# Counselling children experiencing mental ill-health and their parents: Swedish school social workers' experiences from a family systems approach

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**Abstract:** This paper examines Swedish school social workers' (SSWs) experiences of counselling children experiencing mental ill-health and their parents. Eight SSWs from elementary schools in a large Swedish city were interviewed online. The interviews were transcribed and analysed using thematic analysis. As a theoretical frame, the study uses Minuchin's structural family approach. The results indicated that SSWs schedule counselling together with children and parents depending on the degree of mental ill-health, wishes, and consent. The SSWs emphasised structure, role, information, and passing forward. They also took account of the family system as a whole, its parts and its broader context. This study contributes to the development of future initiatives for school social work counselling with children and their parents. It addresses a gap in the literature, as Swedish SSWs' counselling of children experiencing mental ill-health and their parents has not previously been studied or reported in peer-reviewed publications. This paper meets an identified need and demonstrates how social work counselling can be conducted in schools.

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## Introduction

The Swedish pupil health services are mandated to include medical, psychological, psychosocial, and special educational interventions. This encompasses access to school physicians, school nurses, psychologists, school social workers (SSWs), and special educators or special teachers (SFS, 2010:800). These professionals form a multidisciplinary pupil health team (Hjörne & Säljö, 2021). According to the Education Act (SFS, 2010:800), pupil health services should focus primarily on health promotion and ill-health prevention, aiding pupils' development towards educational goals. The health-promoting, preventive, and remedial work occurs at individual, group, and organisational levels. According to the Swedish Association of Local Authorities and Regions (SKR, 2023), a total of 3,120 SSWs work in Swedish municipal schools with children aged 6 to 19 years. This also includes children in special needs compulsory schools.

## Lack of Guidelines for Swedish SSWs

A previous Swedish government public inquiry (Elevvårdsutredningen, 2000) outlined SSWs' work as involving 'supportive counselling, counselling, psychosocial treatment with students and parents…' (2000, p. 216). The first edition of the Guidance for Pupil Health (Skolverket & Socialstyrelsen, 2016) described similar work as 'conducting counselling, such as support, motivational, and crisis counselling, as well as investigative and advisory counselling with individual students and their families…' (Skolverket & Socialstyrelsen, 2016, p. 32). In the current Guidance for Pupil Health (Socialstyrelsen, 2023), the term 'family' has been omitted, although the Sveriges skolkuratorers förening (2020) mentions family counselling in its professional description. Neither the latest guidance document (Socialstyrelsen, 2023) nor the professional description (Sveriges skolkuratorers förening, 2020) specifies the situations or reasons that should lead SSWs to decide to conduct counselling with children, nor whether these counselling sessions should occur alone with the child or together with the parents. Although there are not clear guidelines in Sweden, family involvement can be a crucial factor in the success of interventions. The field of school-based family counseling (SBFC) literature for example in the US (Gerrard, 2008) could be relevant for SSWs in their counselling. SBFC stands

for an approach to supporting children in succeeding at school and overcoming difficulties of personal and interpersonal kind. The approach unites family counselling and school counselling models in a systems meta-model where the child´s difficulties are seen in different contexts of interpersonal networks (Gerrard, 2008). These networks are for example the family, classroom and the community.

## Children and their mental ill-health

Children's rights are enshrined in the Convention on the Rights of the Child, which is now part of Swedish law (SFS 2018:1197). Article 3 emphasises the importance of considering the best interests of the child in all decisions affecting them, and Article 12 highlights children's right to express their views and have them considered in these decisions. Despite this child-centred perspective, the mental health of Swedish children is reported to be deteriorating.

Self-assessment results from schoolchildren aged 11, 13, and 15 have shown an increase in psychological complaints and mental ill-health (Folkhälsomyndigheten, 2023). The proportion of children reporting at least two health complaints more than once a week has steadily increased since the mid-1980s. Children's mental ill-health has also been closely linked to their parents' abilities and capacities (Socialstyrelsen, 2013).

In a Swedish research study (Kjellgren et al., 2023), SSWs identified three main problem areas for children in primary school: home conditions, relational problems, and anxiety. Overall, the majority of SSWs rated the severity of children's problems as moderate to severe (Kjellgren et al., 2023). Mental ill-health was also cited as the most common reason for student contact in another Swedish survey targeting SSWs (Novus, 2023). Those SSWs who reported an increased workload described it as being due to issues such as more children with eating disorders, more self-harming behaviour, and more suicide attempts (Novus, 2023).

## School social work and Counselling

In Sweden, there are ambiguities regarding the professional practices of SSWs (Isaksson, 2016; Jansson et al., 2022). Furthermore, SSWs have described educators as having clear expectations that they will prepare

students to be in a teachable state (Isaksson, 2016) so that teaching can continue (Backlund, 2007).

A literature review encompassing multiple continents (Ding et al., 2023) has highlighted four distinct functions of SSWs. The first is to support children, their families, and educators in managing mental ill-health and behavioural difficulties. The second is to develop children's emotional and social learning. The third is to contribute to a positive school environment, and the fourth is to optimise children's and families' access to resources within both the school and their community. An American survey study indicated that SSWs' counselling provided social, emotional, and learning support for children (Avant & Lindsey, 2016).

