

Facilitating  
Parents' Agency  
in Child and  
Adolescent  
Mental Health



# Facilitating Parents' Agency in Child and Adolescent Mental Health:

*Helplessness to Hope*

By

Jenny Brown

Cambridge  
Scholars  
Publishing



Facilitating Parents' Agency in Child and Adolescent Mental Health:  
Helplessness to Hope

By Jenny Brown

This book first published 2023

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

Copyright © 2023 by Jenny Brown

All rights for this book reserved. No part of this book may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the copyright owner.

ISBN (10): 1-5275-1748-9

ISBN (13): 978-1-5275-1748-6

# TABLE OF CONTENTS

List of Diagrams .....	vii
Acknowledgements .....	viii
Endorsements .....	ix
Preface .....	xiii
Research Families' Descriptions and Pseudonyms.....	xvii
List of Acronyms and Abbreviations.....	xix
Chapter One.....	1
Introduction A Convergence of Journeys	
<b>Part One: Helplessness and Hope Parent Pathways in the Treatment Process</b>	
Chapter Two .....	8
The Help-Seeking Journey and a New Start	
Chapter Three .....	31
Variations in Outcomes for Parents During the Program	
Chapter Four.....	47
Hope versus Helplessness 6 Months After Child's Discharge	
<b>Part Two: Making Sense of Variations in Parent Hope</b>	
Chapter Five .....	72
The High Hope Parents	
Chapter Six .....	88
The Moderate Hope Parents	

Chapter Seven.....	100
The Low Hope Parents	
Conclusion Part Two .....	112
<b>Part Three: Building Parent Agency and Clinical Possibilities</b>	
Chapter Eight.....	120
Cultivating Parent Agency-Central to Sustained Hope	
Chapter Nine.....	129
Clinical Implications and Guidelines	
Chapter Ten .....	141
The Parent Hope Project: An Example of an Intervention Shaped by Parent Voices	
Chapter Eleven .....	149
Concluding Reflections	
<b>Appendices</b>	
Appendix 1 .....	154
Data Collection: Semi-structured Interview Plan	
Appendix 2 .....	156
Parent Hope Project Handout for Parents	
Bibliography.....	159
Index.....	165
About the Author.....	170

# LIST OF DIAGRAMS

**Diagram 4.1:** A continuum of low to high agency

**Diagram 4.2:** Pathways to increased hope and agency or to low hope and helplessness.

**Diagram 7.1:** External and internal investment of hope: embedded in family contextual factors.

**Diagram 9.1:** Sustainability of parent hope and degree of parent involvement in therapy

**Diagram 10.1:** Parent Hope Project pathway stage 1

**Diagram 10.2:** Parent Hope Project pathway, stage 2

**Diagram 10.3:** Parallel process for parent and coach

## ACKNOWLEDGEMENTS

I am hugely indebted to the clinical team at Redbank House Adolescent and Family Unit, who have enabled me to collaborate with them in understanding parents with a child in treatment, firstly as a visiting family therapy supervisor (2000- 2010) and during the years of data collection (2011 – 2013). The research and rich data contained in this book would not have been possible without the guidance of my two doctoral supervisors, Jan Breckenridge, and Kerrie James, at the University of New South Wales School of Social Sciences. Additionally, I am indebted to the various CAMH teams I have supervised over the years. They have awakened my deep interest in parental involvement in their child's treatment,

Most importantly, I acknowledge the seventeen parent participants from fourteen households who spent so much time talking to me, with no reward other than contributing to greater knowledge and improved family/parent inclusive practice in child and adolescent mental health. I trust I have done justice to their ideas and effectively borne witness to their experience and ways of knowing.

Dr Jenny Brown



## ENDORSEMENTS

The qualitative research basis of this book was an ambitious undertaking. Dr Brown interviewed 17 parents, who represented 14 sets of parents with an adolescent in a mental health treatment program. The interviews occurred at three points: the beginning of treatment; discharge; and six months following discharge. In addition, she reviewed case records and conducted a group interview with clinic staff. Thus, her data collection approach included a longitudinal perspective and an effort at triangulation by soliciting data from staff and parents. This complex framework constructed an excellent methodological approach and strengthens the validity of her findings presented in this book. Dr Brown's careful coding and analysis of her data generated a truly impressive discussion of the implications of her findings. She first identified the almost exclusive focus on the child from a pathological perspective in contemporary treatment approaches.

