

Leeds Parenting Unit resource kit

Working with families affected by parental mental health issues

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Introduction to Leeds Parenting Unit and Parenting Unit Workshops

In Leeds, we know that the vast majority of parents want the very best for their children; and we know that every parent needs help and support from time to time and that's what we, as practitioners, are here to offer...together!

The Leeds Family Support and Parenting Strategy, published in November 2007 and reviewed in November 2009, sets out how the Children Leeds Partnership will work together, with parents and each other, to make sure that family support and parenting services in Leeds go further to recognise and respond to every parent's needs. The strategy identified the need for a central point of contact to support the coordination, the quality assurance and the development of family support and parenting across the whole of Leeds. In September 2008, Leeds Parenting Unit was born.

In September 2009, Jonny Cohen (Respect Parenting Practitioner) and Lauren Dunstan (Senior Parenting Practitioner) came into post. Their job roles involve supporting the delivery of parenting programmes, engaging with and developing the services of those who work with 'hard to reach families' and those who are resistant to using services.

A consultation exercise took place in September/October 2009 with staff from a number of different organisations: extended services clusters, children's centres and the voluntary sector, to see how the parenting unit could support practitioners. A key theme that came out of this was that practitioners would like to know more about different services and what they offer so that if an issue arises for them in their everyday work, they would know who they could contact to access further support and where to refer on to, if specialist help is required.

Following this consultation it was agreed that Leeds Parenting Unit would stage a number of topic led workshops which would seek to:

- increase practitioners' personal capacity and help them to deal with problematic situations;
- help practitioners to know who to go to for further help on an issue without having to ring round several different people (extremely time-consuming exercise);
- help practitioners to know when to refer on to other specialist services – which will in turn reduce inappropriate referrals;
- share good practice and learn from colleagues in other agencies.

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In addition to the workshops, a series of resource kits will be produced to give practitioners more information around the chosen subject. These will include hints and tips for good practice, local contacts and provision across the city including referral processes and useful links to find out more information.

Working With Families Affected by Parental Mental Health issues is the fourth resource kit in the series. If anyone has ideas for future resource kits, please let us know as the aim of them is to assist you in your work with parents.



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Why is the issue of working with parents affected by mental health issues important?

Many children grow up with a parent who at some point experiences a mental health problem. And many children who present to statutory services with the most complex needs are likely to have parents who have a form of mental illness. Indeed, adults who have been diagnosed with a range of mental illnesses are just as likely to become parents as those adults who have no such diagnosis. Although this does not mean that mentally ill individuals make poor parents, it is clear that they may need extra support, and that all care services have a duty to ensure that they are providing it.

Research undertaken by Tunnard (2004) suggests that a quarter of all adults referred for in-patient treatment are likely to have dependent children, whilst that undertaken by the ODPM (2004) highlighted a strong correlation between child protection referrals and parents who may have mental health problems. Given the prevalence of this issue therefore, it is highly probable that family support and parenting practitioners will regularly come into contact with parents suffering from some kind of mental health difficulty. In view of this, all professionals working with such parents need to work in close partnership and with all agencies when delivering services.

We therefore need to ask the question: how does mental ill health affect parenting and how does it affect the children of those parents? Individuals with a mental health issue can often struggle to manage their illness alongside their other roles, for example, an employee, a spouse and in particular, as a parent. Some parents with a mental health diagnosis can encounter difficulties such as low confidence in their ability to parent their children, or may struggle to implement and maintain appropriate routines. Such relationships are further affected if parents are frequently admitted into hospital or are experiencing side-effects from their prescribed medication, e.g. sedation or memory difficulties, etc.

Research evidence also identifies the number of children who are carers for their parents and who can consequently struggle socially and educationally. Indeed, estimates suggest that 50,000 children/young people care for a family member with a mental health issue, with their symptoms ranging from mild to severe (The Children's Society, 2008). Whilst mental ill health affects all members of a family, the impact may not be equal – children are most vulnerable and have less resilience and fewer coping mechanisms than adults. This may be because the parent is unable to establish effective boundaries – they may be either too relaxed or too harsh. Alternatively, it could be that their illness means they are unable to recognise or meet their children's needs. Further disruption may be caused if a parent is hospitalised or if they are on medication which affects their perception. Children can be frightened of drawing attention to their feelings due to the fear of being separated from their parents. However, the greatest risk of harm is not to personal safety but of risk to their own attachments, development and mental health, with young children being particularly at risk.