Research on SSWs' counselling practices is limited, although recent Swedish research has contributed new knowledge about individual counselling with children regarding, for example, the structure and process of these counselling sessions (Kjellgren et al., 2024a). The findings showed that the child was allowed to formulate the problem, followed by a parent, educator, or SSW. In the next step, the SSWs determined the focus and start of the counselling and subsequently formed a trusting relationship with the child. The majority of SSWs emphasised the importance of having contact with the parents of children undertaking ongoing counselling with them. The motive for this could be to strengthen the child based on the information obtained or to make parents aware of their child's needs and to engage in the child's life (Kjellgren et al., 2024a). Furthermore, parental involvement was a prerequisite for SSWs to be able to assess and communicate parental ability. While the SSWs all seem to emphasize parental contact, involvement in sessions is a different matter.

Adolescents themselves have also problematised issues that can arise when a parent is invited to a counselling session (Kjellgren et al., 2024b). The parent can dominate in terms of time and focus during the counselling session and may continue discussions with the adolescent at home afterwards. The adolescents also do not want to burden their parents with their concerns.

## Family Systems approach in school social work

An SSW's perspective influences how they approach and view the help provided to children and their families (Kraus, 1998). A systems perspective means starting from the idea that children's difficulties are viewed within

the social context of the family and that the family is seen as a system (Kraus, 1998). Some believe that a child's development is most strongly influenced by a single factor, their family (Carlson, 1987).

A study on children with anxiety and school avoidance has exemplified how SSWs can use family systems theory in their work with families (Carlson et al., 2021). The researchers asked reflective questions about how family interactions could affect the child's anxiety and school avoidance and how knowledge about the child's family could be used for planned interventions. The researchers believed that knowledge of family systems could help SSWs to conceptualise how family interactions influence psychological problems.

In a study on effective family system interventions by SSWs (Sawatzky et al., 1993), it was noted that the decision to work with the family or the child on their own depended on the child's age. If the child was younger, the SSWs would tend to call in the parents, whereas with older children, individual work was more likely, albeit from a family perspective. Furthermore, the SSWs observed that, even if the family was only seen once, the assessment of problematic relationships within the family system was quicker. A few SSWs pointed out that, when shifting from an intrapsychic to a family system perspective, change occurred quite rapidly (Sawatzky et al., 1993). Individual sessions that had continued for a long time without any impact yielded different results, leading to change within a couple of weeks when a systems perspective was employed (Sawatzky et al., 1993).

Education about family systems is included in the curricula for prospective SSWs in the USA, but the offerings vary greatly between universities (Gold, 2014). Bowen's systems theory, Minuchin's structural family approach, and de Shazer's solution-focused approach have been suggested as three fundamental family systems approaches in SSW education (Paylo, 2011). Shifting from an individual to a systems perspective (Paylo, 2011) and concepts such as lifecycle transitions, boundaries, parental hierarchy, and triangulation have been highlighted as useful in SSWs' work (Mullis & Edwards, 2001).

In an American study, 39% of SSWs reported having received training in family systems, and 87% stated that there ought to be a requirement for such training for SSWs (Martin, 2017). Additionally, the SSWs described time, insufficient training, and lack of parental involvement as barriers to using family systems theory. The researchers noted that training could contribute to better parental involvement and recommended that training

in family systems theory be included in the national guidelines for SSWs in the country. Martin's (2017) call for further education aligns with the work of others (Philippo et al., 2017; Avant & Lindsey, 2016). In Sweden, academic education worth 7.5 higher education credits is provided to SSWs at an advanced level. The curricula do not include literature on family systems theories (Göteborgs universitet 2023; Stockholms universitet 2023).

## Purpose

The purpose of this article is to describe Swedish SSWs' experiences of counselling children experiencing mental ill-health and their parents, as well as how Swedish SSWs consider the significance of the family system in this counselling.

### Research Questions

The research questions are: 1. When do Swedish SSWs conduct counselling with children experiencing mental ill-health and their parents? 2. How do Swedish SSWs proceed when counselling with children experiencing mental ill-health and their parents? 3. How do Swedish SSWs consider the significance of the family system in this counselling?

### Theory

Structural family theory is based on general systems theory, cybernetics, and communication theory (Minuchin, 2012). This theory posits that family members relate to each other according to a specific order that influences their exchange of messages. This order constitutes a whole and is referred to as a family structure. Structural family theory is based on the tasks of the family system and organises that system into hierarchical levels and subsystems. Different subsystems undertake different tasks. Subsystems that perform particularly important functions are the couple subsystem, the parental subsystem, and the sibling subsystem (Minuchin, 2012).

The parental subsystem shifts from a predominantly nurturing function to a more guiding and controlling function as the children grow (Minuchin, 2012). Exercising authority is necessary because otherwise parents cannot fulfil their executive functions (Minuchin, 1999a). A parental subsystem needs to be predictable and, regardless of how the parents feel, they need to maintain the boundaries and rules they have established. When parents involve a child in conflicts related to the parental subsystem, boundaries become unclear (Minuchin, 2012). This is referred to as triangulation, which sometimes occurs within dysfunctional family structures (Minuchin, 2012). Cooperation between parents in the form of a parental team is emphasised (Cocozza, 2016).

