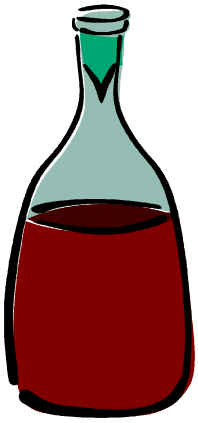
‘Bottling it up’

Addressing the support needs of mothers who problem drink and their children



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Addressing the support needs of mothers who problem drink and their children.

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Names have been changed within the report in order to protect the identity of participants.

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Praxis Care Group is a registered charity and a major provider of services for adults and children with a learning disability, mental ill health, acquired brain injury and the elderly.The Praxis Care Group research department is responsible for undertaking research and evaluations of projects that promote understanding of mental health and related health and social care issues.

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SUMMARY

This study has taken a specific focus on addressing the effectiveness of alcohol services in meeting the needs of mothers in the Craigavon area. The report details the experiences of 13 mothers who have had or are having a problem with alcohol. The study has also included the views of 19 health professionals who have experience of mother clients requiring alcohol services in their local area.

Key Findings

Demographics

53% of the mothers questioned were living alone.

The most frequent number of children for the mothers in the study was 2 or 4 children.

62% of mothers had experienced one or more of their children being taken out of their care.

Alcohol Use & Triggers

The mothers reported drinking on average 5x the recommended daily intake. This raises concerns for their physical health as well as the financial burden of buying alcohol.

A considerable number of mothers were drinking outside of normal 'support services' working hours of 9-5pm. The findings would suggest that a gap exists for services for mothers during night time and weekends. The professional group also deemed an out of hour's service as an important addition to an alcohol service for mothers.

Many of the mothers were mixing large quantities of alcohol as well as taking prescription drugs- This raises concerns for the damage mixing drugs may have on the mothers' mental well being and the negative impact on their parenting ability. This issue highlights the possible benefits of an educational programme to inform mothers of the consequences of harmful drinking, as well as the dangers of mixing alcohol with prescription drugs, particularly anti-depressants.

A wide range of interrelated emotional and behavioural factors were mentioned by mothers as triggers to 'problem drinking'. This raises the need for programs which address both emotions and behaviours which fuel 'problem drinking'. The mothers showed interest in a number of such programs which support services could provide i.e. understanding postnatal depression, coping skills, parenting skills, and alcohol education.

Parenting capacity while drinking & not drinking

The mothers showed an awareness of the impact of their drinking on parenting / daily functioning. They showed attempts at responsibility parenting by containing their drinking to evening and weekends. However, there are limited support services available during these times.

The mothers identified many areas in which their children were affected by their 'problem drinking'. In particular mothers stated that providing for the emotional needs of their children was most affected by their drinking. This finding highlights the need for support services specifically tailored for the children of 'problem drinking' mothers i.e. counselling for children, peer mentoring etc.

The mothers showed a perception that maternal 'problem drinking' is greater for older children. However, it is well documented that infant development is affected by maternal 'problem drinking'. Perhaps not as overtly recognisable as in older children, however, studies have shown that the level of responsiveness and bonding behaviour between mothers and infants is reduced in these situations (Bays 1990). This highlights the need for awareness raising programs for mothers concerning the effects of their 'problem drinking' on children of all ages.

Support for 'problem drinking' mothers

The major obstacles to mothers gaining support from family, friends or professionals include the shame of their problem, fear of children being taken into care and perceived lack of understanding (psychological barriers). This reduces the potential for mothers to develop positive support networks which could buffer the effects of 'problem drinking'.

A mother's 'problem drinking' is often not brought to the attention of support services until an incident or accident occurs. This highlights the need for a program which engages mothers as early as possible.

The lack of motivation/ unwillingness of mothers to seek or take help is a major challenge for alcohol services wishing to engage them. Within this study, unwillingness by the mother had been a factor in all cases in which a professional had decided not to refer a mother to an alcohol service.

Over 50% of mothers on the professional's caseload had alcohol identified as a 'contributing problem', with other issues such as mental health problems or other social issues as the 'main problem'. This finding highlights the potential benefits of more streamlined interagency collaboration in alcohol services provision for mother clients. Particularly in cases in which both mental health difficulties (i.e. depression/ post natal depression) and 'problem drinking' are present.

Alcohol Services

Approximately half of the professionals highlighted a lack of useful information on alcohol services in the Craigavon area for themselves and mothers, particularly statutory addiction services.

The professionals highlighted training needs for themselves in supporting their mother clients with 'problem drinking' issues i.e. effects of drinking from a family and parenting perspective, techniques for supporting mothers to address problems, user friendly information for professionals and mothers .

Both mothers and professionals reported a clear gap in the effectiveness and availability of alcohol services in the Craigavon area. They have highlighted the need to explore a range of possible services for 'problem drinking' mothers and their families.

Family Friendliness of existing Alcohol Services

Both mothers and professionals reported the full range of counselling services to be important. Both current problem drinkers and those no longer drinking were most interested in individual and group counselling. Mothers perceived family counselling as most useful during the early stages of addressing their 'problem drinking'.

A need was shown for a flexible family friendly service in the Craigavon area i.e. appointments made at short notice, has a drop in facility, crèche facility, evening & weekend appointments.

82% of mothers stated that they would prefer to go to their first meeting with an alcohol service on their own. However, mothers also mentioned the difficulties in making the first step to contacting a service. This highlights the support needs of mothers for making first contact with an alcohol service.

Barriers to seeking help

Psychological barriers need to be overcome in order for mothers to seek a service. A 'non-family friendly', inflexible alcohol service can act as further barrier to a mother engaging with an alcohol service.

Over ¾'s of mothers identified depression as a salient issue, this was compared to only 37% of professionals. This diverging opinion may be due to different meaning given to the word 'depression'. It is important that professionals give attention to feelings of low mood, isolation and loneliness expressed by mothers as well as the attention given to clinical depression.

Overall

This report has provided valuable views and experiences from potential users of a new alcohol support service for mothers in the Craigavon area. It has highlighted useful educational and skill learning programs specifically tailored for mothers. The report has also raised possible areas of future research, such as the needs of 'problem drinking' mothers from the ethnic minority population of Craigavon and also the support needs of the children of 'problem drinkers'. In a similar vein it would also be important to incorporate an evaluation and feedback system for users of any future alcohol service. This practice acts as an important service quality monitoring tool.

CONTENTS

Over the past 50 years alcohol consumption has doubled in the UK. Recent figures show that 38% of men and 16% of women are drinking above the recommended daily intake and according to the World Health Organisation standards, have an alcohol use disorder (Mental Health Foundation 2006). Within Northern Ireland, government has recognised alcohol misuse as a major problem in the development of the 'Strategy for Reducing Alcohol Related Harm'. DAIRU (Drugs, Alcohol Information & Research Unit 2005) provided a 'snap shot' census of drug and alcohol treatment in Northern Ireland for 01 March 2005. The census showed that 3,074 individuals were in treatment for alcohol only misuse, 38% (n=1,183) of which were female. The pattern of treatment type was broadly consistent across all 4 Health Boards. However, the largest proportion of individuals in treatment for alcohol only misuse was in the Southern Board (72%) which covers the area for this study.

In Northern Ireland we have a culture closely associated with alcohol use. Recent statistics show that harmful alcohol intake, particularly 'binge drinking' is growing, with availability, affordability and accessibility increasing year on year[1] (HPA 2005, The Academy of Medical Science 2004). As a consequence, evidence of physical and mental damage related to harmful drinking is also growing. In particular, there is a worrying increase in liver damage and brain damage in younger age groups, particularly amongst young women (Plant & Haw 2000). Alongside the physiological impact of harmful drinking there are also the long term social costs which include damage to relationships, family break-ups, trouble with the law, money problems and accidents.