Yet there are many protective factors that can help reduce the risk to children when a parent's mental health is relapsing. Such factors include agency interventions being based on a 'whole family' approach and the children receiving help from other sources, e.g. teachers, friends and

other adults. This practice ensures that children continue to feel secure in their own home, whilst also allowing parents to retain a level of control and be confident about their children's needs being adequately met.

This resource pack has been devised to assist you in your everyday practice to consider some of the questions regarding the problems that parents with mental health problems can have when raising a family. The guide, therefore, focuses upon what support parents require in order to maintain their role and ensure that they can access help for themselves and more importantly their children.

References

Tunnard, J (2004) Parental Mental Health Problems: Key Messages from research, policy and practice. Darlington: Research in Practice

(ODPM) Office of the Deputy Prime Minister (2004) Mental Health & Social Exclusion, London, ODPM Publications

The Children's Society (2008)

The Include Project - Guide for Professional - Supporting children who have a parent with a mental illness, Wessex, The Children's Society

Ten Top Tips for working with parents with mental health problems

These top ten tips for practice have been developed in partnership with Christian Walsh. Christian holds a joint appointment between Leeds City Council and Leeds Metropolitan University. He is Module Leader for the Approved Mental Health Professional programme and the Professional Lead Mental Health for Leeds Adult Social Care. He is an experienced Best Interests Assessor (BIA) and Approved Mental Health Practitioner (AMHP) with ten years' experience in social work and education.

1. Recognise changes in behaviour patterns

Change is a key indicator of concern with regard to mental health. It is essential that workers observe changes in the parent's presentation and behaviour and share any concerns with the relevant professionals, i.e. Adult Mental Health Services/Children's Services.

Remember, changes in the children's behaviour may sometimes be the result of changes in parental mental health. Don't forget to assess what impact the parent's mental health problems are having upon the child/children, particularly in regards to their daily routine.

2. Promote Resilience

Workers should look to build a parent's resilience to mental health problems through the provision of effective support from individuals, families and communities. Remember that everyone is different and that the resilience of parents with mental health problems can vary from context to context, particularly when stress and risk factors are increasing. How people respond and cope with such challenges must be carefully and continually assessed.

Try to focus on the individual's strengths and established coping strategies. Change is achievable and not every aspect of the parent's behaviour is a sign that their mental health is relapsing. Any change for the better, no matter how small, should be seen as progress. Parents with mental health issues can recover even if they are hospitalised.

Remember that some parents with mental health issues can retain the ability to adequately parent their children even when they are unwell and most children suffer few, if any, adverse effects from being exposed to their parent's problems.

3. Maintain open communication

Open and honest relationships between workers and parents with mental health problems is essential in reducing risk and facilitating intervention at the earliest stage, i.e. before the situation requires statutory intervention.

Parents with mental health problems, like any parent, benefit from workers listening to their concerns and feelings. In particular, they benefit from them being empathetic and understanding about the problems they experience and how they affect their ability to parent. Such an open relationship allows parents to express their fears and concerns at an earlier stage and enables them to seek interventions and support that will increase their resilience and avoid further distress.

Remember that the parent experiencing the mental health problems are likely to be the best ones to ask about what works when it comes to managing their illness.

4. Offer Broad Support

Social support is essential in maintaining a parent's resilience against mental health.

Support can range from assisting them with household tasks or budgeting to supporting them to maintain their children's daily routine.

Social support might also involve the parent being encouraged/supported to access support from outside resources, e.g. day-care, CMHT or leisure pursuits, etc. Social support can also be emotionally-based and come from friends, carers and family. However, such support varies for each parent and such differences need to be recognised.

