PARENTS WITH MENTAL HEALTH DIFFICULTIES

Parents with mental health problems, and their children, are a group with complex needs. Research and Government reports have highlighted the extent of the problem:

- An estimated one-third to two-thirds of children whose parents have mental health problems will experience difficulties themselves;
- Of the 175,000 young carers identified in the 2001 census, 29 per cent - or just over 50,000 - are estimated to care for a family member with mental health problems;
- Parental mental health is also a significant factor for children entering the care system. Childcare social workers estimate that 50-90 per cent of parents on their caseload have mental health problems, alcohol or substance misuse issues;
- In a class of twenty-six primary school children, it is estimated that six or seven children are living with a mother with mental health difficulties.

There are important public health implications of not addressing the needs of these families, as parental mental health problems can have an impact on parenting and on the child over time and across generations:

- Between one in four and one in five adults will experience a mental illness during their lifetime;
- At the time of their illness, at least a quarter to a half of these will be parents;
- Their children have an increased rate of mental health problems, indicating a strong link between adult and child mental health;
- Parental mental illness has an adverse effect on child mental health and development, while child psychological and psychiatric disorders and the stress of parenting can impinge on adult mental health;
- The mental health of children is a strong predictor of their mental health in adulthood;
- The two per cent of families who suffer the combined effect of parental illness, low income, educational attainment and poor housing are among the most vulnerable in society.

Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. Many children whose parents have mental ill-health may be seen as children with additional needs requiring professional support and, in these circumstances, the need for a common assessment should be considered. Professionals from both Children's Services and Adult Mental Health Services must share information and collaborate in any assessments undertaken to ensure that everyone is working in partnership with the children and the parents/carers.

The majority of parents who suffer significant mental ill-health are able to care for and safeguard their child/ren and/or unborn child, but it is essential always to assess the implications for each child in the family.

In some cases, especially with regard to enduring and/or severe parental mental ill-health or where there is associated family disharmony/break-up, the parent's condition will seriously affect the safety, health and development of children.

Research-based knowledge about stress and resilience factors for parents with mental health problems and their children can help health and social care professionals make better assessments and to develop services.
Risks, stressors and vulnerability factors

Individual risk or stress factors, on their own, do not necessarily have a serious effect on an adult’s parenting capacity or their children’s mental health. However, some parents with mental health problems will face multiple adversities. Risk factors are also cumulative: the presence of more than one increases the likelihood that the problems experienced and impact on the child and parent will be more serious.

It is when three or more environmental and/or personal factors occur in combination that a negative impact on child and/or parental mental health is much more likely. For example, the presence of drug or alcohol dependency and domestic violence, in addition to mental health problems with little or no family or community support, would indicate an increased likelihood of risk of harm to the child and to parents’ mental health and wellbeing.

Risks can also change over time and create acute problems - for example, going into hospital can represent a significant crisis in terms of family life. Everyday routines are disrupted, other adults are overstretched and both parents and children often feel worried and powerless. An effective intervention needs to consider the outcomes for the whole family.

Risks to health and well-being will also vary from person to person - for example, people with the same mental health problem can experience very different symptoms and behave in different ways. Therefore, relying on a diagnosis is not sufficient to assess levels of risk. This requires an assessment of every individual’s level of impairment and the impact on the family. A review of individuals’ interactions with their social environment noted that inequality and poverty were significant stressors in families with mental health problems. Many studies have found that the stress of poverty - often due to parents with mental health problems being unable to work - are profound and can affect the health and wellbeing of both parents and their children. Similarly, a lack of community supports also impacts upon families and children. A study of black children’s experiences of caring found an additional burden of care where there was a lack of culturally appropriate services.

The following parental risk factors may justify a referral to Children’s Services for an assessment of the child’s needs:

- Previous history of parental mental health especially if severe and/or enduring condition;
- Pre-disposition to or severe postnatal illness;
- Self-harming behaviour and suicide attempts (including attempts that involve the child);
- If a parent expresses delusional beliefs involving their child and/or if a parent may harm their child as part of a suicide plan;
- Altered states of consciousness - for example, splitting/dissociation, misuse of drugs, alcohol and medication;
- Obsessional compulsive behaviours involving the child;
- Non-compliance with treatment, reluctance or difficulty in engaging with necessary services, lack of insight into illness or impact on child;
- Disorders designated ‘untreatable’ either totally or within time scales compatible with the child’s best interests;
- Mental illness combined with domestic violence and/or relationship difficulties;
- Unsupported and/or isolated mentally ill parents;
- Parental inability to anticipate needs of the child.
The following child related factors may justify a referral to Children's Services for an assessment of the child's needs:

- A child acting as a young carer for a parent or a sibling;
- Child having restricted social and recreational activities;
- A child missing school regularly as she/he is being kept home as a companion for a parent/carer;
- Child's physical and emotional needs neglected (may be associated with parental depression);
- Impact has been observed on child's growth, development, behaviour and/or mental/physical health, including alcohol/substance misuse and self-harming behaviour;
- The parent/carer's needs or illnesses taking precedence over the child's needs;
- Insufficient alternative care for the child within extended family to prevent harm.

**Strengths, protective factors and resources**

The factors which can promote resilience in children - i.e. the factors which determine how well a child copes with their parent's mental health problem - are related to:

- Their physical traits and personality;
- Their relationships with other family members;
- The immediate environment in which they live;
- Life events.

People acquire whatever qualities of resilience they may have in two ways: by what they are born with through their genes and by the effects of subsequent social experience. The surrounding environment and an individual's biological make-up will continually interact and influence each other in aiding or hindering a child's ability to cope with living with a parent who has a mental health problem. It may not be possible to easily change all the adversities which families experience. However, promoting and supporting protective factors can help reduce the negative effects when a parent is mentally ill. For children, all protective strategies operate through one or more of the following processes:

- by altering the child's perceptions of, or exposure to, risk of harm;
- by reducing the cumulative effect of risk factors compounding each other;
- by helping the child improve their self-esteem and self-efficacy;
- by creating opportunities for change.

In addition, there may be optimum situations or times to target specific interventions to boost resilience - for example, assistance with parental housing or financial problems or offering support at transition points in children’s lives. Promoting resilience does not mean minimising concerns about risk of poor outcomes. If a child is exposed to continuous and extreme stress, they are very unlikely to develop resilience. It is therefore unrealistic and unhelpful to rely exclusively on a resilience-led approach.

**Importance of working in partnership**

Adult and child mental health professionals, children's social workers, health visitors and midwives, school nurses and education services must share information in order to be able to assess risks.

Discharge planning arrangements and any associated meetings about parents who have mental health difficulties must include consideration of any needs or risk factors for the children concerned. Children's Services, along with other relevant agencies, should be involved in planning discharge arrangements by Adult Mental Health Services professionals.
Where an adult, who is also a parent/carer, is deemed to be a danger to self or others by agency professionals, including Adult Care Services, a referral must be made to Children's Services, who must be invited to any relevant planning meetings.

Where an adult is assessed as high or very high risk of harm by a MAPPA Level 2 (local risk management panel - LRMP) or Level 3 Multi Agency Meeting, the key worker should work closely with the Multi Agency Public Protection Plan and partnership agencies should ensure that the Lead Social Worker is kept fully informed of risk of harm factors.

Relevant Adult Mental Health professionals involved with parents/carers must be invited to Strategy Discussions and Child Protection Conferences by Children's Services. The Adult Mental Health professionals must ensure that priority is given to attending and participating in Strategy Discussions and Child Protection Conferences.