A sibling subsystem consists of the children in a family system (Minuchin, 2012). Within this subsystem, siblings are trained to interact, work together, and mediate, among other things. A child who takes on too much of the responsibility that should be handled by the parents becomes hierarchically superior, a so-called parent-child. This significant responsibility may involve supporting and helping their parents due to mental illness, substance abuse, or a need for language interpretation (Cocozza, 2022).

Boundaries protect the functions of these subsystems and the family system from interference by others who are not part of these systems (Minuchin, 1999a). These boundaries are further viewed along a spectrum from diffuse to clear too rigid. Grandparents are also part of the extended family, and this can challenge the boundaries of the family system in various ways, potentially creating problems (Minuchin, 1999b). The generational boundary between the parental subsystem and the sibling subsystem marks where power and responsibility lie (Minuchin, 2012). This boundary also changes character during the children's development and regulates the responsibilities and tasks that come with the children's age.

## Materials and methods

The study group was selected through a purposive sample of all municipally employed SSWs (n=71) in compulsory schools and compulsory schools for pupils with intellectual disabilities with children aged between 6 and 16 years in one of Sweden's largest cities. All SSWs were identified through the current municipality's websites, and the exclusion criterion was

substitutes. The SSWs were then contacted via email or phone and received an information letter, a consent form, and examples of the main question areas. The SSWs provided both written and oral consent for the publication and dissemination of the results before the video recordings were made. To obtain information about SSWs' experiences, semi-structured individual digital interviews lasting 30–45 minutes were conducted.

The interviews were conducted between October 2023 and January 2024. The target number of participants was 12 and it was based on considerations to time at hand to conduct and complete the study. Initially, eleven SSWs registered, but three later reported being unable to participate. 63 SSWs declined to participate resulting in a participation rate of 11%. Consequently, the results are based on interviews with eight SSWs, conducted by the first author, who is an experienced SSW and licensed psychotherapist.

Validity and credibility can be related to the accuracy in documenting the process of data collection and interpretation (Riessman, 2008). During and after each interview, handwritten notes were made to record personal reflections. Technical issues such as network disruptions occurred during three interviews, which were compensated for by phone contact. In one case where the recording was interrupted, the interview was redone three days later. All the interviews were transcribed with careful and verbatim accuracy (cf. Bryman & Nilsson, 2018).

Of the eight respondents, five were employed at a school for children aged between 13 and 16 years, two at a school for children aged between 6 and 12 years, and one at a school with children aged between 6 and 16 years (Table 1). All respondents had a bachelor degree in social work, and their employment duration ranged from 2½ years to 23 years. None of the respondents had basic psychotherapy training or other extended cohesive counselling training. However, one respondent, R2, reported having undertaken a one-year cognitive behavioural therapy (CBT) training course. The most common additional training among the school counsellors was in motivational interviewing (MI) and solution-focused work.

## Strengths

The choice of semi-structured interviews as a method allowed for follow-up questions that prompted the SSWs to provide more detailed and in-depth information. Additionally, a checklist was used at the start of all interviews to ensure the same uniform information was obtained. The interviewed SSWs also had a range of employment durations from 2½ years to 23 years, which captured a broad range of experience.

Table 1

| SSW | Ages of children | Years employed | Additional training |
|---|---|---|---|
| R1 | 13–16 | 13 | Conversation methodology |
| R2 | 6–16 | 23 | CBT, MI, Solution-focused work |
| R3 | 6–12 | 7 | MI, Parental support programmes, (Komet, ABC), Repulse, CBT |
| R4 | 13–16 | 8 | MI, Solution-focused work |
| R5 | 13–16 | 13 | Solution-focused work |
| R6 | 13–16 | 8.5 | MI |
| R7 | 6–12 | 7 | - |
| R8 | 13–16 | 2.5 | MI, Solution-focused work, adit dodit, Repulse |

All respondents had a batchelor degree in social work
All respondents were working in 'compulsory schools'. Respondent R1 worked as well in  compulsory school for pupils with intellectual disabilities
No respondent had basic psychotherapy training or other extended cohesive counselling training

## Thematic analysis

Our thematic analysis is based on a simplified interpretation by Alvinius and Svensén (2020) of Braun and Clarke's (2006) model. A handbook that describes Alvinius and Svenséns work steps was subsequently used (Alvinius et al., 2023). The thematic analysis takes an inductive approach

to discover and create inductive themes (Alvinius et al., 2023). However, there is also a deductive element to the analysis in the form of a theoretical interest in the concept of family systems and how it manifests in the data. The thematic analysis identifies themes at a semantic level, meaning that it is based on the explicit data and does not claim to speak beyond what the interviewees expressed. Finally, the thematic analysis is based on a critical realist approach, focusing on adhering to descriptions of the investigated phenomena (Alvinius et al., 2023).