Look also to involve non-statutory agencies who could perhaps offer support, both practical and emotional. Some examples could be support groups for the parent and child/carer, e.g. The Willows, MIND, SHIP, etc.

5. The safeguarding of children is paramount

It is essential that the children of parents with mental health issues have their needs recognised, assessed and managed by the appropriate agencies. Make the parent aware of agency confidentiality policies when it comes to the safety and protection of children – this should be done sensitively at the start of any intervention and is part and parcel of building a trusting relationship with the parent.

Don't wait until children are at risk before you consider alerting other agencies or professionals. Continually assess the risk that the parent poses to themselves and/or the children: it is possible that the parent's behaviour may unintentionally place children at risk.

Refer to the relevant professional as soon as possible – and share any information that you may have, even if the parent or the child minimises the associated risks.

6. Don't be afraid to ask for help and advice

Never be afraid to ask for help and advice from another worker or professional involved in the parent's life.

Do not feel forced to discuss the parent's mental health problems or symptoms should you feel uncomfortable in doing so. Refer such issues on to the relevant agency and/or professionals involved.

Keep yourself safe - do not work alone with the parent should you feel uncomfortable or have concerns about the parent's mental health state – ask for the support of your manager and colleagues to ensure that you feel safe and are safe at all times.

7. Be involved with any safety plan

A care plan should include how the needs of the adult, as a parent, and their child are addressed separately and together. If there are other agencies working with the family then the care plan needs to articulate how the different services will impact on each other and how ongoing communication will take place. Make sure all involved workers are invited to meetings and that you have copies of care and crisis plans. Also, if a generic mental health FACE risk assessment has been completed, ensure that you have a copy of this.

Plans should be reviewed for how the views of adults, as parents, and the views of the child/children will be incorporated and the steps that will be taken to support and monitor this (where age permits). Crisis and contingency plans should include how many children the parent has, their ages and gender, and the arrangements for their care to be put in place if the parent is not able to care for them at any time. These contingency plans should not be viewed as just for times of crisis but also as an option for earlier interventions e.g. providing regular respite of a day per week, for short periods of 1 or 2 weeks, or in case a parent requires a longer stay in hospital.

Be proactive as opposed to reactive when dealing with parents with mental health problems. Remember to share information with the parent and child's care team on an ongoing basis.

8. Assist the family to maintain contact during any hospital admissions

Workers should, wherever possible, assist the children to have regular contact with their parent should they be admitted into hospital. However, any such contact should take into account the hospital environment and the effect that visiting their parent could have upon a child.

All mental health hospitals/units have strict guidelines regarding children visiting wards so check these out before any visit. As well as visits, or if visits are not appropriate, workers should facilitate other forms of contact whilst maintaining the child's safety, e.g. telephone, cards, letters, etc

9. Offer children age-appropriate information and support

It is important that children are given age-appropriate information to help them understand and cope with their parent's mental illness. Workers should encourage children to ask questions about their parent's mental health problems. Understanding the illness can help the child empathise with and respect the person with the illness. Children often imagine that things are worse than they are and so providing information reduces fear. By having open discussion with them they can understand it is not their fault and reduce the impact it may have upon their own mental health.

Children should be offered specialist support from the relevant agencies, i.e. children & young people's services and young carers' organisations.

10. Respect diversity

Remember that efforts at developing mental health services to help and support BME parents and their children need to be culturally sensitive and should recognise the potential role or significance of religious beliefs and spirituality for individuals.

BME parents with mental health issues and their children need a safe environment in which to receive care and to discuss problems which they may find distressing or are frightened to talk about with professionals or support workers.

BME parents and their families need to be fully involved in service planning, development and review at both individual and organisational levels. This will ensure that services are relevant, accessible, and most essentially, effective for those BME parents with mental health issues.

Spotlight on a worker

Within each theme focused on with these resource kits we would like to introduce a worker to you to highlight the role that they take. Hopefully you will get some bright ideas from them, or even just realise that they are out there working in the city with some of the same families you might be engaging with!

What is your name?

Paul Butler

Who do you work for and what is your role?