In contrast to this paradigm, she highlights the Bowen family systems theory which enumerates the dangers of over-focusing on a child and encourages parents to focus on themselves and their possible contribution to their child's problems. Dr Brown's findings are truly an important contribution to the literature on working with troubled children and their families. She identifies a model, which led to symptom improvement:

- a) establishing a strong therapist-parent alliance.
- b) encouraging parents to focus on self through open-ended questioning that led to self-discovery of their role in their child's continued improvement.
- c) this focus on self, led to a strong sense of agency, and ultimately to more effective interactions with their child.
- d) this powerful experience of agency generated a sustained sense of hope in the parents that their child could continue to improve, and that they could continue to aid in this improvement. She referred to this as agency-based hope.

In contrast, parents who relied on others (in this case the clinicians) to help their child were never able to develop this sense of agency, and thus had difficulty sustaining hope. This is a relatively simple model that can be exported to multiple clinical contexts. Thus, Dr Brown's findings have impressive clinical relevance. This book crystallises her findings so clinicians across the child and family sector can benefit from her efforts.

I can endorse this book without reservation.

**Louise Bordeaux Silverstein, PhD.**  
**Professor Emerita,** Ferkauf Graduate School of Psychology,  
Yeshiva University. Bronx, NY.

---

As a registrar fresh out of university in 2004, I was lucky enough to find myself placed in one of Sydney's only tertiary child and family psychiatric units, surrounded by a remarkable team of professionals that included our supervisor, Jenny Brown. Through experience over the years, the team developed a fundamental understanding that focusing treatment efforts solely on the symptom-bearing child negated one of the most powerful influences in a child's capacity for healthy growth and development – their primary caregivers. I have since worked with at-risk children and their families in clinical settings, research institutions, and schools and continually observe that regardless of experience or intervention, when clinical focus or access is restricted to a child, one's capacity to help that child is immediately limited. In contrast, when efforts target the parent's confidence and agency a more functional family unit emerges that maintains the natural order of things with the parents at the helm.

Dr Brown's research makes a crucial contribution to the literature on mental illness in children by shedding light on the impacts our clinical efforts have on parents and their parenting capacity. Grounded in Bowen family systems theory, it is a powerful reminder for anyone involved in child welfare that a child's long-term mental health is inextricably linked to their parents, and that sustainable change necessitates a refocusing of our efforts on equipping and empowering parents to perform their rightful job. Her book provides both the impetus and means with which to bring this sometimes-challenging approach into the clinical space, using practical and accessible tools such as *The Parent Hope Project*. It obligates us to review our academic programs, treatment pathways, and clinical interventions to ensure that the onus of change is taken off the shoulders of already impaired children, away from

professionals whose influence is time-limited, and restored to the parents inherently charged with this task.

Dr Brown's book invites all those gifted with the care of vulnerable young people to make a relatively minor shift in their treatment focus in order to positively impact generations to come. I strongly endorse this book with hope for the future of our children's mental health.

**Dr Holly McGovern**  
**Clinical Psychologist**, Head of Family Therapy,  
Kids & Co Clinical Psychology. Sydney, Australia.

---

This is more than just a book about parents with children in mental health treatment. It presents a different paradigm to the conventional medical model in mental health. Challenge, difference, and adaptation are central to doing life as humans. Unfortunately, the current mainstream medical model seeks to pathologise at the expense of any focus on the fact that our interconnection with other humans, how others respond to us and how we respond to them, shapes our mental health across the lifespan. The medical model has left many individuals feeling disillusioned, abandoned and despairing with no clear idea of how to move forward to help themselves or their children, especially when medications are ineffective. Dr Brown's work is a generous antidote to the medical model and diagnosis as "the answer", offering a perspective that creates space for reflection on how individuals can reclaim ownership of their inter-relating and promote mental health for themselves and the humans with whom they journey through life. A must-read for anyone seeking an alternative mental health framework to conventional diagnosis and impairment.

**Dr Lisa Newling (MBBS, FRANZCP, FCAP)**  
**Child Psychiatrist**  
Western Sydney, NSW, Australia.

---

For those working in child, youth, and adolescent mental health, you will come away from reading this book rightly questioning your practice. I was compelled to ask myself, "What *is* the role of clinicians and psychiatrists in youth mental health services?"