Each interview was entered into a coding template consisting of four columns: interview dialogue, codes, categories, and themes. An additional review of the interviews and transcripts was conducted, and minor errors were corrected. The transcripts were then read through twice, and highlights were marked. These highlights were later transferred to the coding column and comments were manually added to the printouts of all interviews. Identified codes were then sorted into categories. The themes created from the SSWs interviews consisted of ideas that were recurring, emphasised, and formed patterns within the material.

## Ethical considerations

The ethical research requirements regarding information, consent, confidentiality, and utilisation (Vetenskapsrådet, 2017) have been considered. Regarding information, the SSWs were informed about the study's purpose and the voluntary nature of participation before the interviews. Concerning confidentiality, the information provided by the SSWs has been handled and stored so that unauthorised persons cannot access it. The information provided is also presented in a way that ensures it is not traceable back to individual interviewees.

# Results

The results aim to describe Swedish SSWs' experiences of counselling children experiencing mental ill-health and their parents, as well as how Swedish SSWs consider the significance of the family system in this counselling. Below, all the themes and categories that emerged from the research questions are presented (Figure 1).

*When SSWs conduct Counselling with Children experiencing Mental Ill-Health and Their Parents*

The timing of SSWs' counselling with children experiencing mental ill-health and their parents was repeatedly described as dependent upon three factors. The first was *the degree of the child's experienced mental ill-health*, ranging from mild to severe. Mild issues included sleep difficulties, low mood, and stress, which SSWs said they did not always discuss with guardians, depending upon the child's age. Severe issues were described as increasingly impacting upon daily life, such as the child feeling unable to take the bus. Severe issues also included panic attacks, thoughts of self-harm, and suicide, with R5 stating: '… sometimes you have to contact the parent immediately'. When children were completely absent from school, counselling was described as taking place at home.

The second factor was *preferences*, whether those of the child, the parents, or the SSWs themselves. Younger children were described as preferring to have their mother or father present, while older children might agree to the SSW and parents meeting first. The SSWs' own preference could be to work together, or as R1 expressed it: '… you get much more out of a physical meeting because you can see [the relationships] …' but also so that the child could hear what the SSW said. R7 said that they always had an initial counselling session with the parents and the child and then, depending on their age, the children could choose.

The third factor concerned *consent* from the children's parents and whether it was needed. This was expressed as being dependent upon whether the children were younger or older than 12 years. Those working with younger children described needing consent, in contrast to those working with older children. An additional question was asked about how often SSWs of all their conducted counselling with children experiencing mental ill-health did this with their parents. Estimates varied from 5% to 45%.
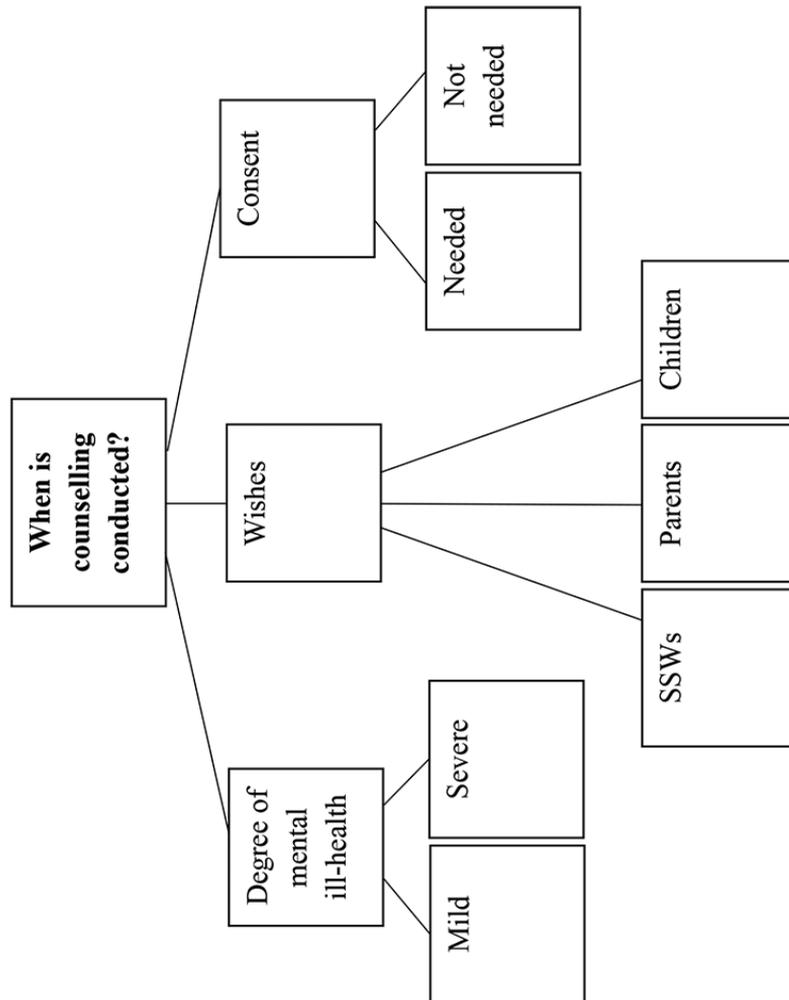
Figure 1a Research question, themes, and categories