I am a care coordinator with Leeds Personality Disorder Clinical Network (PDCN). The PDCN is a city wide service that specialises in working with people who have a diagnosis of personality disorder and who present as significant risk to themselves and/or others. As well as carrying out assessments of clients' needs and problem areas, I also have my own caseload of people whose care I coordinate.

Can you tell us a little bit about your project and the work you do with families affected by mental health issues?

Our team consists of care coordinators, psychotherapists, housing workers, support workers, occupational therapists and a pharmacist prescriber. Amongst other services we run a day service called 'Journey', a Dialectical Behavioural Therapy Skills group, and a therapeutic community group called 'Diverse Pathways.'

We try to provide a service that will address clients' specific problem areas. Our degree of involvement with our clients' families is dependant on the needs and wishes of our clients. With their permission we provide a point of reference and support for their families. Our work may involve direct work with the client and their family, or we may be involved in identifying and accessing appropriate services for our clients and their families. We may therefore be involved in promotion of our clients' well-being through direct support, referral to carer's services, safeguarding vulnerable adults/children, psycho-education etc.

What are the main barriers you encounter in getting these hard to reach families engaged? How do you overcome these?

Many of our clients have difficult relationships with their family; in many cases our clients require protecting from their families rather than greater involvement with them. However, in many instances, it is helpful to involve families in our work with our clients. We take time to promote the potential benefits of our interventions so that families are able to see how problem areas may be improved. We aim to reframe problems that had previously been seen as entrenched, so that individuals and families can recognise the potential for change and recovery

Key outputs from the 2010 'Working with families affected by Parental Mental Health Issues' workshops in Leeds

Examples of what practitioners are already doing to engage families affected by parental mental health issues

- Building professional relationships with parents and children to gain trust
- Find out who is already involved in supporting the family and work together
- Liaising with specialist partner agencies
- Keeping lines of communication open
- Identifying support available within the family
- Initiating and supporting the CAF process
- Explore past history and previous treatment received where possible
- Give the parent time to discuss issues
- Seek advice from manager if in doubt
- Keep yourself safe from any potential danger
- Risk assessments
- Family outreach – visiting homes to get parents engaged
- Supporting parents to attend appointments
- Safeguarding is first priority

What could you do differently in the future when working with families affected by Parental Mental Health Issues?

Further feedback and ideas from the 2010 workshops

- **Find out more information about other agencies to ensure appropriate signposting**
Be an advocate for the person you are working with and, as far as is possible, empower them to access the support they need (rather than doing everything for them)
- **Seek assistance and advice from specialist mental health teams (no such thing as a silly question)**
If you're not sure it's always better to ask – use the resources and useful links sections below to help you decide whom to contact. They can either advise you on how to meet the parent's need within your own role or give clear advice about where to access specialist support. Don't struggle on alone when help is available.

- **Take time to fully assess the situation**

Mental health issues are complex and prone to sudden change – for better or worse. Our natural instincts are to categorise the behaviours associated with mental illness as ‘dangerous’ or ‘harmful’. However, this may not always be the case, despite the unusual nature of the behaviours, and they might also be short-lived. Take a considered approach and take into account any knowledge you have about previous episodes of ill health and their outcomes. If it is safe to do so, see whether the behaviour improves or deteriorates before taking drastic action. However, do not always take what the parent tells you as certainly the case; safeguarding children’s welfare must always remain your paramount concern.

- **Avoid making assumptions – ask questions and piece information together into a fuller picture**

Find out what other agencies are involved and what they are doing to help with the situation. Find out also what has been done in the past – what has worked and what hasn’t? Make sure you know what is happening across the whole family – partners and children will have information that will help you – as well as needing to take into account the impact of any ill health episodes on them.

- **Be more aware of symptoms of mental health problems**

Don’t wait to be confronted by a set of behaviours which cause you professional difficulty leading to a misinformed or ill-considered response; prepare in advance by familiarising yourself with some of the symptoms and indicators of more common mental health difficulties such as depression or anxiety related disorders. If you are aware that a parent you work with has a specified mental health problem then take time to research the issue so that you are prepared for their behaviour and understand what you are observing.