Many people have a healthy relationship with alcohol. It is used to relax, socialise and celebrate occasions. However unhealthy relationships with alcohol can also be formed. In particular, using alcohol as a form of 'self medication' for masking problems or to deal with emotions such as anxiety and depression has been, and continues to be, a major concern (Mental Health Foundation 2006). These unhealthy relationships with alcohol do not develop overnight and often worsen over time when left undetected. Yet, the secretive nature of alcohol consumption often means that they form without the knowledge of those who could recognise the signs and provide support. In particular, the stigma and taboo of having a problem with alcohol as a mother, caring for a home and children can lead to the problem being kept hidden. And like a 'vicious circle' the feelings of anxiety, loneliness and depression which are often triggers for the problem drinking are perpetuated by the problems the drinking creates itself.

The SCARE research briefing paper produced a very comprehensive overview of how parenting capacity can be negatively affected by parental substance misuse (drugs and/or alcohol) i.e. behaviour, emotional well being, health and education (SCARE 2005). Alcohol abuse alongside drug abuse and domestic violence is one of the highest contributing factors to children being placed on the Child Protection Register (Gilligan 2004, Devaney 2004). Unfortunately, there are also clear links of intergenerational 'problem drinking'. One particular study reported that 83% of substance abusers had been raised by substance abusers themselves (Dunn et al. 2002).

[1] HPA definition of 'Binge Drinking' -ten or more units at one time for men, 7 or more units at time for women

In line with an increasing number of women and particularly mothers with children who have experience of 'problem drinking', alcohol services have had to redress their facilities and their approaches in order to make them more accessible to this particular client group (IAS 2005). Such approaches and services have to take into consideration not just the 'problem drinking' but also other circumstances in the mother's life:

> *"Alcohol consumption must not be treated in isolation, relationships exist between alcohol use and situational factors associated with a person's lifestyle" (Leigh, 1999).*

Similarly to medical problems such as diabetes or heart disease; intervention, treatment and support programs can be very effective in dealing with 'problem drinking' (Leigh et al. 1999). Alcohol Concern dedicated its 2002 Annual Report to highlighting the meager amounts spent on alcohol education and on support and treatment of alcohol problems in comparison to other health concerns and the amount spent by the drinks trade to promote alcohol consumption (Freedman 2002). Yet, there is a body of evidence detailing the public and personal benefits to be gained from investment in alcohol support and treatment services.

> *"Every single pound spent in treating people with alcohol problems is five pounds saved in the public purse. That means less damage to children lives, less people dying from a host of alcohol related health problems and expense to the criminal justice system" (UKATT Research Team 2005).*

PRESENT STUDY

This study has taken a specific focus on addressing the effectiveness of alcohol services in meeting the needs of mothers in the Craigavon area. The report details the experiences of 13 mothers who have had or are having a problem with alcohol. In particular, the study focused on the impact of 'problem drinking', support needs of 'problem drinking' mothers, effectiveness of present alcohol services and the necessary qualities of a new alcohol service. The study has also included the views of 19 health professionals who have worked with mother clients to comment on alcohol service provision in the local area.

St Lukes Hospital, based in Armagh provides the only specialist statutory addiction service for the Craigavon & Banbridge area. The other statutory secondary addiction service is the Community Mental Health Team (CMHT) in Trasna House. Under the current health and social services system in the Craigavon & Banbridge Trust, the community mental health service as a secondary service, can only refer to an alcohol service via the primary care level, viz. the G.P. or from the Consultant Psychiatrist in the out-patients department. However, the present system does permit the Family & Childcare service to refer directly to an alcohol service. The two main voluntary alcohol support services in the area are Alcoholics Anonymous (AA) and the Springwell Centre (ANew). Referrals to these voluntary services can be made directly by the mothers themselves or via a primary or secondary service.

DEMOGRAPHICS OF MOTHERS

13 mothers took part in the study.

Age of Participants

The mothers who participated in the study were aged between 25 to 48 years old. The average age of the mothers spoken to was 39 years old.

Marital Status/ Living Arrangements of Mothers

7 mothers were living alone, 1 mother was single, 5 were separated / divorced and 1 was widowed. 6 mothers were currently living with a partner, 4 were living with their husbands and 2 were co-habiting.

Figure 1

	Single	Married	Separated/ Divorced	Widowed	*Total by Living Arrangement*
Living Alone	1	0	5	1	7 (53%)
Living with Partner	1	4	1	0	6 (47%)
Total by Marital Status	2	4	6	1	13

4 mothers lived in a terraced house, 5 in a semi-detached house and 4 in a detached house. None of the mothers were working at the time of the interview.

Number of Children

The number of children each mother had ranged from 1 child to 5 children. The most frequent number of children for the mothers to have was 2 children (38% n=5) or 4 children (38% n=5).

Living Arrangements of Children

Of the 13 mothers interviewed, 8 mothers had the experience of one or more of their children being taken out of their care (62%). 7 mothers had one or more children out of their care at the time of interviewing. Of those 7 mothers, 2 had one or more of their children living with another family member, 1 mother had child/ren in short term foster care, 1 mother used a children's respite service for short breaks, 2 mothers had a child/ren in long term foster care and 1 mother had a child/ren adopted.

Figure 1.1 Table showing current living arrangements of children

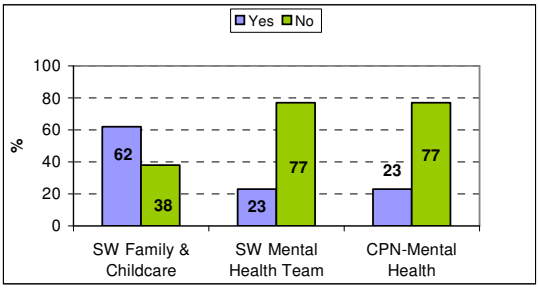
	With Mother	Out of Mothers' Care				
		With another Family Member	Short Term Foster care	Respite care	Long Term Foster care	Adoption
No of Mothers	6	2	1*	1	2	1

* 1 mother was seeking child's return from foster care at time of interviewing

Use of Services for any Health Reason

Figure 1.2

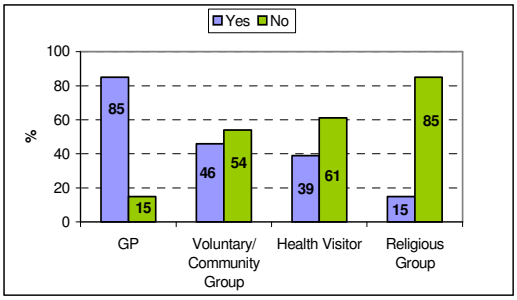
Family & Childcare & Mental Health



At the time of interviewing 62% (n=8) of the mothers were in contact with a social worker from the Family & Childcare Team. Also, 46% (n=6) were in contact with a social worker or CPN from the Community Mental Health Team.

Figure 1.3

Other Services



85% (n=11) of mothers were registered with a GP at the time of interviewing. 46% (n=6) were in contact with a voluntary/ community group. Organisations such as AA, ANew, Women's Aid, NOVA (Trauma Group) and 1 to 1 counselling groups were mentioned. 39% (n=5) of mothers were in contact with a health visitor. 15% (n=2) were attending a religious group.

Key points

1. 53% of the mothers questioned were living alone.
2. The most frequent number of children for the mothers in the study was 2 or 4 children.
3. 62% of mothers had experienced one or more of their children being taken out of their care.

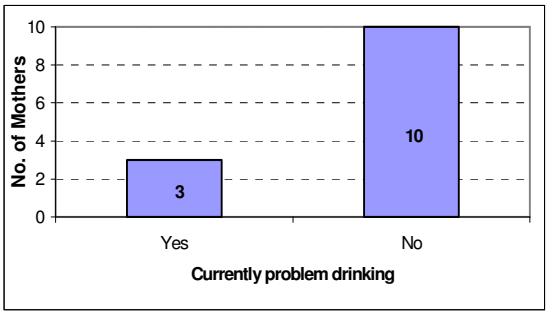
ALCOHOL USE & TRIGGERS

A number of methods were considered for measuring the mothers' alcohol use, including diary methods and a triangulation approach (using more than one method to measure alcohol consumption) (Alcohol Insight, 2000). The decision was made to use the self reporting method within a semi-structured interview setting. Although the self reporting method has potential for under-estimation, the main focus of the study was not to note the quantity or the type of drink mothers used but to gain an understanding of the causes and consequences of their 'problem drinking' (APA 2004).