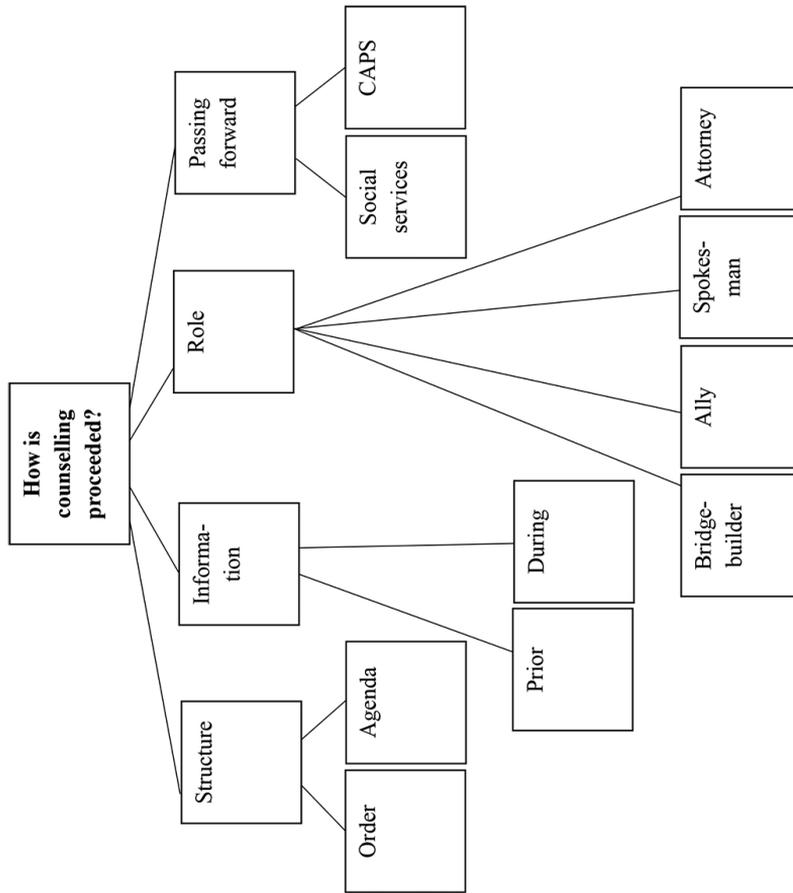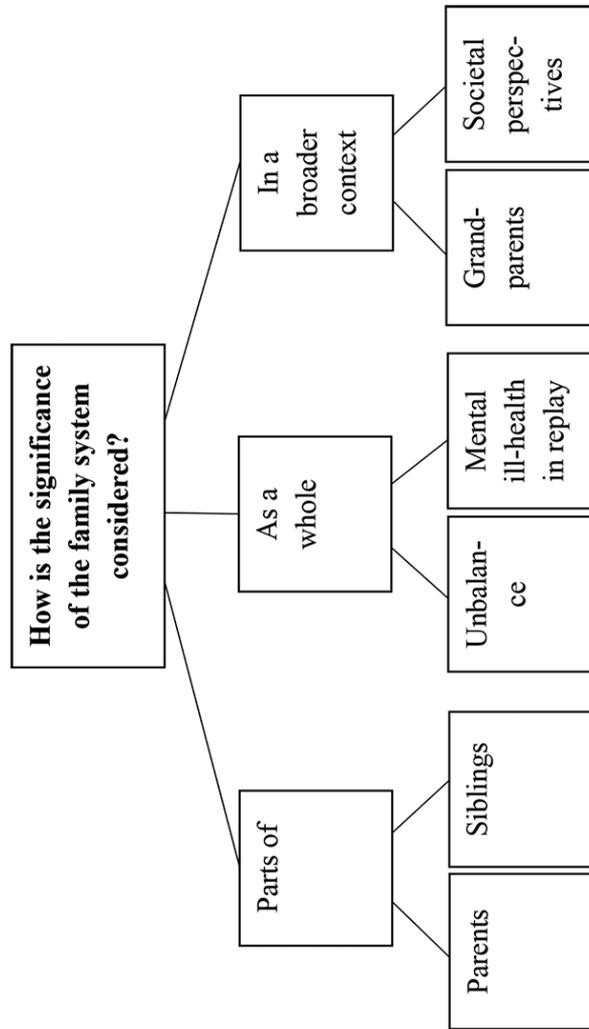Figure 1b Research question, themes, and categories

Figure 1c Research question, themes, and categories

*How SSWs Proceed when Counselling Children experiencing Mental Ill-Health and Their Parents*

This question resulted in four recurring answers. The first addressed *structure*, both in terms of a certain order and an agenda. The child often initiated the counselling, and the agenda involved what was to be done, what they were to achieve, and how much time they had for the counselling. The second answer was about *the role* of SSWs during the counselling, which could be as a bridge-builder, ally, advocate, and/or spokesperson. The third answer concerned *information* before and during the counselling. The predominant information before the counselling concerned the relationship between the child and the parents. R2 said:

> the student says that mum and dad don't understand me, because I can't talk to mum and dad, or they don't know that I feel this way... or that, that's part of the reason I feel this way.