- **Give children clear factual information about their parent’s mental health illness to reduce anxiety**

Knowledge can give children emotional strength: children will fill in the blanks if you fail to give them the full picture - and they are likely to paint a worst case scenario. Information about their parent’s condition demystifies the illness and helps children cope on a daily basis and prepare for any relapses effectively.

- **Promote protective factors such as seeking medical assistance and encouraging children to socialise with other children at school**

Whether you are working in adult or children services remember to encompass the whole family in your considerations. The impact of a parent’s mental health problems on their children’s wellbeing can be significantly reduced if other protective factors, like after school activities, sports clubs or youth groups are promoted.

- **Take the ‘Think Family’ approach, read and follow the protocol**

The protocol aims to improve safeguarding and broader outcomes for children and young people living in families with a parent or parents who misuse alcohol or other substances, or have mental health issues or a combination of these. You can access the protocol via the Children Leeds website or by pasting the following link into your web browser:

http://www.leedsinitiative.org/children/listing_search.aspx?searchText=think%20family%20protocol

Local Provision

The main website for information on support services available to people suffering from mental health problems in Leeds is www.mentalhealthleeds.info with 85 pages of services available.

Whilst this is the main list of support services available across the city, below is a sample of some of the agencies you can approach for advice and support when working with families affected by mental health issues.

Accident & Emergency Departments

Leeds General Infirmary (LGI) A&E Department reception telephone **0113 392 3354** - sited on the Ground Floor, Jubilee Wing, LGI, Calverley Street, Leeds (main switchboard telephone **0113 243 2799**).
St James's Hospital A&E Department reception telephone **0113 206 7021** - sited on the Ground Floor, Chancellor Wing, St James's, Beckett Street, Leeds (main switchboard telephone **0113 243 3144**).
Can also refer to mental health services including the Crisis Resolution And Home Based Treatment Team.

Advocacy for Mental Health and Dementia (A4MHD)

(Formerly known as Leeds Mental Health Advocacy Group) Service user led group. Aims to: enable service users & ex-service users obtain their full rights and privileges as citizens; provide advocacy & support; encourage users & ex-users to contribute to the promotion of high standards in service provision. Specific advocacy projects include: hospital; community; CPA (Care Programme Approach); people with dementia (including early onset); people diagnosed with a personality disorder; African/Afro-Caribbean and Asian communities; Independent Living Project (ILP).

Referral Method: GP, Mental health professional, Other (Professional), Self referral, Social Worker

www.advocacy4mentalhealth-dementia.org.uk

office@a4mhd.org.uk

Centenary House,
59 North Street
Leeds LS2 8JS

Tel: **0113 247 0449**

Fax: **0113 247 0448**

Child and Adolescent Mental Health Service (CAMHS)

Leeds Child and Adolescent Mental Health Service (CAMHS) offers assessment and help to children and young people (0-16) with significant emotional and behavioural difficulties (for example anxiety and depression and eating disorders) and their families. The teams work across the Leeds area in community based teams and try to meet with families in a place near where they live.

Once a referral has been received and accepted, families are usually seen in a consultation clinic. In this clinic the family and a CAMHS clinician will work together to think about the difficulty and what or who might help. For many families these two or three sessions are all that's needed. If families need more help following these sessions they can offer follow on work. This might be:

- Individual therapy
- Family therapy
- Group work (e.g. parenting groups and group psychotherapy)
- Specialist clinics (e.g. eating disorder clinics)
- Specialist assessments (e.g. for ADHD and Autistic Spectrum Conditions)

For a very small number of young people, highly intensive assessment and treatment packages are needed. Leeds CAMHS has both day and inpatient services.