Terms such as 'alcohol misuse', 'alcohol problem', 'alcohol abuse', 'harmful drinking' can be interpreted in many different ways. For the purpose of this study 'problem drinking' was used as a general term for a person who is experiencing/ has experienced problems of psychological or physical dependence on alcohol (IAS 2005).

Figure 2

Mothers currently 'problem drinking'?



Of the 13 mothers who took part in this study, 10 of the mothers (77%) reported that they were not currently 'problem drinking'.
9 of the 10 mothers who reported that they were no longer 'problem drinking' were attempting to remain totally abstinent. The average length of abstinence for these mothers was 1 year 3 months. However, the length of abstinence ranged widely between 4 months and 3 ½ years.

3 mothers (23%) reported that they were 'problem drinking' during the time of interviewing. All 3 mothers reported their wish for their drinking pattern to change, 1 mother wished to 'stop drinking totally' and 2 wished to 'reduce or control the amount they drank'.

As the majority of mothers were giving retrospective answers (reflecting back on periods of their lives when they were drinking heavily) and may have had a number of drinking periods (periods of abstinence and relapse) from which they could provide answers, they were asked to concentrate on the period when they were drinking most heavily and had children in their care.

Drinking patterns

Most frequent number of days
77% were drinking 4-7 days per week

Most frequent time of day
69% were drinking during evening & night time

The majority of mothers questioned (77%, n=10) stated that they drank between 4-7 days per week. The majority (69% n=9) of mothers also reported to have drank most often during the evening or night time. A number of mothers mentioned that they waited until the children were in bed before they

started drinking. The most frequent part of the week for the mothers in this study to drink was the 'weekend' (46% n=6). However, 38% (n=5) stated that they had no definite drinking pattern.

The mothers were also asked to give an approximate description of the type and amount of alcohol that they would have consumed on an average day of their heaviest drinking.

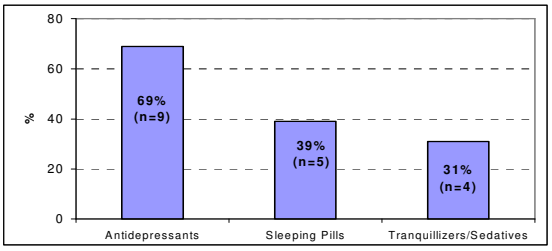
Figure 2.1
Number of units reported to be drinking on an average day

	Units of Alcohol
Average	**15**
Range	**7-43**
Mode *(most common)*	**15**
Median *(middle)*	**25**

3 units per day is regarded as the upper limits of safe drinking or a threshold below which one is unlikely to experience adverse effects (HPA 2001)

As Figure 2.1 illustrates the units drank varied quite considerably between the mothers spoken to, from 7 to 43 units per day with an average of 15 units per day. Overall, all of the mothers reported drinking well in excess of the recommended daily intake. In fact, the mothers in the study were averaging at 5x the recommended daily intake. The high degree of harmful drinking reported by the mothers raises concerns for their physical health as well as the expense of buying alcohol. The financial burden of buying drink was not reported to be a worry for mothers in the study. The mothers also stated that the children's basic needs (clothes, food etc.) came first.

Figure 2.2
Medications



12 out of the 13 mothers had been taking one or more types of medication i.e. antidepressants, sedatives/ tranquilizers or sleeping pills while 'problem drinking'. 69% (n=9) were taking antidepressants 4 or more times per week. As a general rule, alcohol should not be used in combination with other drugs. In particular mixing large quantities of alcohol and medication can induce drowsiness and fatigue (alcoholism.about.com). These are particularly undesirable effects for mothers while being responsible for looking after children and can lead to an increased risk of illness and injury. In particular, mixing alcohol and anti-depressants can make a person more susceptible to the intoxicating effects of alcohol and can stop some anti-depressants from working (depression.about.com). An additional concern for the mothers in this study was that they were not keeping a note of the amount they were drinking.

"I couldn't honestly say because once you get a few in you, you don't even know what you are doing, never mind what you are buying" (Jane 41 yrs old, identified post natal depression as an initial trigger to drinking)

Key points

1. The mothers reported drinking on average 5x the recommended daily intake. This raises concerns for their physical health as well as the financial burden of buying alcohol.

2. A considerable number of mothers were drinking outside of normal 'support services' working hours of 9-5pm. The findings would suggest that a gap exists for services for mothers during night time and weekends. The professional group also deemed an out of hour's service as an important addition to an alcohol service for mothers.

3. Many of the mothers were mixing large quantities of alcohol as well as taking prescription drugs- This raises concerns for the damage mixing drugs may have on the mothers' mental well being and the negative impact on their parenting ability. This issue highlights the possible benefits of an educational programme to inform mothers of the consequences of harmful drinking, as well as the dangers of mixing alcohol with prescription drugs, particularly anti-depressants.

TRIGGERS

The reasons given by mothers for drinking are common to other studies in the area (Nair et al. 1997). A recurrent theme arising was the use of drink to block out unwanted thoughts and feelings. The mothers mentioned depression as a main trigger to them drinking. In particular, post natal depression was mentioned as a reason for their 'problem drinking' beginning.

Figure 2.3
Range of triggers to drinking were reported by mothers

Depression / Postnatal Depression, Loneliness, Isolation, Boredom, Stress, Guilt, Feeling of failure, Perceived inability to cope, 'Blocking out pain'.

"It is mostly emotional pain that you just can't cope with or maybe you just can't cope with the situation you are in. (Jane 41 yrs old, identified post natal depression as an initial trigger to drinking)

"When I was drinking I couldn't look at my past with any favourability and it just drove me...you know depressed, then I ended up drinking to cope with that as well." (Alice, 37 yrs old)

The mothers also mentioned behaviours or situations which would act as direct or indirect triggers to them drinking, such as becoming complacent with their drinking problem (direct trigger) or not taking medication which led to depression (indirect trigger). Other external factors that the mothers mentioned as contributors to them 'problem drinking' ranged from socialising with people who drank, children playing up to arguments with their partner and domestic violence.

"I would have the sort of personality say that if something goes, badly, badly wrong. Say if me and him have a huge row. The first thing I would do is turn to the drink. I would go to Claire's house that does drink." (Briege, 34 yrs old)

Alice drank between 3-5 days per week for 10 years. She drank a 10 glass (750ml) bottle of vodka per day. Alice was suffering domestic violence at home. One child was in long term foster care at the time of interviewing.

"When I got a beating the first thing I headed for was the bottle of vodka..the abuse just seemed to be blackened out by the drinking, the drink took the effect of the abuse" (Alice, 37 yrs old)

It was also mentioned that there didn't always need to be a reason or a trigger to drink.

Key point

1. A wide range of interrelated emotional and behavioural factors were mentioned by mothers as triggers to 'problem drinking'. This raises the need for programs which address both emotions and behaviours which fuel 'problem drinking'. The mothers showed interest in a number of such programs which support services could provide i.e. understanding postnatal depression, coping skills, parenting skills, and alcohol education.

PARENTING CAPACITY WHILE DRINKING & NOT DRINKING

Research has shown that the parenting capacity of 'problem drinking' mothers is negatively affected (i.e. meeting the physical, emotional, social and educational needs of their child) (SCARE 2005). The mothers in this study were asked to rate their perceived parenting skills while drinking and not drinking i.e. meeting the physical needs of child/ren, emotional needs of child/ren, and their ability to undertake the responsibility of parenting. As figure 3 illustrates, the majority of mothers felt that their parenting capacity was good when they were not drinking. The findings also suggest that the mothers perceived a difference in their parenting capacity while drinking and not drinking. The majority of mothers (77%) rated their responsibility as parents as poor when drinking. In particular, they perceived that they were poor at providing for the emotional needs of their children while drinking (77%). Slightly fewer mothers (54%) felt that they didn't cope well with providing for the physical needs of their child/ren. In contrast, when mothers were not drinking they felt that they coped well with the responsibilities of parenting (85%) and reported that they were able to meet both the physical and emotional needs of their child/ren equally well (92%).