In mental health care, unlike physical health, a diagnosis alone rarely conveys sufficient information. Rather, we rely on the broader framework of a “formulation”, a multifaceted explanation for why the person is experiencing what they’re experiencing now. Usually, various individual theoretical models (e.g., cognitive behavioural therapy) are incorporated into a formulation, but a family systems model is seldom utilised. This results in an individually focused treatment plan.

This book opens up critical thinking about the role of children and young people’s mental health service providers. It highlights that the role of a clinician goes beyond providing a diagnosis, psychoeducation, and an individual treatment plan. Instead, the clinician’s role is to create a space where the child and their parents can explore and discover the impact of family relationships on the child’s emotional state, truly conducting a joint formulation. If adequate time is given to this process, working together with parents, identifying helpful and unhelpful patterns of interaction with their child and each other. In that case, parents can leave the mental health service feeling far more hopeful that they can make a difference by identifying and adjusting their behaviour.

Our role as mental health service providers is to build the capacity of all members of the family system, now and into the future, to navigate the inevitable developmental challenges that will come their way. This book and the “Parent Hope Project”, the manualised family therapy resource that Dr Brown introduces in the latter chapters, pave a clear path forward for how child, adolescent and youth clinicians should work and how these teams should work and be oriented. This is essential reading for both clinicians and managers. I acknowledge that family systems thinking is challenging to apply in one’s everyday work, but this resource makes it easy.

**Dr Paul Fung**

**BSc (Med) MBBS, MPsychiatry, Cert. Psychotherapy Psych (Family and Couples Therapy), FRANZCP, AFRACMA, CF**

Deputy Commissioner, NSW Mental Health Commission

Clinical Director, Uniting NSW.ACT

Psychiatry Academic Lead, Health Education and Training Institute

## PREFACE

### A CONVERGENCE OF JOURNEYS

This book expresses a journey I have been travelling for many years. Since the 1980s, I have worked and consulted with various child and adolescent mental health services. Over more than three decades of working as a clinician, family therapist, supervisor, and external consultant in the field, my passion and interest in family-inclusive practice in mental health have consolidated. For some time, I have endeavoured to make sense of the many treatment challenges inherent in assisting a child or young person with mental health symptoms, which in most cases are rarely straightforward. The presenting symptoms in children and adolescents do not slot neatly into biological or psychological aetiology categories. Instead, they have complex interactions within the domains of family relationships, peer groups, educational institutions, social services, and treatment settings.

A particular turning point for me came in the year 2000, when invited to be a visiting family therapy supervisor at an adolescent mental health program – which eight years later became the site of my doctoral research. I recall viewing my first case from behind a one-way screen alongside the clinical team. A trainee psychiatrist met with two parents and their 15-year-old son, who was increasingly anxious and exhibiting delusional thinking. The family had emigrated to Australia a few years earlier, wanting their young children to have better educational opportunities. They were confused and distressed that their eldest son's functioning was so compromised. Central to this therapy discussion was reviewing diagnosis and medication. Team conversations focussed on early intervention for psychosis and helping the parents understand and accept their son's mental health challenges.

The parents' general bewilderment about their son's symptoms and the effects of the medication and treatment struck me. I considered what it must have been like for them trying to understand what role they could play in assisting their son. Did they feel sidelined, blamed, or respected by professionals in their son's treatment? I questioned what it was like for them to enter a realm that mostly 'medicalised' their son's experience. I wondered

whether they saw their son's difficulties as separate from the family context and history or thought they had a part to play in assisting him towards improved well-being. Did they want to talk more about the whole family's experience of immigration adjustment, or were they satisfied to be instructed by the professional team about psychosis and medication? <sup>1</sup>

As a family therapy supervisor, I remember pondering how I could encourage a broader family lens that an emphasis on biology and diagnoses would not override. How could I encourage clinicians to consider the influence of the family and the family's environment on the expression of various mental health symptoms in a young person? Were there ways to integrate biological considerations with a broader lens? This case example formed part of my journey and marked an important point that spiked my interest in parents' experiences of trying to support their vulnerable child through treatment.