The information might also concern the parents' own relationship. R7 mentioned that children had said their mum and dad did not talk but mostly argued and that they preferred not to sit in a meeting together. Similarly, the predominant information during the counselling concerned the relationship between the child and their parents. R7 said:

> it's not always easy for the child to talk when the parents, mum and dad, are there... not even having answered questions... it's the parents who have interjected...

Information might also concern the parents' well-being. For example, R3 described how a parent breaks down and then does not see their child. R4 noted that, in cases of more severe difficulties or childrens experienced mental health issues, counselling often involved single mothers.

The fourth answer was *referral*, either to Child and Adolescent Psychiatric services (CAPS) or social services. In cases of mental ill-health such as self-harm, the child was described as being referred to CAPS. However, R2 said that, in cases of family problems, a child could be referred to either social services or CAPS.

*How SSWs Consider the Significance of the Family System in These Counselling Sessions*

Three recurring answers emerged regarding how SSWs considered the significance of the family system in their counselling. The first was *the parts* of the family system, consisting of descriptions of siblings or parents. R1 said:

*... it could be a sibling who perhaps... who demands a lot from the family because that sibling has challenges at school or, or if it's someone who's been a criminal, a sibling who's a criminal...*

R2 said that sometimes parents have so many other things going on in the family's life that they may not have the energy to give what is needed. R4 mentioned that sometimes they and the parents were:

*far apart... often... it shows in how the parents talk about the child, and what they think is... what they think needs to happen or what they think will make the child feel better, and I see that other things would actually be very helpful, which can be very sensitive for the parent perhaps then...*

R3 said that sometimes worry could primarily lie with the parent and the child might not really feel that bad. Furthermore, R3 described differences between parents, where one gets very worked up and is very worried, while the other does not see it the same way and is therefore silent.

The second answer was the family system *as a whole*, in terms of imbalance and recurring mental health issues. R8 said:

*... with children, you often hear when they talk, they talk about things having got better but mostly worse based on how the family system works... that their anxiety and worry stem from somewhere... from the family... the family system. If there's an imbalance, or if there are conflicts or trauma in the family, it's a major contributing factor to their mental health issues...*

R1 recounted that:

*... some siblings, if you have siblings that I've worked with... and where there's mental ill-health and where I know, that is, severe mental ill-health, and then a few years later the child comes and it's a well-functioning family but this child also develops mental ill-health, maybe not the same but also as a result of, or the child can express that... but it's almost like a cry of 'see me'.*

The third answer concerned the *broader context* of the family system, including grandparents and societal perspectives. R1 described sometimes thinking a step further, considering that it is often the grandmother, grandfather, or other relatives who are involved. Societal perspectives referred to descriptions of the child's specific life situation, culturally, socially, and economically.

## Theories

Between them, the SSWs described an eclectic set of approaches when meeting children experiencing mental ill-health and their parents. The theories mentioned included solution-focused theory, systemic theory, systems theory, cognitive behavioural therapy, attachment theory, developmental psychology, and compassion-focused therapy. In terms of knowledge support in counselling, the SSWs cited personal experience, digital forums such as websites or Facebook groups, physical forums such as regional school social work conferences, the pupil health team, and books.

## Professional Development

Most SSWs reported a need for professional development, such as new advice and findings, cognitive behavioural therapy, neuropsychiatric disabilities, and training in counselling as a SSW. Three SSWs said they were considering psychotherapy training if they were to work more therapeutically in their role.

## Opportunities

Several SSWs responded that their relationships with parents, as well as obtaining information from them, is an opportunity. The word 'together' was emphasised in various ways by the SSWs in relation to work, support, and solutions. One SSW emphasised the importance of gaining access to the system, while another mentioned seeing the family grow during counselling. Despite this, parents were included in less than half of the counselling sessions, according to the SSWs' estimates.

## Challenges

Most SSWs described challenges in relation to parents, such as not understanding their child's feelings and needs, or their way of handling things causing problems for their child. Parents were described as challenging to talk to, with examples given of anxious parents who

wanted their child to have counselling despite neither the child nor the SSW seeing the need. Other examples included parents who cannot cooperate, have differing opinions, and speak ill of each other, causing the child to be caught in the middle, as well as parents who want rapid changes with little personal input. It was also pointed out that, in some cultures, it is more sensitive to talk about mental ill-health, complicating the counselling. There were also descriptions of a new generation of parents who were perceived as helpless, avoidant, and wanting to avoid conflicts at home.

## Additional Observations

Some SSWs noted an increase in children's experienced mental health issues compared to a few years ago. A couple of SSWs mentioned that children might believe they have diagnoses or self-diagnose, and that it is also important to normalise their feelings. A few SSWs who described children experiencing mental health issues also mentioned that their parents had or tended to have experiences of mental ill-health. One SSW stated that general anxiety problems stemmed from problematic family systems in 70–80% of cases. A majority of the SSWs mentioned CAPS in terms of collaboration, referrals, and long waiting times.