Figure 3

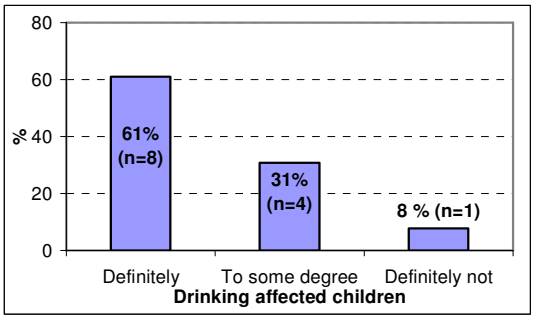
PARENTING CAPACITY	Not Drinking		Drinking	
	Well	Poor	Well	Poor
	%	%	%	%
Physical needs	**92 %**	**8%**	**46 %**	**54%**
Emotional needs	**92 %**	**8%**	**23 %**	**77%**
Responsibility of parenting	**85 %**	**15%**	**23 %**	**77%**

"I was drinking every night. Obviously the next day I was a wreck. The physical needs were always taken care of, they were always clean and tidy and had their food on the table but emotionally I mean there was no way you could be working on all 4 cylinders when you had been drinking the night before" (Briege, 34 yrs old)

"If that was the only thing I could do for him, was to clothe and feed him, because emotionally I was a wreck, I was a wreck. I was no good for him" (Fran, 48 yrs old)

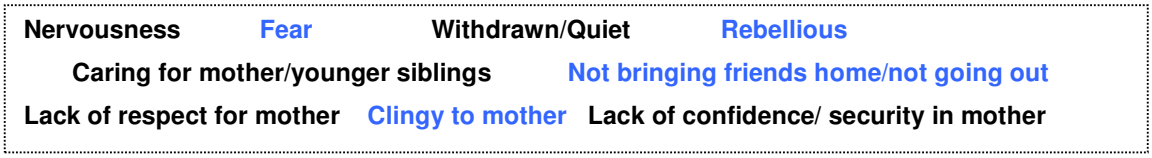
Figure 3.1

Affect of drinking on children



The mothers in this study showed an awareness of the impact of their drinking on their children's development. All apart from one of the mothers in this study felt that their drinking had affected their children. In particular, mothers described their children being affected emotionally and behaviourally. A few mothers reported concern that their children would develop drinking problems themselves through exposure to their drinking behaviour.

Figure 3.2
Mothers' perspective: The main impact of drinking on children



"Well I didn't realise at the time, just how much he was (caring for me). He was the adult I was the child. You know, he put me to bed more times than enough. You know, I didn't even realise" (Fran, 48 yrs old, had been abstinent for 7 months)

"My eldest fella would have been scared. He would have got scared and would have ran up to his bedroom. And he wouldn't have came out, even if his friends would have called at the door". "I'm not going out, I'm not going out" (Jenny, 25 yrs old, was currently seeking children back from fostercare)

There is an increasing amount of discussion in the UK health professional field concerning the lack of support services for the children and families of problem drinkers (Zohhadi et al. 2004, Orford & Vellman 2003). Some very successful programs have been identified in the UK (Kearney et al. 2003). One particular service is the Family Alcohol Service which covers the London boroughs of Camden and Islington. It supports a holistic family model (focuses on the needs of the problem drinker and all affected members) with a 'needs led' approach. Major challenges for these family led services are perceived lack of skills and also lack of resources (staff and funding) to keep the service running (Mental Health Research & Development Unit & Avon & Wiltshire Mental Health NHS Trust 2003).

A theme drawn from the interviews was of the mothers containing their drinking until the evenings and night time when the children were in bed and therefore aiming to reduce the impact on them. It was also perceived by some that the impact of their drinking was greater for 'those children old enough to understand' than for infants.

"I'd say (the drinking has affected) the two eldest ones because they can remember things. The wee things, thank god, can't remember nothing. It definitely had an affect on the other two. (Briege, 34 yrs old)

Key points

1. The mothers showed an awareness of the impact of their drinking on parenting / daily functioning. They showed attempts at responsible parenting by containing their drinking to evening and weekends. However, there are limited support services available during these times.

2. The mothers identified many areas in which their children were affected by their 'problem drinking'. In particular mothers stated that providing for the emotional needs of their children was most affected by their drinking. This finding highlights the need for support services specifically tailored for the children of 'problem drinking' mothers i.e. counselling for children, peer mentoring etc.

3. The mothers showed a perception that maternal 'problem drinking' is greater for older children. However, it is well documented that infant development is affected by maternal 'problem drinking'. Perhaps not as overtly recognisable as in older children, however, studies have shown that the level of responsiveness and bonding behaviour between mothers and infants is reduced in these situations (Bays 1990). This highlights the need for awareness raising programs for mothers concerning the effects of their 'problem drinking' on children of all ages.

SUPPORT FOR 'PROBLEM DRINKING' MOTHERS

The hidden problem

The mothers talked about keeping their 'problem drinking' hidden from family and friends, largely due to feeling ashamed. The mothers were also reluctant to ask for help from health professionals, due to the fear of their children being taken into care.

> *"I don't know about men but if you are a heavy drinker and a mother, as I said to you, you turn into the world's greatest liar. Nobody knows what is really going on. So, there was no support and I wouldn't have been asking for support" (Briege, 34 yrs o ld)*

Lack of Understanding

A number of the mothers felt that the support from family and friends didn't improve once their problem was no longer hidden. Some commented that family and friends didn't understand, or lost patience and distanced themselves. Mothers perceived the prime concern of their loved ones and also the professionals was that the drinking would 'stop'. The mothers perceived that little understanding or support was given to the deeper problems which were fuelling their drinking problem.

> *"The world doesn't have time for alcoholics. They are too busy getting on with their own lives. You know, there is a lack of some kind of support where you can sit and talk to people. And, they understand and you are feeling that sense of care, or that you are not talking to the wall" (Jane, 41 yrs old)*

Previous evaluations of alcohol services would support this view that 'alcohol consumption cannot be effectively treated in isolation'. An inextricable link exists between alcohol use and all the other facets of a person's life (Leigh et al. 1999). In fact the mothers in this study have shown that many parts of their life can act as triggers to drinking problems, amassing into a 'complex constellation of problems' becoming even more complex when 'problem drinking' is added to the mix.

> *"Well I was using drink..I thought as a successful lever to be able to push it (domestic abuse) out of the road but I wasn't, it was only piling the problems even more" (Alice, 37 yrs old)*

> *"I (was) tied up with the guilt of not feeling like a good mother and the guilt of drinking and the two together, I kept pretty much to myself". (Pauline, 39 yrs old)*

Support

A recurrent theme from the mothers in this study was the perceived lack of support while 'problem drinking'. Only 15% (n=2) of the mothers felt that they could have used family or friends to cope with their drinking and related problems. This response remained the same for those mothers who were living with a partner as for those who were living alone. As one would expect, the majority of the mothers felt that they didn't cope with their worries and used drink to help them to forget (77%, n=10).

Previous studies concerning substance abusing mothers have highlighted this issue of limited support as a major concern (Mental Health Research & Development Unit, University of Bath & Avon & Wiltshire Mental Health NHS Trust 2003, Pajulo et al. 2001). In general, single mothers are more likely to have less support and have higher psychological distress levels (Franz et al. 2003). Within this study, over half of the mothers were single at the time of questioning. In addition to this point, none of the mothers spoken to were working, therefore, further restricting the potential for building social networks. Good social contact/ relationships are known to act as powerful 'buffers' against negative life events (Leigh et al. 1999; Gilligan 2004). Peirce et al. studied the inter-relationship between social contact, social support and alcohol. They found support for the idea that increased alcohol use can lead to reduced social contact (2000).

Usefulness of Professional Support

It is interesting that some of the mothers mentioned professional support through community psychiatric nurses (CPN's) or social workers as the only source of positive support they had available (Pajulo et al. 2001).

> *"Alan (friend) doesn't listen so much now. I don't really talk to anyone now, unless the nurse (CPN) or social worker comes out. They are good they come out and talk and things" I would like to see more of my child's social worker, she needs someone to talk to too." "()It is a 'family illness' and there is a lot more people affected than yourself. You know everyone is affected, your family especially." (Jane, 41 yrs old)*

Although some of the mothers found a real support from professionals, the psychological barriers to seeking help (fear, distrust) often delayed this exchange until an incident/ accident brought them to the attention of social services. In over 60% (n=8) of the cases in this study, this resulted in 1 or more children being taken into care (Figure 1.1). Within Northern Ireland, Devaney reported that alcohol was a concern in 20% of cases in which children had their names placed on the child protection register (2004). Interestingly, previous research has also shown that parents who engage with alcohol services were the least likely parents to have their child made the subject of a care order (RMHLD 2005).