It was interesting to find that parental involvement in treatment appeared to be a neglected area of academic and, indeed, practice investigation in other child and adolescent mental health settings. Yet, intuitively, it seemed such an essential component of addressing a young person's health and well-being. In the various practice settings where I provided clinical supervision, I noticed that clinicians either did not prioritise involving parents; or expressed frustration about what they perceived as parents' defensiveness and resistance to engaging constructively in their child's treatment plan. As a result, I became increasingly curious about what a parent experiences and how their interactions with their child's treatment providers affect their perceptions of their role in their child's recovery. This book and the research that informs it is the culmination of this aspect of my professional trajectory. Yet it is also a convergence of various journeys: my own experiences over time as a family therapist, social worker, supervisor, and social science researcher, and that of a group of parents traversing the complex terrain of child and adolescent health service.

## **The journey ahead**

The first chapter introduces why parents' experience traversing their child's mental health systems is worthy of greater understanding. It briefly introduces the research that undergirds the contents of this book. Parent voices take centre stage in a qualitative study seeking to understand parents'

---

<sup>1</sup> Brown, 2011

experience of their child's mental health treatment. All seventeen parents interviewed over six months had an adolescent admitted to a partial hospital mental health treatment centre that included weekly sessions with parents and families. The goal was to understand the parent experience of their involvement, from help-seeking to the treatment process and after their child's discharge. While the data relates specifically to parents of adolescents, I suggest that the parents' experiences can be generalised to children struggling with social and psychological symptoms at different stages.

The book is divided into three parts, first focusing on the parent's revealed experiences, then on the findings, and third on the clinical implications.

In Part One, the focus is on **Parent pathways in the treatment process**.

This section of chapters (2-4) provides a detailed, grounded analysis of the parent interview data, illustrating the strongly emergent themes of parental helplessness and hope and the implications of these themes for parent involvement in their child's treatment. Chapter 2 presents parents' help-seeking experience before commencing their current service. It shows parents' shared experiences of helplessness and frustration in trying to find a suitable intervention program for their young person. Chapters 3 and 4 present the longitudinal data from the child's commencement of treatment and their journey after discharge. Variation in parents' levels of hope for their child's recovery and how the level of hope interplays with developing internal agency is a crucial finding revealed in these chapters. Agency is used to describe parents' inner resolve and initiative toward the goal of assisting the child's recovery of well-being. This contrasts with dependence on outside helpers to 'fix' their child.

Part Two: **Variations in parent hope** (covering chapters 5-7), focuses on differences within the levels of hope when parents finish their involvement in their adolescent's service. It begins to reveal significant clues for effective parent engagement. Chapters 5, 6 and 7 analyse the three groups of parents who emerge from the program with high, moderate, and low hope. These chapters examine parents' pathways to cultivating hope and agency in their child's recovery or to a depleted experience of hope and a sense of efficacy and participation in their child's recovery. This section seeks to determine what aspects of involvement facilitated parent hope and agency. It examines a broad range of parent involvement, including family therapy sessions, parent-only sessions, parent observations of their child's treatment and their relationship with the child's worker.

Part Three: **Building parent agency** (chapters 8-10) moves to the significant clinical implications of discoveries from these parent findings about ways to promote parent agency and hope. Chapter 8 discusses the findings that emerged about the focus of parents' changes. It explores the theme of parents actively adjusting the intensity of their high involvement with their child and reducing tension between carers about parenting style. The discussion in chapter 9 examines the meanings and possibilities of findings by proposing a middle-range theory of the importance of parental hope (*a parent's sense of achieving the goal of improvements for the child* and agency (*a parent's belief in their capacity to influence their child's well-being*)<sup>2</sup> in child and adolescent mental health treatment. The final analysis reveals new perspectives on meaningful ways to engage parents in their child's mental health treatment. Chapter 10 introduces an example of a child mental health intervention program with parents, the Parent Hope Project, based on these research findings and a family systems lens.

**The concluding chapter** reflects on the impact of immersion in the narratives of these parents. The initial impetus for the inquiry was my journey in child and adolescent mental health services as a clinician and supervisor, which has given me privileged access to numerous cases and associated clinical dilemmas. The research has brought about a merging of journeys, my professional trajectory, and the pathways of a particular set of parents with a child diagnosed with complex mental health concerns. For me, the findings from this research have opened a new way of thinking about a parent's experience of their child and adolescent mental health treatment. I had not anticipated these findings at the commencement of this research journey. While I had formed clinical impressions, I did not know about the history or evolution of parents' experiences of their child's treatment during service delivery and beyond. Likewise, readers can step into the shoes of often sidelined and frustrated parents seeking the best possible outcomes for their vulnerable children.