For more information contact:

http://www.leedscommunityhealthcare.nhs.uk/what_we_do/children_and_family_services/camhs/contact_us/

Community Links

Community Links has a wide range of services and takes referrals from a variety of sources. People can often self-refer. Their services include:

- Support in the home
- Supported accommodation
- Short & Long stay hostels
- Personality Disorder Accommodation Support
- Pathway Development Service
- Early Intervention
- Deaf & Mental Health Community Development project
- Dual Diagnosis Service
- Creative Personalities
- IAPT

Head Office:

Regents Court, 39a Harrogate Road, Leeds, LS7 3PD

Tel: **0113 307 0080**

www.commlinks.co.uk

Crisis Resolution and Home Based Treatment Team (CRHT)

The CRHT is a specialist, multidisciplinary service to individuals aged 17 to 65 with severe mental health problems and those with complex needs who present in crisis and may require admission to hospital. Some individuals may be managed by the Home Based element of the team instead of being admitted to hospital. Open 24 hours per day.

Tel: **0113 305 6683** (*admin & info only*)

Referral Method: GP, mental health professional, A&E, LASC, NHS Direct, police only.

Leeds Crisis Centre

Free and confidential counselling service for people having a recent crisis. Referrals taken by telephone from any involved person (self, professional, friend etc) Short term help to a maximum of 16 weeks (usually up to 8 weeks). Choice of worker (race, gender, sexuality). Service is for over 16's. No upper age limit. We cover parts of South Leeds, Headingley, St. Georges One Stop centre Middleton, Moresdale Lane Seacroft, Parklands Childrens centre Seacroft.

Opening Hours:

Mon – Fri 10am – 9.30pm, Sat – Sun 11am – 7pm
(*answerphone out of hours, open every day of the year*)

3 Spring Road, Leeds LS6 1AD

Tel: **0113 275 5898**

07891 271514 (*for people who are deaf*)

Minicom: **0113 274 8880**

Fax: **0113 274 5801**

www.leeds.gov.uk/page.aspx?pageidentifier=ad2b3122-a4dc-4fd0-8608-cd81315a1d61

Email: ss.leeds.crisis.centre@leeds.gov.uk

Leeds Survivor Led Crisis Service

Provides services to people in acute mental health crisis as an alternative to hospital and statutory services. Survivor-led, person-centred, offering a non-medical service within a home environment. A variety of languages are spoken in the team. The team work with adults aged 18+

Referral Method: Self referral

Opening Hours:

Fri 6pm-2am, Sat 6pm-2am, Sun 6pm-2am.

Please note, please call **0113 260 9328** after 6pm

on the day you wish to visit. CONNECT

Helpline: 6pm-10.30pm every evening

Tel: **0808 800 1212** all year.

Dial House, 12 Chapel Street, Halton, Leeds LS15 7RW

Tel: **0113 260 9328**

www.lslcs.org.uk

Email: survivor.led@lslcs.org.uk

Leeds City Council Adult Social Care Telephone Centre

The Adult Social Care (formerly known as Leeds Social Services) telephone centre is the first point of contact for Social Services during office hours. Contact can also be made via local One Stop services.

Referral Method: Self referral

Tel: **0113 222 4401**

Minicom: **0845 1271113**

For Children and Young People's Social care contact – **0113 222 4403**.

For out of office hours social work emergencies requiring urgent assistance contact the Emergency Duty Team – **0113 240 9536**

Leeds Mind Community Recovery Service

The Community Recovery Service provides a range of support and resource options for adults experiencing problems around their mental health. This service operates a drop in service 6 days a week from both De Lacey and Clarence House Mental Health Resource Centres. A range of groups and activities is provided, both in-house and in the community. Individual, person-centred support is also provided. The service has a CAB advice session (phone **281 6733** for more information). Clarence House Mental Health Resource Centre is based at: 11 Clarence Road, Horsforth, Leeds LS18 4LB, Tel: **0113 05 5802**.

www.leedsmind.org.uk

crs@leedsmind.org.uk

Leeds Partnerships NHS Foundation Trust

Leeds PFT provides advice around mental health and learning disability services across Leeds.