Breige is currently seeking help for drinking after an accident while drinking placed her in hospital. She has had previous experience of her children being taken into care due to 'problem drinking'.

"I don't like them (Social Services). She comes in (social worker) and out there and I could talk away to her nowadays.() But, there would be no trust there whatsoever and you're not going to sit down and talk to someone who is there mainly for the benefit of your children and tell them well here, I know you are here for the benefit of my children and I am drinking every day and drinking every night. You are never going to turn around and tell your social worker that. So you know what I mean, you are just going to plod on. Until something does happen and then the worst thing happens (losing children)" (Briege, 34 yrs old)

Motivation/willingness to seek help

It was also made clear by the mothers in the study that they must be willing to seek or take help- *'you need to be finished drinking'*. Outcomes from alcohol services have shown that an individual is unlikely to change their drinking patterns if they have not made a positive decision to do so themselves (RMHLD, 2005).

A number of professionals in this study had decided not to refer a mother to an alcohol service, in the past. In 100% (n=6) of cases this was because of a perceived lack of willingness/ motivation of a mother. In some cases it was felt that other issues, such as mental health problems or social problems such as domestic violence were the 'main problem' and therefore requiring more urgent attention than the 'problem drinking' (83%). The professionals from this study reported that for the period January 2003- May 2006 over half (53%) of the mothers on their caseload had alcohol as a 'contributing problem' rather than the 'main problem' (Figure 4.1).

Under the current health and social services system in C&B HSS Trust the community mental health service is deemed to be a secondary service and referrals to the team come via the Primary Care level, viz. the G.P. or from the Consultant Psychiatrist in the out-patients department. Therefore in practice, the mothers who are referred to community mental health professionals are primarily referred for a mental health difficulty, and not for 'problem drinking'. The community mental health service is not a specialist alcohol treatment service. A statutory specialist service is provided area wide, and is based in St. Lukes Hospital. The present system does permit the Family & Childcare service to refer directly to an alcohol service. The two main voluntary alcohol support services in the area are Alcoholics Anonymous and the Springwell Centre (ANew). Referrals to these voluntary services can be made directly by a primary or secondary service. The present layered system in accessing health and social care services (i.e. primary, secondary and tertiary) highlights the need for clear and co-ordinated interagency collaboration in alcohol service provision for mother clients. This is particularly important in cases were both mental health difficulties, e.g. depression /post-natal depression and 'problem drinking' are present. Interestingly, an increasing amount of new research is highlighting the benefits of addressing both substance misuse and mental health problems together (Baker et al. 2006).

Figure 4
Reasons professionals didn't refer to an alcohol service

Reasons why didn't refer in those 6 cases	Frequency	%
Lack of willingness/ motivation by mothers	6	100
Other problems needing more urgent attention i.e. Mental Health, Domestic Violence	5	83
Available services not deemed appropriate	3	50

Figure 4.1
Mother caseload for professionals- alcohol as the main or contributing problem

Alcohol Presentation	Total mothers on caseload for period Jan 2003- May 2006	As % of overall caseload	Average number of mothers per professional	
Main Problem	**65**	**47%**	**3***	**(range 0-25)**
Contributing Problem	**72**	**53%**	**4***	**(range 0-25)**
Overall Total on Caseloads	**137**		** to the nearest whole number*	

Key points

1. The major obstacles to mothers gaining support from family, friends or professionals include the shame of their problem, fear of children being taken into care and perceived lack of understanding (psychological barriers). This reduces the potential for mothers to develop positive support networks which could buffer the effects of 'problem drinking'.

2. A mother's 'problem drinking' is often not brought to the attention of support services until an incident or accident occurs. This highlights the need for a program which engages mothers as early as possible.

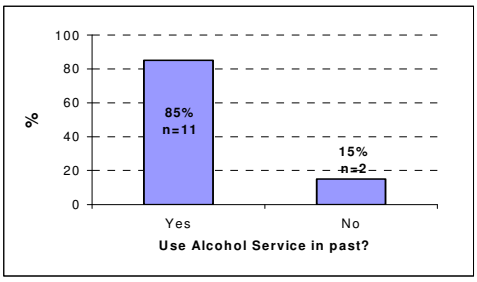
3. The lack of motivation/ unwillingness of mothers to seek or take help is a major challenge for alcohol services wishing to engage them. Within this study, unwillingness by the mother had been a factor in all cases in which a professional had decided not to refer a mother to an alcohol service.

4. Over 50% of mothers on the professional's caseload had alcohol as a 'contributing problem', with other issues such as mental health problems or other social issues as the 'main problem'. This finding highlights the potential benefits of more streamlined interagency collaboration in alcohol service provision for mother clients. Particularly in cases in which both mental health difficulties (i.e. depression/ post natal depression) and 'problem drinking' are present.

ALCOHOL SERVICES

Figure 5

Use of Alcohol Services in the Past



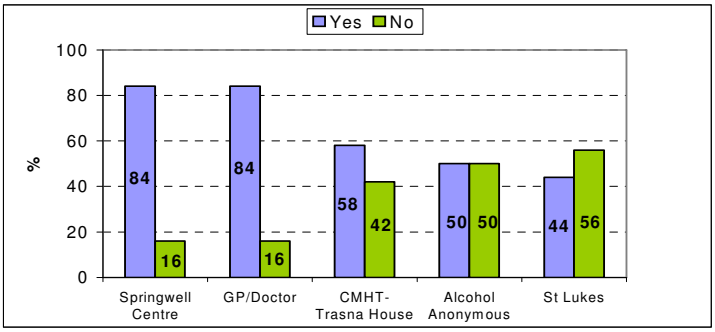
Only two of the mothers spoken to had not used an alcohol service in the past. Both these mothers were in contact with mental health professionals at the time of interviewing. 1 of the mothers had a 7 month period of drinking a bottle of wine every night (9 units). She stated that she had gone to her doctor, when she had a problem with drinking. The other mother had a more complex and enduring drinking problem. At her heaviest period of drinking she drank 40 units per day; her main professional contact was with psychiatric services and social services, but not a specific alcohol service.

When the mothers were asked which services they had been in contact with concerning their 'problem drinking', most mentioned St Lukes-5 day educational programme and also the Brownlow Health Centre (Legahory Centre). The voluntary/ community support groups that the mothers had used most in the past were AA and the Springwell Centre (ANew).

Professional Information

Figure 5.1 below shows that the vast majority of professionals questioned felt that they did have sufficient information concerning the Springwell Centre and the GP. In contrast, a significant number of professionals did not feel that they had enough information on 3 out of the 5 alcohol services which serve the Craigavon area. Over half (56%) of the professionals sampled believed that they did not have enough information to make a referral to the St Luke's Addiction Service. Half of the professionals didn't feel that they had sufficient information on AA to initiate a referral. And a considerable number of professionals didn't believe that they had enough information about the CMHT in Trasna House (42% n=8). As the professionals stated below, improved information could be one way of improving the understanding of referral options for professionals. However, there are other factors which may add to the perceived confusion in the referral of a mother to an alcohol service such as high staff turnover i.e. knowledgeable staff leaving and new staff needing to be trained and also lack of clarity in the role and functions of different services in dealing with mothers who present with a range of different problems.