I hope that understanding the rich layers of parents' experiences will assist policymakers, program managers and clinicians in the field to effectively engage with parents as part of the mental health treatment offered to their child. In addition, I trust that the parent voices in this book will shed light on pathways to improving processes for partnership between parents and professionals.

---

<sup>2</sup> Snyder 1995



## RESEARCH FAMILIES' DESCRIPTIONS AND PSEUDONYMS

In the following chapters, readers will become acquainted with the research families and the experiences of different parents. The use of names assists the reader in following individual trajectories over time. All parent names used are pseudonyms to protect privacy. The following is a summary of the parents in the research sample that provides basic demographic information.

**Julie and Richard Holman** have their 13-year-old daughter Jess admitted to AFU. Jess has a younger and older sister. They have a moderate income, with Julie working part-time and Richard full-time in business roles.

**Gerri Miller** is the mother to 15-year-old Harriet. She was a single parent for ten years and then partnered with Grant, who shares custody of 3 children from his previous marriage. Gerri does not have paid employment, and Grant has a trade job.

**Louise Gerard** is the mother to Felicity, aged 14. Harold has been her stepfather since Felicity was 12 yrs. He is on an invalid pension, and Gerri has a full-time clerical job. Harold has an adult daughter, but no other children are in the home.

**Megan Osmond** is the mother of 17-year-old Molly. She has an older son at home. A stepfather was in the family for 14 years but left one year ago. Megan works in a full-time clerical job sustaining a moderate income.

**Ken and Evelyn Carter** are the parents of 16-year-old Jody. There is an older sister in the household. They have a low to moderate income, with Ken in a factory job and Evelyn in full-time clerical work. They immigrated to Australia from an African country four years ago.

**Angelo and Rita Suarez** have an only child, James, age 14. They are on a low income, Angelo is unemployed, and Rita works night shifts in a factory. They immigrated from an Asian country seven years prior.

English is their second language.

**Shelley Calder** is the mother to 13-year-old Mark. She is indigenous and has always parented as a single mother. Mark has an older brother and a younger half-brother. Shelley is currently on welfare benefits and studying for a degree online.

**Susan Collins** is a mother to 13-year-old Talia. There is an older brother and stepfather, Barry, at home. Susan is a full-time health professional with an average salary, and Barry is on a disability pension.

**Natasha Davies** is the mother to 13-year-old son Mitchell who is an only child. She has raised him as a single mother with lots of extended family support. Natasha is unemployed and lives close to the poverty line.

**Virat and Panita Gupta** are father and mother to 17-year-old daughter Aabha. She has one younger brother. The family immigrated from South Asia 6 years prior. They struggle financially, Panita is unable to work due to chronic health issues, and Virat works in manufacturing.

**Fiona and Robert McVey** are parents to 15-year-old Danielle. In addition, there is an older sister and brother. Robert works full-time in manufacturing, and Fiona works part-time in admin. They have an above-average income.

**Mario and Elizabeth Bellato** (second-generation Australians) are adoptive parents to 13-year-old Paul, who has a twin brother. Mario is the primary carer and is long-term unemployed and on government benefits. Elizabeth works part-time and has chronic health issues.

**Helen Thornley** is the mother of 16-year-old Isabel. Helen has recently separated. A younger sibling has previously died of suicide. 2 younger children live in the household. They are a high-income family with the father in a successful business and the mother working part-time.

**Janelle Fisher** is a single mother to 15-year-old Sean, an only child. Janelle lives with her ageing parents. She works part-time in a clerical role and receives some income support from her parents.

# LIST OF ACRONYMS AND ABBREVIATIONS

AFU Adolescent and Family Unit

CALD Culturally and linguistically diverse

CAMH Child and Adolescent Mental Health

CAMHS Child and Adolescent Mental Health Service



# CHAPTER ONE

## PRIORITISING PARENT VOICES

### **Parents' experience of their child's mental health treatment**

This book invites readers to venture into rarely chartered waters. It will open up parents' journeys in the fraught endeavour to determine their role in their struggling child's course of treatment. Parent experiences from help-seeking to admission and discharge draw from qualitative research in one adolescent mental health service in Sydney, Australia. Readers can consider what themes resonate in their clinical settings and their part of the world. Indeed, the literature reports similar challenges globally in establishing easily navigated tiers of service in the child and young people's mental health field<sup>1</sup>.

