consider the young person’s age level of understanding, their preferred language and their culture.
- Children should not be expected to take on adult roles. However, their knowledge and expertise should be respected and valued.
- When there is someone experiencing mental health problems in their family, children and young people are usually very aware of the symptoms, but may be confused about the nature of the problem. This can lead to the young person feeling scared, frustrated and anxious or guilty. They may keep feelings concealed if there is no one to ask how they feel.
- In some cases, the child or young person will be in a caring role inappropriate to their age and may have extra needs as a result.
- The information you can share may be limited by the wishes of the person experiencing the mental health problem as some adults hope that children and young people can be protected from knowledge of a mental health problem in the family. Even if the person with mental health issues does not want the young person to be involved, it may be in the child’s interest to give general information about mental health conditions.
• Ensure that you are familiar with your organisation’s child safeguarding procedures. If you suspect that a child may be at risk of significant harm, you must make a referral to the appropriate statutory children’s services. Children (NI) Order 1995 states that the best interests of the child over-ride all other considerations, but the parents should be involved in decisions, unless their involvement could increase the risk to the child.

Information-sharing

Before talking to the young person, it is helpful if you have done as follows:

• Asked the person with the mental health problem how much information they are willing to share with the young person
• Agreed to review their views on information-sharing on a regular basis
• Recorded their views on information-sharing in their notes.

You can share general information about an illness (i.e. information about depression rather than information about a patient’s depression) without breaking confidentiality.

Confidentiality

At the beginning of an interview with a young person, ensure that they know that you may not be able to keep all the information confidential.

Parents do not have an automatic right to know what their children have said, but it is good practice to keep parents involved, and it is in the best interests of the child. For children under 18 who are not able to understand the service that you offer, it is essential to gain parental consent before offering support, unless you are concerned that the child may be at risk of significant harm. Your organisation should have a policy on this matter.

About mental health problem

Explore the young person’s current level of knowledge and any assumptions they have made. Do not assume they would feel better not knowing the truth. Try to give age appropriate information.

• What problem does their relative have?
• How does this affect the way they feel and behave?
• What is known about the causes of the problem?
• What sort of things can help their relative get better?
• Is the problem getting better or worse?
• What can be done to keep their relative safe?
• Who else can they contact if they are concerned?

Working with the child/young person

Children and young people will often hold a range of fears about their family member’s problem, but may feel they have to keep some feelings to themselves. Many of their fears will be unfounded. They may be wondering:

• Can I catch it?
• Was it my fault my relative got this problem?
• How likely is it that I will develop it when I get older?
• Is there anything I can do to make them better?

If there is evidence of genetic factors, ensure that you put this in context. For instance, the young person could lessen the risk of developing a mental health problem by talking about their feelings and seeking help at the first signs of distress, maintaining a healthy lifestyle, being aware of the risks associated with drink and drugs etc.

Avoid telling the young person to behave well for the person with the problem. It is important that they do not feel they are responsible for their relative’s well-being.

The Child/Young person’s feelings

They may feel:

• Scared
• Angry with the person who is ill
• Guilty
• Embarrassed
• Frustrated or powerless
• Isolated
• Stressed
• Tired
• Confused
The young person may need help to express and explore their feelings. It is important for them to understand that it is normal to experience a range of emotions. Can they think of ways of coping with these feelings? Who can they talk to when they are feeling down (e.g. family members, trusted adults, friends)?

**Information giving about Care and Treatment**

- What kind of help is their relative getting?
- How will this affect them?
- How long will it last?
- Will it help them to recover?
- Who else is, or will be, involved in helping them? What do they do?

**The young person and the treatment**

Children and young people should never be encouraged to take on responsibilities such as interpreting for parents or supervising medication, however competent they appear to be. They should know, however, who to approach for help if they become concerned about their relative.

- What aspects of supporting their relative do you expect to have an impact on the young person’s life?
- How do they feel about that?
- How can they get in touch with you?
- Have you discussed confidentiality issues with their family member?

**Medication**

It is usually inappropriate for a young person to be responsible for reminding or giving their relative medication. The family may need extra support to protect the young person from the burden of this kind of responsibility.

- What does the young person need to know about the medication being used?
- If there are young children in the family, how will medication be stored safely?
Hospital Treatment

- Might their relative have to be admitted to hospital in the future? Which hospital? And for how long?
- What will happen to the young person if their relative goes into hospital?
- Will the child/young person be able to visit them in hospital?
- What arrangements will be made for visits? Will there be a private room?

Young carer’s needs

If the young person provides, or is likely to provide, emotional or physical care to their family member, they may be a young carer. Consideration should be given to putting the young person in contact with their nearest young carers project.

- Is their care role having an impact on their relationships, education or leisure time?
- What is the emotional impact of their caring responsibilities?
- Who will support the young carer?
- Do they know that they are entitled to an assessment and a care plan of their own?

An assessment is not a test but it is a discussion with a social worker or other worker where the young person can request help and support. You can refer the young person to social services with their permission.

Other services for the young person

- Are other agencies involved in supporting the young person?
- Does the young person have any problems at school (e.g. falling behind in school work, staying off school to look after their relative, being bullied)?
- Does the young person want you to contact school, Youth services etc
- Do you need to contact social services/ the Trust Children’s Services team for help for the young person?
- Does the young person have any health needs of their own? Who could help them?
• Does the young person know who to contact if they are concerned about something? Who can the young person turn to for support?
• Who is the young person’s emergency contact?
• How does the young person make a complaint?