Figure 5.1
Professional view: Sufficiency of Information on alcohol services to make a referral



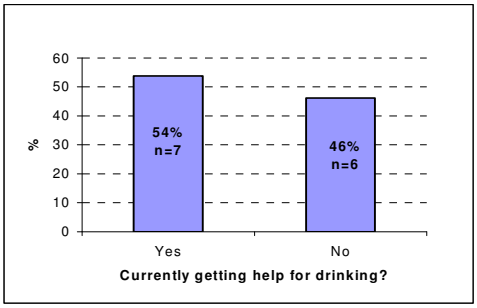
Training for professionals

3/4's (n=12) of the professionals questioned believed that they would benefit from further training in recognising and responding to alcohol problems in mothers. Two main areas of identified training needs were to gain a better understanding of the effects of alcohol from a family and parenting perspective and useful techniques for working/supporting mothers to address their problems. These two areas of training fall in very neatly with the support needs which the mothers highlighted. In particular, mothers mentioned that support networks had failed them because of a lack of understanding of the reasons for their drinking and because family, friends and professionals often added to the stressors/ triggers which led to them using drink to cope. The mothers also described their problem as a 'family illness', acknowledging the extended negative impact of their drinking on members of their family. An additional training area identified by professionals was improved information on potential alcohol services that mothers could be referred to. They felt it was important to improve this information not only for themselves as professionals but also the need for user friendly information leaflets for their mother clients. Within Northern Ireland there seems to be a general lack of easily accessible information tailored specifically to mothers with alcohol problems.

Figure 5.2

Professional view on beneficial training to support mother clients
Effects of drinking
• The effects of 'problem drinking' on parenting and children directly
• The effects of alcohol on the whole family
Techniques in working with 'problem drinking' mothers
• Treatments, supports
• Skills in helping mothers to explore causes of drinking
• How to support and advise mothers to cope with stressors that lead to drinking
Referring Mothers- Information requirements
• Information Pack about the relevant services in the area as well as information about the type of service that is offered
• Details of how and when to refer a mother to an Alcohol Service

Figure 5.3



Currently using any Alcohol Services?

Just over half (54%; n=7) of the mothers were using an alcohol service at the time of interviewing.

Interest in getting involved in a new service

77% (n=10) of the mothers stated that they would be interested in getting involved in a new service which could help with drinking patterns. Interestingly, 60% (n=6) of those interested were already using an alcohol service. The mothers felt that there

weren't enough alcohol services in the Craigavon area for mothers. They also felt that those services that did exist were not meeting their needs. 95% of professionals questioned felt that an alcohol service in the local area for mothers was essential or very necessary (n=18).

> *"I have all these people (GP, Social Services, Psychiatrist, Addiction Unit) that I go around but they are not an awful lot of use" "Yeah, I think there isn't enough down in this area. I think Armagh is a bit far away to have to go" (Fran, 48 yrs old, she had been abstinent for 7 months))*

> *"There is a severe lack of alcohol services for mothers in the Lurgan, Brownlow and Portadown areas" (professional from Family & Childcare Team)*

Key Points

1. Approximately half of the professionals highlighted a lack of useful information on alcohol services in the Craigavon area for themselves and mothers, particularly statutory addiction services.

2. The professionals highlighted training needs for themselves in supporting their mother clients with 'problem drinking' issues i.e. effects of drinking from a family and parenting perspective, techniques for supporting mothers to address problems, user friendly information for professionals and mothers .

3. Both mothers and professionals reported a clear gap in the effectiveness and availability of alcohol services in the Craigavon area. They highlighted the need to explore a range of possible services for 'problem drinking' mothers and their families.

Interest in specific types of service provision

Both the mothers and professional groups were asked to state which types of counselling they felt an alcohol service should provide i.e. individual counselling, group work with other mothers, mother and counsellor with their children, counselling for child/(ren) without mother present and whole family counselling (partner, children, parents, any significant others).

Figure 5.4

Types of Counselling	Mother		Professional	
	%	Frequency	%	Frequency
Individual Counselling	82%	9	100%	19
Group Work	82%	9	84%	16
Counsellor with mother & children	64%	7	90%	17
Counselling with children without mother present	64%	7	83%	15
Whole Family Counselling	46%	5	95%	18

As Figure 5.4 illustrates the mothers were most interested in the individual counselling (82%, n=9), and group work with other mothers (82%, n=9). They also stated that they may be interested in counselling with their children (64% n=7) or counselling for their children on their own (64% n=7). The mothers were least sure about getting involved in the whole family counselling, with just under ½ showing interest (46% n=5). All of the professionals questioned rated individual counselling as beneficial (100% n=19). A greater % of professionals reported whole family counselling (95% n=18) and counselling with mother and children (90% n=17) as a beneficial service than the mother group.

All 3 of the mothers who were currently drinking said they would be interested in all the counselling services mentioned. For a number of the mothers who were no longer 'problem drinking', it was perceived as 'too late' for them to get involved in counselling with their family. This is understandable as the average length of abstinence was over a year and some of the mothers were now separated/divorced or widowed from their partner. However, the mothers did feel that family counselling may have worked if it had been introduced during their 'problem drinking'. This adds to the value of an alcohol service which engages mothers vulnerable to 'problem drinking' or at the earliest stages of 'problem drinking'.

> "I think whole family counselling would have helped a lot then. I would love to have it now, but the children wouldn't agree. It is too late now." (Emily, 37 yrs old, history of manic depression)

The majority of mothers were also agreeable to receiving a support service which could help with self esteem (90%), self confidence (90%), communication skills (90%), coping with stress (90%) and parenting skills (80%). Many of the mothers mentioned that they had already been through some of these types of classes before. They also mentioned alcohol education classes and information on coping with and understanding postnatal depression would be or have been useful.

In addition the professionals felt that a family support worker attached to an alcohol service would be beneficial. They also suggested first aid courses for children of mothers with 'problem drinking', due to the increased risk of accidents in the home. A Health Promotion Agency document estimates that alcohol has been a factor in 33% of accidents in the home in Northern Ireland (HPA 2001).

NECESSARY QUALITIES FOR A FAMILY FRIENDLY ALCOHOL SERVICE

Family Friendly Service

A list of 'Family Friendly' qualities were presented to the mother and professional groups. They were asked to state which qualities they felt were important.

Figure 5.5

Family Friendly qualities	Mothers		Professionals	
	%	Frequency	%	Frequency
One to one appointments made at short notice	84%	10	85%	16
Drop-in facility	84%	10	63%	12
Able to make appointments oneself	84%	10	74%	14
Crèche Facilities	80%	8	90%	17
Easy to get to by public transport	75%	9	94%	18
In the local area	75%	9	73%	14
Service is discreet	75%	9	90%	17
Woman only facility	75%	9	52%	10
Offers evening/weekend appointments	75%	9	73%	14

11 of the women commented on this part of the questionnaire. One woman who no longer had a drink problem and did not wish to use a new service, commented on what she would have liked from a service, during the time she was drinking heavily.

As illustrated in Figure 5.5, the majority of mothers and professionals deemed all of the 'family friendly' qualities with a high degree of importance. Both mothers and professionals rated a 'flexible' service in which appointments could be made at short notice, had a drop in facility with a crèche facility and had the option of evening and weekend appointments with the highest importance. The quote below provides further weight to the importance of a flexible service.

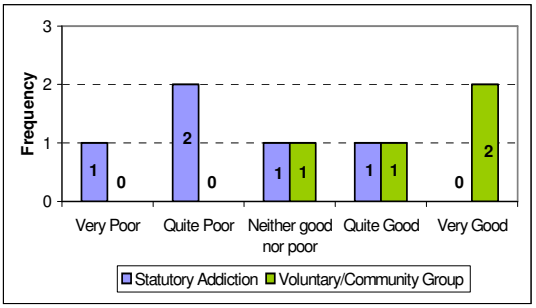
> *"I don't think there is anyone I could easily get in touch with. The thing with alcoholism is that it can come very suddenly, there can be a trigger or a stressful situation or there has been a period of stress and this is the last wee bit that takes you to a head that makes you want to go for a drink. You have to be able to lift the phone and talk to someone there and then. Having a CPN, or "I 'll phone you back" or "she will get back to you next Thursday" or "your next psychiatric apt is in 3 weeks time I will speak to you then". "The GP is busy he can't speak to you now". None of that is relevant to an alcoholic who is at the point of relapse." (Pauline, 39 yrs old)*

Family Friendliness of Existing Alcohol Services

The professionals were also asked to rate the 'family friendliness' of alcohol services that they had previously referred their mother clients to. Overall, 6 professionals from the sample (35%) had experience of referring a mother to an alcohol service. 5 of the 6 professionals had referred to a statutory addiction service and 4 of the 6 professionals had referred to a voluntary/ community group. However, the figures showed that overall the professionals felt that community/voluntary alcohol services were more 'family friendly' than statutory alcohol services. Statutory services were given an average rating of 'quite poor' with a range which extended to 'very poor'.