Parents start their journey conveying helplessness and frustration, but some find their way to increased hope and confidence in their capacity to assist their symptomatic child. The data presented will reveal key aspects of hope generation for parents.

Select research and policy guidelines suggest that parents are pivotal in finding help for their vulnerable child and supporting the consequent mental health treatment<sup>2</sup>. However, surprisingly, there is a gap in the literature concerning parents' experience of their role in their child's treatment. Researchers note the scarcity of literature reporting on parents' experiences.<sup>3</sup> Policy reviews in the field convey that although strong family involvement is deemed vital, genuine partnerships between parents, families, and professionals have yet to be achieved<sup>4</sup>. Most studies about child and

---

<sup>1</sup> Coyne et al., 2015; Reardon et al., 2017

<sup>2</sup> Hoagwood, 2005

<sup>3</sup> Preyde et al., 2015; Harden, 2005. An example of an exception-a study that does look at parents' experiences in CAMH: Stapley et al., 2017

<sup>4</sup> Huang et al., 2005

adolescent treatment programs are related to the child's treatment outcomes, with parents rarely the focus of data collection (perhaps with the exception of parent satisfaction surveys<sup>5</sup>). One doesn't have to look far to find sizeable evidence on ways parent and family dynamics often contribute to a child's development and maintenance of symptoms—for example, the interplay of parent over-involvement or control in children's anxiety disorders.<sup>6</sup> However, the actual involvement of parents in their child's treatment receives little research focus.

### **The research study—the treatment setting, parent sample, and method<sup>7</sup>**

The findings in this book have emerged from my research study that takes place in one adolescent mental health service located in the population centre of Sydney, Australia. The setting is Redbank House Adolescent and Family Unit (*or AFU*), where more severely unwell adolescents enter a partial hospital setting with a school facility. This service is government funded and has no costs to families. It draws from a broad geographic area of western Sydney with socioeconomic variations. Young people commence with weekday inpatient admissions and transition to day patients, returning home at night with gradual integration into their school towards the end of their 10-12-week treatment program. It is a 'tertiary' treatment unit, meaning adolescents will have previously been in outpatient mental health treatment without making adequate progress. A unique admission criterion is that parents are involved in weekly family or parent sessions with the child's case worker. This requirement of parent involvement renders this program especially suitable to address the research goal of understanding parents' experiences of their child's treatment.

A purposive sample of fourteen sets of parents participated in this research. Semi-structured interviews collect data at three points, including treatment commencement, discharge, and six months following discharge. The Data from interviews is thematically analysed. Clinician feedback and case records add perspective alongside the parent data to provide a comprehensive overview of parental involvement in the treatment. Clinician

---

<sup>5</sup> Barber et al., 2006; Bjorngaard et al., 2008

<sup>6</sup> Hudson & Rapee., 2005

<sup>7</sup> For a more comprehensive overview of this research see: Brown, Jenny. 2018. Parents' Experiences of Their Adolescent's Mental Health Treatment: Helplessness or Agency-Based Hope." *Clinical Child Psychology and Psychiatry* 23, no. 4 (October 2018): 644–62.

surveys and group discussions provide additional triangulation to substantiate the parent data. Hence the voices of clinicians are also presented in the following chapters.

The sample represents 24 parents but involves 17 interviewees. The research parents consist of six pairs of biological parents, three pairs of birth mothers and stepfathers, four single mothers and one foster/adoptive parent pair. Parents who participated in the interviews comprised eleven mothers and six fathers (including one stepfather). A broad spectrum of economic class and ethnicity is represented, with four households identifying as middle class, eight lower middle class/working class, and two solely receiving welfare benefits. The adolescents ranged from age 12 to 18, and all had mixed diagnoses, including anxiety disorders, depression, oppositional defiance, psychosis, and school refusal. In addition, nine were female, and five were male.