## Discussion

This study has described Swedish SSWs' experiences of counselling children experiencing mental ill-health and their parents, as well as how SSWs consider the significance of the family system to be in this counselling. All interviews were processed using thematic analysis based on a simplified interpretation by Alvinius and Svensén (2020) of Braun and Clarke's (2006) model. Although the transcription work was time-consuming, it provided an opportunity to listen carefully and write down verbatim what the SSWs described, in order to identify recurring answers. The coding template (Alvinius et al., 2023) also provided useful support in distinguishing patterns and themes.

The results showed that when these SSWs chose to conduct counselling with children experiencing mental ill-health and their parents depended

upon the degree of mental ill-health, preferences, and consent. The SSWs described varying degrees of children's experienced mental ill-health, with severe cases exemplified by thoughts of self-harm or suicide. It was at this level that parents were contacted more often and called to a joint counselling session. Since an assessment of the degree of children's experienced mental ill-health forms the basis for whether an SSW conducts counselling with children and their parents, the question arises as to how these assessments are made and what they are based on. Furthermore, it is relevant to consider what training SSW have received in making these assessments.

The SSWs also described recently encountering more severe mental ill-health in their daily work. This result aligns with previous findings on what SSWs have reported encountering (Novus, 2023) and indications of children's increased mental ill-health (Folkhälsomyndigheten, 2023). It is particularly important within a context in which several SSWs also described long waiting times for CAPS. The fact that CAPS as a referral system is experiencing delays means that help for children is delayed, and their mental health risks deteriorating during the waiting period. Simultaneously, it leaves SSWs in the demanding position of having to meet, manage, and support these children experiencing mental ill-health and their parents. Consequently, it becomes even more urgent for SSWs to arrange counselling for children experiencing mental ill-health and their parents together at an early stage in order to halt unhealthy developments, and they need to be educationally equipped for this.

The SSWs further stated that requests for parental involvement in the counselling stemmed from themselves, the children, and the parents. However, this parental involvement was problematised by some SSWs, in line with previous findings on adolescents' opinions (Kjellgren et al., 2024b). This was based on the fact that parents can dominate counselling and, as here, not let their children answer questions. This type of interaction between parents and children was noted by the SSWs, but it's unclear how they later utilise and handle the information, which has previously been highlighted as potentially helpful in SSWs' work on mental ill-health (Carlson et al., 2021). This is based on the understanding that family interactions can affect psychological problems, which can equip SSWs to better help both the children and their parents (Carlson et al., 2021). The SSWs reported obtaining consent from parents for counselling children aged between 6 and 12 years but not for children aged between 13 and 16 years. This result also aligns with Kjellgren et al.'s (2024a)

study, where parental contact was considered particularly important if the children were under 13 years of age.

According to structural family theory, the parental subsystem, for example, has a nurturing and guiding function (Minuchin, 2012). A prerequisite for the parental subsystem to fulfil these functions should thus be that parents are informed about their child's mental ill-health and become involved. Children should, of course, have the right to more self-determination and individual counselling with the SSW according to their age and maturity. However, it can be problematic if children refuse parental contact when it might help them and their well-being, especially if it is evident that interaction patterns within the family are affecting the child's health. Once again, it is up to the individual SSW to make an assessment based on the information received, and act accordingly.

The SSWs identified common structure, role, information, and referral as responses to the question of how their counselling with children experiencing mental ill-health and their parents was conducted. Regarding structure, the descriptions in the study align with previous research (Kjellgren et al., 2024a), where the child initiates the counselling. The SSWs also mentioned an agenda, which served as a contextual marker in the counselling.

Regarding the SSW's role during the counselling, descriptions included bridge-builder, ally, advocate, and spokesperson. Most of these roles suggest a strong stance supporting the child. A reflection that arises is whether the role of bridge-builder, as opposed to the others, could open up more avenues in counselling with children and their parents. This is because parents might sense assumptions embedded in the roles. An advocate fights for their client, while a bridge-builder tries to create points of contact.

The description of information before and during the counselling predominantly concerned family relationships, particularly between the child and their parents. Examples were given of how a child said they could not talk to their parents, that the parents did not know how they felt, but also that this might be the reason for the child's condition. From the perspective of structural family theory, this information about family relationships and interactions can be understood as family members always relating to each other according to a specific order that affects their exchange of messages (Minuchin, 2012). What the child conveyed in this case seemed to be information about such an order, a family structure. If the SSW conducted counselling with the child and the parents together,

the family structure could be observed, generating additional valuable information about subsystems, boundaries, or authority. It is to these that problems can often be traced, according to structural family theory. Training in Minuchin's structural family theory could therefore provide practical guidelines for SSWs in their work to help children experiencing mental ill-health and their parents.

Two bodies to which the SSWs described referring cases were social services and CAPS. It is worth noting the SSWs' description of, on the one hand, the increase of children's experiencing mental ill-health and, on the other, the importance of normalising mental stress and further linking children's experiencing mental ill-health to the family system.