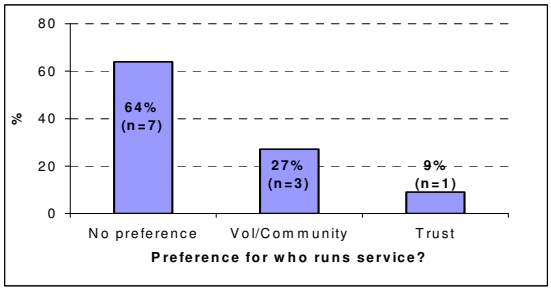
Voluntary/ Community services had an average rating of 'quite good' which extended to 'very good'.

Figure 5.6
Family Friendliness of Alcohol Services



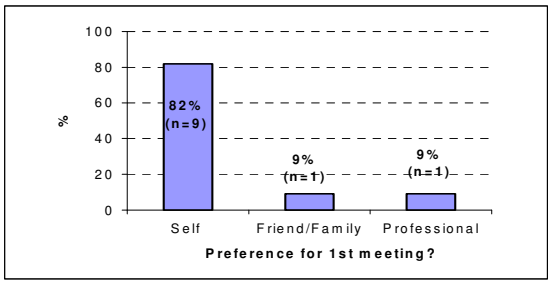
Name of Alcohol Service	Average Rating
Statutory Addiction Services	Quite Poor
Voluntary/ Community Groups	Quite Good

Figure 5.7
Preferred Management of the Service



64 % (n=7) of the mothers questioned stated that they had no preference as to who ran an alcohol service. Of the remaining mothers, 27% (n=3) stated that they would prefer a service run by a voluntary/ community group and 9% (n=1) preferred a service run by the trust/ statutory professionals.

Figure 5.8
First Appointment



The majority of mothers (81% n=9) stated that they would prefer to go to their first appointment by themselves.

The high rate of mothers preferring to go to a first appointment by themselves is in contrast to one mother's description of making that first step to seek help on her own. She described the depression as a powerful 'inertia' which makes it difficult to seek help. It could be inferred that mothers, particularly those with the greatest problems, may need encouragement to take support when making first contact with a service even though they may not prefer to do so.

> *"Inertia, you really have became so depressed, the inertia is overwhelming. When you get to the bad stages where you really need help, the most you can do is lift the phone you really need someone to come and get you. It is not like any other illness, the thing that is ill is your brain and it is the things that makes all the decision and gets you to places." (Pauline, 39 yrs old)*

Key points

1. Both mothers and professionals reported the full range of counselling services to be important. Both current problem drinkers and those no longer drinking were most interested in individual and group counselling. Mothers perceived family counselling as most useful during the early stages of addressing their 'problem drinking'.

2. A need was shown for a more flexible family friendly service i.e. appointments made at short notice, has a drop in facility, crèche facility, evening & weekend appointments.

3. 82% of mothers stated that they would prefer to go to their first meeting with an alcohol service on their own. However, mothers also mentioned the difficulties in making the first step to contacting a service. This highlights the support needs of mothers for making first contact with an alcohol service.

BARRIERS TO SEEKING HELP

Both mothers and professionals were given a list of potential barriers which may prevent a mother from seeking help. Both figure 5.9 & 5.10 show that the top 5 barriers raised by both stakeholders were comparable. The mother and professional groups highlighted the psychological barriers as the most likely cause of a mother not seeking help i.e. denial of drink problem and fear of children being taken into care. Li-Tzy & Ringwalt suggest that if (mothers) attitudes towards 'problem drinking' and seeking professional help are addressed, it would help to reduce other barriers (2004).

Interesting, a smaller % of professionals rated depression as a barrier than the mother group (77% mothers compared to 37% of professionals). The mothers referred to depression at many stages throughout the report as a key area of concern. However, the difference in %'s given as a barrier to depression by both parties could be due to a difference in the meaning given to the word 'depression'. The mother's may understand the word in its general sense to describe feeling down, isolated or lonely. However, the professionals may have referred to the word more in its clinical definition. In any case, whether the mothers are expressing clinical depression or feelings of isolation and loneliness, it is imperative that these issues are given professional attention and addressed as key factors in perpetuating the problems for mothers who drink.

Figure 5.9
Mother's perspective

	BARRIERS TO SEEKING HELP- Mothers	%	Frequency
Barrier 1	Denial of drinking problem	85%	11
	Guilt & Shame of alcohol problem	85%	11
	Fear of losing child(ren)	85%	11
Barrier 2	Depression	77%	10
Barrier 3	Ability to deal with alcohol problem without professional support	69%	9
	Lack of services which are family friendly i.e. crèche facilities	69%	9
Barrier 4	Lack of childcare arrangements while attending meetings	62%	8
Barrier 5	Fear of people finding out about the drinking problem	61%	8

Figure 5.10
Professional perspective

	BARRIERS TO SEEKING HELP- Professionals	%	Frequency
Barrier 1	Fear of losing the child(ren)	95%	18
Barrier 2	Denial of drinking problem	90%	17
Barrier 3	Fear of people finding out about the drinking problem	42%	8
Barrier 4	Depression	37%	7
Barrier 5	Building is easily recognisable as alcohol service	32%	6
	Lack of childcare arrangements while attending meetings	32%	6

The practical issues of a non-family friendly service which doesn't accommodate children and is indiscreet were also mentioned in the top 5 barriers. The following quote describes the importance of a family friendly alcohol service which is easily accessible, has a flexible and family friendly environment in which the mother feels safe and comfortable to come and work through counselling or educational programs.

> *"That hits the nail on the head that is exactly what a drinking mother needs. If you had that service there (family friendly qualities) and you have them in a secure place and they are trusting you. And they have been told, "Do you really want to stop". Then the rest just opens up to it. That would be fantastic. It really has to be a half way between a safe house and a treatment unit" (Pauline, 39 yrs old)*

Key points

1. Psychological barriers need to be overcome in order for mothers to seek a service. A 'non-family friendly', inflexible alcohol service can act as further barrier to a mother engaging with an alcohol service.

2. Over ¾'s of mothers identified depression as a salient issue, this was compared to only 37% of professionals. This diverging opinion may be due to different meaning given to the word 'depression'. It is important that professionals give attention to feelings of low mood, isolation and loneliness expressed by mothers as well as the attention given to clinical depression.

CONCLUSION

This small localised study has reported on the views of mothers who have experience of 'problem drinking' and the views of professionals who work with them. Overall, the report has provided a good overview of the support needs of mothers experiencing 'problem drinking' in the Craigavon area. It has also highlighted the main gaps in alcohol service provision for mothers in this area.

The mothers have reported initial pressing psychological barriers which have prevented them from seeking help and support from family, friends or professionals. The greatest barriers for the mothers were the denial of their problem, guilt and shame of their problem and the fear of their children being taken into care. The fear of their children being taken into care extended through to a fear of social workers and an unwillingness to seek help from health professionals or support services. A number of mothers did not seek support until a chronic stage of 'problem drinking', in which case much damage to themselves and their family had already been done. The historical pattern of disengagement of 'problem drinking' mothers from support services and the resulting child protection issues continue to create clear challenges for health professionals in terms of engaging mothers as early as possible.

For those mothers willing to engage with an alcohol service, this study has highlighted the benefits of a woman only local service with a 'family friendly' ethos in which they can form trusting relationships with support service staff. In particular, the mothers identified a need for a flexible service in which appointments could be made at short notice, had a drop in facility with a crèche and had the option of evening and weekend appointments. The report has also identified a significant number of mothers for whom 'problem drinking' is identified by professionals as a 'contributing problem'. Research has shown that there can be real benefits to be gained from treating major problem areas together. 'Problem drinking' cannot be understood in isolation or effectively treated in isolation. It has inextricable links with other facets of a person's life, i.e. mental, physical, social, and emotional.