The central goal of the study is to draw out the complexity of parents' lived experience of their child's treatment. The constructivist, grounded theory research design<sup>8</sup> provides an in-depth, longitudinal understanding of parents' experiences. Over nine months of a family's life, the data uncovers multiple layers of parents' experience of their involvement with their young person's mental health treatment program. It includes parents' perceptions of the program's effects on their child and family some months after discharge.<sup>9</sup>

The parents in this study allow readers to consider their journey and the various options they tried to access to find help for their child. You will hear about factors that encouraged them, their hopes, fears, and disappointments. As a researcher, I have worked with this material using qualitative tools, reflecting on the data, linking concepts and analytic categories, and analysing and telling select stories, all emerging from the data which address my research questions. I also bring to this research something of who I am as a therapist, applying a stance of curiosity to the parents' experiences and perceptions. I work to understand their stories in open and non-judgmental ways, to discover what lies beneath their experience of professional interventions and uncover the influence of parents' family and social contexts in shaping their relationship with the treatment process. I propose that a qualitative methodology offers the most effective means of progressing from the '*what*' of parent involvement in their adolescent's

---

<sup>8</sup> Charmaz, K. 2006.

<sup>9</sup> See Appendix 1 for the map of the interviews

treatment towards an investigation of parent's experiences '*within*' it. George Vaillant, the lead investigator in one of the best-known longitudinal research studies, declared that the nuances of human experiences are "too human for science, too beautiful for numbers, too sad for diagnosis."<sup>10</sup>

The grounded theory methodology aims to uncover a depth of rich thickness that can better understand a clinical program's processes and outcomes. While this study doesn't have a large sample size that can test a theory, it endeavours to build a theory by generating hypotheses grounded in repeated themes. The qualitative research guidelines disseminated by Silverstein and colleagues have been an efficient resource in refining this methodology.<sup>11</sup>

### **Emergent findings-the importance of parent agency in sustaining hope**

The vast textual data is thematically analysed and reveals some intriguing hypotheses about the ingredients for generating parent hope. The relationship between parents' **hope** (a sense of achieving the goal of improvements for the child) and **agency** (a parent's belief in their capacity to influence their child's well-being)<sup>12</sup> were strongly emergent themes. Parents, who remained more passive in expecting expert helpers to fix their child, experienced reduced hope months after finishing the program. However, when parents changed their interaction with their child, they felt a more sustained hopefulness (agency-based hope). These findings make a case for clinical approaches that foster parent agency rather than increase their dependency on external experts. It proposes that if parents are actively involved in changing themselves as part of their child's treatment, they experience increased effectiveness (agency) in dealing with their child and, consequently, increased hope for their child's improvement. Several intersecting themes emerge under this overarching narrative about where parents invest hope and how it develops or diminishes during treatment and beyond. The following chapters will take you on these parents' journeys to reveal to readers how treatment experiences impact parent outcomes of either hope or continued helplessness. The findings that emerge from parent interviews provide a platform for ways clinicians can engage parents to address their part in the child's difficulties without feeling blamed. It

---

<sup>10</sup> Georg Vaillant The Harvard Grant Study: Quoted in Shenk J W "What Makes Us Happy?" The Atlantic (June 2009) 36-53

<sup>11</sup> Silverstein et al., 2006

<sup>12</sup> Snyder, 1995: 308.



considers what therapeutic approaches best foster a strong alliance with parents while also assisting them in addressing any family functioning factors that may be a part of the child's difficulties.

I invite readers to consider if this in-depth information about how one group of parents perceives their participation in their adolescent's mental health treatment is generalisable to their clinical experience. As you follow these parents' trajectories, you can reflect on how treatment interactions might effectively support a parent's efforts to promote their child's well-being in the short and longer term. For example, how can the child's treatment enhance or diminish the parent's sense of hopefulness about their contribution to their child's progress? Readers can gain more information about how various aspects of a program may influence how a parent relates to their child and how they come to understand their child's difficulties, as well as shape their view of their role in assisting their child's recovery. I hope that the insights of parents in the chapters ahead will be as thought-provoking and clarifying as they have been for me.



## **PART ONE**

# **HELPLESSNESS AND HOPE: PARENT PATHWAYS IN THE TREATMENT PROCESS**

## CHAPTER TWO

# THE HELP-SEEKING JOURNEY AND A NEW START

*I would have done whatever it took, but every avenue we went down didn't work out. My confidence is horrible big time. [\*Helen Thornley]<sup>1</sup>*

No parent comes to their child's mental health service as a blank slate. Each has already experienced a help-seeking journey that influences both their expectations of the new program and the role they might play in their child's treatment. This chapter aims to make sense of how each parent got to the point of admission at their adolescent's service. How did their help-seeking experience, until this point, affect their program commencement? The invitation to readers is to reflect on the pathways your client's families have been on leading up to their clinical engagement. Have the tiers of service been readily accessible and understood by parents? Or have they been confusing and disempowering?