Leeds Partnerships NHS Foundation Trust
2150 Century Way
Thorpe Park
Leeds, LS15 8ZB

Tel: **0113 3055 000**

Fax: **0113 305 5001**

Minicom: **0113 305 5951**

E-mail: communications@leedspft.nhs.uk

Primary Care Mental Health Teams

The primary care mental health teams provide assessment, short-term psychological treatment and support for people aged 17 upwards who are registered with a GP in Leeds. The service is for people with common mental health problems such as:-

- Depression
- Anxiety and panic attacks
- Stress
- Difficulty coping with life events

Service

Services are provided by five teams across Leeds who offer patients:

- self help material and/or a stress management course

- time limited talking therapy sessions to understand the problem and learn techniques to overcome difficulties
- referral to longer term support if needed

The service is part of the national Improving Access to Psychological Therapies (IAPT) programme - see www.iapt.nhs.uk for more details

East Leeds:

Harehills, Garforth, Kippax, Crossgates and Seacroft

North East Leeds:

Chapelton, Chapel Allerton, Meanwood, Little London, Roundhay, Moor Allerton, Alwoodley and Wetherby

North West Leeds:

Hyde Park, Burley, Headingley, Horsforth, Cookridge, Rawdon, Yeadon, Guiseley, Otley and Bramhope

South Leeds:

Morley, Rothwell, Beeston, Middleton and Belle Isle

West Leeds: All GP practices in Armley, Bramley, Wortley and Pudsey

The teams include different mental health professionals. You will be offered the most suitable treatment to meet your needs.

Referral Information

You can access the service by visiting your GP or another health professional such as a health visitor can refer you.

Or, you can refer yourself by contacting us on the telephone numbers listed.

Contact Information

East Leeds: 0113 843 4391

North East Leeds: 0113 843 4424

North West Leeds: 0113 843 0112

South Leeds: 0113 305 8306

West Leeds: 0113 295 1939

Samaritans

To work for the assistance of people who are suicidal, despairing or in distress. Support through listening and helping them to explore their feelings.

Referral Method: GP, Mental health professional, Self referral, Social Worker

Opening Hours: 24 hour phone, 10am-10pm face to face (*please ring first for staff availability*)

Email for support : Jo@samaritans.org

Tel: **0113 245 6789**

Social Services Out of Hours Emergency

Available out of hours IN EMERGENCY. Not solely for mental health referrals. Covers all aspects of Social Services statutory obligations.

Referral Method: GP, Mental health professional, Other (Professional), Self referral, Social Worker
Opening Hours: 5pm - 8am and Weekends and Bank holidays

Tel: **0113 240 9536**

Fax: **0113 247 7087**

Touchstone

Touchstone works in partnership with service users, carers, organisations and communities to provide high quality services that improve the health and wellbeing of local people.

- Has a person-centred approach
- Enables people to have a better quality of life in the community
- Enables individuals to access other services that aid recovery
- Increases individuals' levels of independence and confidence
- Holistic approach to addressing needs – health and well-being, social, cultural, educational, spiritual, housing and employment
- Jointly works with other agencies

Touchstone House
2-4 Middleton Crescent
Beeston, Leeds, LS11 6JU

Tel: **0113 271 8277**

Email: office@touchstone-leeds.co.uk

www.touchstone_leeds.co.uk

Mental Health – Useful links

For Adults

www.mind.co.uk - Mind helps people take control of their mental health. We do this by providing high-quality information and advice, and campaigning to promote and protect good mental health for everyone.

www.rethink.org – Rethink is a leading national mental health membership charity, working to help everyone affected by severe mental illness recover a better quality of life.

www.mentalhealthfoundation.org.uk – A leading UK charity that provides information, carries out research, campaigns and works to improve services for anyone affected by mental health problems, whatever their age and wherever they live.

www.centreformentalhealth.org.uk – provides general information on mental health issues and support

www.depressionalliance.org – provides support and information for those suffering from depression

www.b-eat.co.uk – provides supporting and advice around eating disorders

www.hearing-voices.org – offers information, support and understanding to people who hear voices and those who support them

www.bacp.co.uk – British Association of Counselling & Psychotherapy. Provides advice and information on counselling

For young people

www.youngcarers.net – a website providing advice and information to young carers across the UK

www.youngcarer.com – a children's society website which aims to develop resources and support services for young carers

www.youngminds.org – a website which provides information for children, young people and parents/carers about mental health and emotional wellbeing

www.sane.org.uk – provide information and advice for people experiencing or affected by mental illness