How SSWs considered the significance of the family system in their counselling was based on its parts, as a whole, and within its broader context. The parts referred to the child's relationship with siblings and parents, where siblings were highlighted on the basis of their challenges at school, criminality, and illness, and parents based on their well-being with strong anxiety. A SSW well-versed in structural family theory could have supported their work in all these cases using Minuchin's (2012) concepts, such as subsystems, boundaries, and parental authority. It is important to also consider the difficulties described by SSWs having different views than the parents on how to talk about children and how to see solutions. Previous research (Martin, 2017) has suggested that training SSWs in family systems theory could improve parental involvement. It is conceivable that such parental involvement might also contribute to a convergence in SSWs' and parents' views on difficulties and solutions.

Imbalance, conflicts, or trauma within the family system as a whole was described as having a significant impact on children's experienced mental health. It was also noted that experiences of severe mental ill-health could recur of siblings in the same seemingly well-functioning family. This note suggests the ability to shift from an individual to a systems perspective, which Paylo (2011) has seen as necessary for SSWs. This is because such a shift in perspective paves the way for a broader understanding of mental ill-health and the help provided.

Finally, the SSWs described the child within the broader context of the family system, linked to grandparents and societal perspectives. Sometimes grandparents were described as being closely involved. Unfortunately, it was not clear whether this involvement was perceived as beneficial for the family system; however, Minuchin has problematised grandparents' excessive involvement and influence on the family system (1999b). One

reflection is that there are probably cultural differences determining how much grandparents have a mandate to intervene or decide upon family system matters, and this could be significant for SSWs' counselling. This could start with who considers themselves entitled to participate in the counselling. Regarding societal perspectives, the SSWs described this in terms of the child's social, cultural, and economic life situation.

It is noteworthy that only one of the SSWs had what could be considered extended training in counselling. This is surprising due to the complexity of the counselling responsibilities an SSW has, especially those concerning children experiencing mental ill-health. Furthermore, it is interesting to note that one of the most common forms of training was in solution-focused work, which has previously been recommended for SSWs (Paylo, 2011). However, the content, duration, or responsible provider of this training was not specified, raising questions about its quality. The majority of SSWs also reported a need for professional development, and it is particularly important to note that training specifically for SSWs was requested. Interestingly, three SSWs spontaneously suggested basic psychotherapy training if they were to work more therapeutically in their role as SSWs. These results provide further support for the need to review the knowledge support and qualifications training for SSWs. As society changes, education must also develop and adapt to current needs.

The SSWs described an eclectic use of theories similar to a previous study by Kjellgren and colleagues (2024a). However, there was a slightly greater variation in the theories mentioned in this study, which included theories such as compassion-focused therapy. Furthermore, a disparate description of the SSWs' knowledge support regarding counselling with children experiencing mental ill-health and their parents emerged. It seems that SSWs are left to seek, find, and create their own knowledge support. This in itself becomes problematic because it means that it is up to each SSW to act independently to ensure their knowledge support. These results provide another reason to explore the possibilities for better unified, national knowledge support regarding qualifications training for SSWs.

Both the opportunities and challenges relating to counselling children experiencing mental ill-health and their parents were described as relating to the parents, with cultural and generational aspects also emerging. Since mental ill-health can be a sensitive issue to discuss in certain cultures, the question arises as to what existing knowledge support is available for SSWs, children, and their parents in these cases. A similar question applies to counselling with a new generation of parents who are perceived

as helpless and avoidant. According to structural family theory (Minuchin, 2012), parents in the latter case would need to reclaim their parental authority in order to fulfil their functions as parents. It is ultimately surprising that several SSWs said that their relationship with the parents was an opportunity, as well as obtaining information from them, while at the same time estimating that they include parents in less than half of their joint counselling sessions.

## Limitations

The results of this study cannot be generalised because it only studied a small population. It is not entirely unlikely that counselling with children experiencing mental ill-health and their parents is charged with different opinions about what should be included in SSWs' counselling. A weakness is that neither children experiencing mental ill-health nor their parents have been given the opportunity to express their views on counselling with SSWs, which provides a one-sided perspective on the problem.

## Implications for Practice

The implications for practice are: 1) When Swedish SSWs conduct counselling with children experiencing mental ill-health it could be done in an earlier stage and together with their parents in joint sessions, for obtaining helpful knowledge about the family system in form of family interactions. 2) These family interactions can be shown to influence the child's experienced mental ill-health. 3) Training in family systems theory, such as structural family theory, could benefit Swedish SSWs in their interpretation of these interactions while counselling.

## Conclusions

The conclusions are that Swedish SSWs show a commitment to considering the significance of the family system, link it to children´s experienced mental ill-health and want to include it in their counselling. At the same time Swedish SSWs estimate the inclusion of the parents in less than half of their joint counselling sessions and more often when the child is experiencing more severe mental ill-health. It remains also unclear how Swedish SSWs' information about the family system in form of family relationships or family interactions is then utilised in practice. Therefore, this and the lack of clear guidance and qualifications training for Swedish SSWs constitute an area for further research.

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