The following chapter examines what the interview data reveal in answer to such questions about what parents bring to their child's treatment experience. Parents' narratives reflect their complex passage through time. They speak of *going down avenues, hitting roadblocks, many years down the track, searching for new paths and changing directions*. The help-seeking journey has not been smooth but rather full of loops, detours, and loss of direction. Parents reveal an effort to reach a destination where their child will be helped but without clear maps or navigation tools to assist. Commencing at the Redbank adolescent and family unit (AFU) is a point of renewed hope where, perhaps finally, they have arrived at the right destination to help their child. The changes in parents' hope over their time at the treatment unit form a core for analysing parent reports. The central

---

<sup>1</sup> \*All parent names used are pseudonyms. See **Research families' descriptions and pseudonyms** pp ix

Italics are used in the following chapters to indicate a direct quote from the parent interviews.

question is how to understand changes in the level and object of hope for some parents during their treatment experience and beyond.

### **Where the journey begins**

The semi-structured interviews<sup>2</sup> with parents at the outset of their child's treatment focus on their seeking help before the current admission to the AFU and parents' early experience of the program. When analysed, the data collected about the pre-admission journey revealed common themes in parents' experience of navigating the systems of care in child and adolescent mental health. Initial entry for help-seeking includes the local general medical practice (nine families) and the school and school counsellor (five families). From that primary level entry (accessed directly by families rather than referred from another service), all families went on to experience multiple services. These include paediatricians dieticians, psychology departments, anxiety groups, private psychologists and psychiatrists, and community child and adolescent mental health clinics. Half of the parents (seven) have presented with their adolescents at hospital emergency departments before their admission to the AFU. During a crisis of suicidal behaviour or extreme delusional behaviours, the parents look to hospitals as their only option. The point of most difficulty for parents was accessing a child and adolescent psychiatrist for a review of medication and accessing emergency care when symptoms were severe and there were fears for their child's safety. Ongoing safety issues linked to self-harm, significant anxiety or delusions affecting functioning and interfering with school attendance, or behavioural disruption impacting school attendance moved each case into a more serious symptom level. Hence symptom severity meant eligibility for admission to an intensive tertiary service, such as AFU.

While there were variations in the timing of when treatment was first sought for the adolescent, there were common themes in each parent's experience of seeking and engaging in help for their children. All parents spoke of a predominately negative experience in their dealing with services.

### **Frustration, confusion and going around in circles-an erosion of hope**

All parents expressed varying degrees of frustration and confusion about where to go and what kind of help would be available. They identified many

---

<sup>2</sup> See Appendix 1 for interview map

factors preventing them from getting effective help for their child which led to the erosion of their hope of finding a positive treatment outcome. Phrases such as “going round in circles” and “hitting dead ends” were repeatedly used to describe the experience of trying to access services for their child and adolescent.

One father of a 14-year-old son said:

*The bad thing was there's no real main area to go to, you're sort of going here there and everywhere, and you're sort of going in circles and not finding the right people that you need. [Angelo Suarez]*

A mother of a 14-year-old girl spoke of doing her own research to try to find help and confronting the same dead ends:

*I went through so many; I was looking up on the internet, “googling” and there was nothing really there and ringing anyone possible, anyone I could find, and the children's hospital, just trying to find any sort of contact to get someone suitable. [Louise Gerard]*

Another father stated:

*There are a lot of dead ends. I'm not educated; I don't know where to go to get the help. [Mario Bellato]*

### **Waiting lists and confusion about different professional services**

Parents described the difficulty of finding a service that could respond promptly to their child's difficulties. Adding to parents' frustration was the common experience of having their child on a service waiting list that could go on for many months, with some parents never hearing back from that organisation.

Parents reported considerable confusion about the difference between the public health service and private psychiatrists and psychologists. The following quotes reflect the commonality of such experiences of accessing services once the local physicians and school counsellors are not able to provide sufficient help.

*We didn't know where to go, or what to do, right? And we were very, very tired, you know? [Virat Gupta]*