The professional group in this study showed a good understanding of the issues which 'problem drinking' mothers face in the Craigavon area. They highlighted areas of further training needed in order to competently support their mother clients. These training needs mirrored the support needs mentioned by the mothers i.e. exploring the reasons/ triggers for 'problem drinking', understanding the impact of drinking on parenting and the family. It is encouraging from a service development point of view that both professionals and mothers see the benefits to be gained from addressing a similar set of issues.

Both mothers and professionals reported a clear gap in the effectiveness and availability of alcohol services in the Craigavon area. They have highlighted the need to explore a range of possible services for 'problem drinking' mothers and their families, including early intervention programs, educational programs (emotional and behavioural) assertive outreach, out of hours services and family support services.

The study has also identified a perceived lack of useful information on present alcohol services which professionals could refer mothers to and also a lack of user friendly information for mothers regarding alcohol services. Research suggests that definitions and terminology should be carefully considered when planning and

publicising services. Using words such as alcoholism etc. for a mother in denial of their problem may alienate them from the service (Lancaster & Dudleston 2001).

Through listening to the views of both mothers and professionals, this report has been able to recommend a 'needs led & family focused' alcohol service for the Craigavon area which can provide a range of different services/programs. In particular, an early intervention programme which engages mothers, possibly through general educational and awareness programs which focuses on managing emotions and behaviours. The report findings have also highlighted the benefits to be gained from a range of other programs, including an assertive outreach programme, out of hour's service and a family support service.

Overall, this report has given a voice to a small number of mothers who have had the experience of 'problem drinking' in the Craigavon area. It has also taken the views of those professionals who have mothers on their caseload. It is hoped the issues raised within the report will provide some useful information in which to inform the planning and development of any new alcohol service for mothers in the local area.

LIMITATIONS OF THE STUDY

This was a small scale audit on the effectiveness of alcohol services in meeting the needs of 'problem drinking' mothers within the Craigavon area. While the audit provided valuable information, several limitations to the research must be kept in mind:

1. Professional Sample Size: The response of the professional group was very small and therefore the findings may not be representative of the whole population of health care professionals working in the Craigavon area (Family & Childcare, Mental Health & Health Visiting).

2. Involving Current Problem Drinkers: The sample of mothers in this study was skewed towards mothers who stated they were no longer 'problem drinking' at the time of being interviewed. The views of reportedly non-drinking mothers is useful in gaining a retrospective understanding of the needs of mothers with 'problem drinking' patterns. However, it would be interesting to obtain the views of mothers who are currently 'problem drinking', as it is this specific subgroup that is most resistant to seeking help. However, due to the hidden aspect of their alcohol problem and their low levels of motivation in engaging with services, accessing and involving this group of mothers proved to be extremely difficult.

3. Memory Bias: Many of the mothers stated they were no longer 'problem drinking' and therefore answered the questions retrospectively, reflecting back on periods of their lives when they were drinking heavily. This may have introduced 'memory bias' in some of their responses.

4. Voluntary Participation: Participation in the study was on a voluntary basis and therefore the views expressed were by those mothers who were willing to engage in the research study. Those mothers unwilling to take part in the research may have a different range of experiences and views than willing mothers. These mothers may also be the most resistant to seeking help.

5. Non-English Speaking Mothers: Portuguese and Lithuanian mothers were using Craigavon social services at the time of interviewing. However, due to the language barriers the research was unable to access their views. Using an interpreter would have reduced this particular non-response error. However, time and financial resource constraints prevented this. This is a future area for research.

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METHODOLOGY

RESEARCH OBJECTIVE

To gain an understanding of the effectiveness of alcohol services, in meeting the needs of 'problem drinking' mothers within the Craigavon area.

RESEARCH AIMS

1. To identify the support needs of mothers who have experience of 'problem drinking'

2. To ascertain the effectiveness of local alcohol services which support mothers

3. To highlight gaps in alcohol service provision for mothers in the Craigavon area

4. To identify the necessary qualities of a 'family friendly' alcohol service

STAKEHOLDERS

The views of 2 main stakeholders were identified as necessary for this study-

Stakeholder 1: Views of Mothers

Response Rate

A total of 13 mothers completed a semi structured questionnaire within a face to face interview situation. At the outset of the research a sample size of 20 mothers with current alcohol problems was decided. However, during recruitment it became apparent that it would not be possible to engage 20 current 'problem drinking' mothers to take part in the study, in large part due to their tendency to keep their problem hidden. In order to increase the sample size the sample criterion was expanded to include mothers who had a history of 'problem drinking' but were not currently drinking at the time of interviewing.

Sampling Technique

The mothers were recruited to the study using a convenience sampling technique. For a small study with budget and time constraints this was deemed the most appropriate technique. It was felt to be more important to gain a good overview of the issues which mothers in the Craigavon face, rather than to present findings which were statistically significant (Liamputtong & Ezzy 2005). The mothers were accessed via Health Professionals from the local community Mental Health Team, Family & Childcare Team and Health Visiting Team. The mothers were given an information leaflet explaining the purpose of the study and invited to participate. At interviewing stage, the mothers were asked to sign a consent form which reminded them of the purpose of the study, the part they played in it and how the information would be used. The mothers were made aware that they could stop the interview at any time, or pass on any questions which they did not wish to answer. They were also assured that withdrawing from the study would have no effect on any current or future service provision received.

77% (n=10) of the interviews were carried out in the interviewees own home. The remainder were carried out in a community centre convenient to the interviewees.

Data Collection Method

Semi-structured interviews were thought to be the most appropriate method of data collection. It provided enough structure to make sure the key areas were covered but also that it had enough flexibility to allow the mothers to tell their stories in their own words (Liamputtong & Ezzy 2005).

Areas explored in the semi-structured questionnaire were:

- Alcohol Usage- patterns of drinking & amount and type of drink[2]
- Problems/Worries while drinking
- Effect of 'problem drinking' on parenting ability
- Support Networks while drinking
- Knowledge and use of Alcohol Services
- Views on future service provision- type of services, 'family friendliness'
- Barriers to seeking help for 'problem drinking'

ANALYSIS OF MOTHERS SEMI-STRUCTURED INTERVIEWS

Statistical analysis of the mothers semi-structured questionnaire was undertaken using the SPSS package (Statistical Package for Social Scientists). All interviews were tape recorded and transcriptions made of the information not captured in the questionnaire. Content analysis was carried out on this data to identify additional themes and concepts. The transcripts also provided useful quotes to add depth and understanding to the final report.

Stakeholder 2: Views of Health Professionals

Response Rate

44 postal questionnaires were sent out to Health Professionals (Mental Health Team, Family & Childcare Team, and the Health Visiting Team) serving the Craigavon area. 19 were returned, giving a response rate of 43%.

Data Collection Method

A self-completion postal questionnaire was administered to a sample of 44 health professionals who have the ability to refer 'problem drinking' mothers or initiate referral of mothers to an alcohol service. The questionnaire was designed using mostly 'closed' and 'single' or 'multiple' choice questions, therefore enabling it to be quick and easy to fill out. The most pertinent questions to ask professionals were ascertained by carrying out a robust review of relevant literature. The research steering group provided further advice on questionnaire content. A second postal questionnaire was sent out 3 weeks after the first post out, to optimise the response rate.

[2] If a mother was no longer drinking, they were asked to comment on the period of their life when they were drinking most heavily and had children in their care.

QUESTIONNAIRE

Areas explored in the professional questionnaire included:

- Number of mothers on their caseload with alcohol as a main or contributing problem
- Experience of referring mothers to alcohol services
- Professional skills & training
- Opinion on present alcohol service provision for mothers
- Views on future alcohol service provision- type of services, 'family friendliness'
- Professional perception of barriers to seeking help by mothers

A draft questionnaire was piloted using 5 health professionals, outside of the main study sample.

ANALYSIS OF PROFESSIONAL QUESTIONNARIE
Statistical analysis of the professional questionnaire was undertaken using the SPSS package (Statistical Package for Social Scientists).

RESEARCH STEERING GROUP

A Research Steering Group was established to support and guide the research project at all stages, from questionnaire design to research dissemination. It included representatives from organisations that provided services to mothers with alcohol problems. This was a very useful pathway to gain access to both the mother and professional sample groups.