

## **A GUIDE TO**

### **UNDERSTANDING THE EFFECTS OF PARENTAL MENTAL HEALTH ON CHILDREN AND THE FAMILY**

For all staff, it is important to understand the effects that parental mental health may have upon the children in the family. Not all parents and children will need the support of health and social care, but those that do will need to get support that is acceptable, accessible and effective for the whole family.

#### Evidence of the need for change

Parents with mental health problems need support and recognition of their responsibilities as parents. Their children's needs must also be addressed. 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 (ODPM 2004). (1)
- 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 (Dearden and Becker 2004). (2)
- 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 (ODPM 2004). (3)

#### The Family Model as a conceptual framework

The Crossing Bridges Family Model (Falkov 1998) (4) is a useful conceptual framework that can help staff to consider the parent, the child and the family as a whole when assessing the needs of and planning care packages with a parent suffering from a mental health problem. The model illustrates how the mental health and wellbeing of the children and adults in a family where a parent is

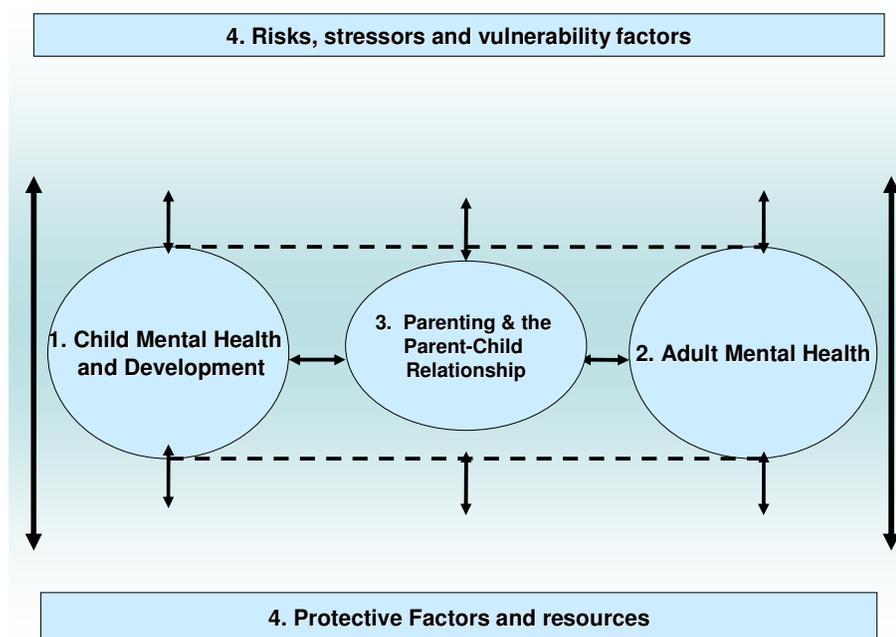


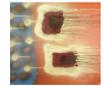
mentally ill are intimately linked in at least **three** ways (see figure 1):

- Parental mental health problems can adversely affect the development, and in some cases the safety, of children
- Growing up with a mentally ill parent can have a negative impact on a person's adjustment in adulthood, including their transition to parenthood
- Children, particularly those with emotional, behavioural or chronic physical difficulties, can precipitate or exacerbate mental ill health in their parents/carers

The model also identifies that there are risks, stressors and vulnerability factors increasing the likelihood of a poor outcome, as well as strengths, resources and protective factors that enable families to overcome adversity.

**Figure 1** The Family Model





We hope that in strengthening the UNOCINI guidance to reflect mental health needs more robustly, it will raise awareness of the interrelated issues between the parent with a mental health problem and their children. The impact this can have on the child's health and development and the recovery of the parent is an important element. What can, at times, hinder progression of integrated working and assessment, is the 'confidentiality' issue for the parent with the mental health problem against the needs of the children in the family. The Draft "Agreed standards and criteria for information sharing" (5) will support this and give clarity, alongside the continued need for collaborative working and joint assessment where this interface occurs. The end result should evidence that UNOCINI assessments are completed in recognition of mental health needs within a 'think family' approach when completed by children's and adult mental health services staff.

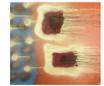
When looking at the above we have divided these into 3 separate areas:-

- Infant mental health
- Adult mental health
- Addictions / substance misuse

### **Postpartum depression and the parent –infant relationship**

Mothers who resort to avoidance coping and so don't respond to their infants' needs may make the infant feel insecure. Insecurity can lead to infant stress and infant avoidance, where the infant may become so subdued that it will not interact with the mother or any adult. (Edhborg) (6) This is a concern because months 2 to 6 in an infant's life are very important: it is in these months that the infant develops some interaction and cognitive skills. Parent-child interaction is most essential during this time because it builds the connection not only with the mother, but others as well.

- The lack of interaction can lead to difficulties in the parent-infant communication and result in poorer infant performance (Murray) (7)
- Attachment issues have been shown to be a problem in older children also. As a result of being exposed to the depression symptoms as an infant, older children may have impaired



cognitive and socio-emotional developments. The lack of attachment can also cause difficulty in the interaction with others and personal independence. (Long-term). Children with these issues have a higher risk of being diagnosed with depression later in life as well(Honey) (8)

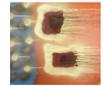
Falkov 1996 (9) “One of the main risks to children whose parents have mental health problems is the failure of adult psychiatric services and child agencies to understand and communicate effectively”

“Mental illness by its very nature, a familial experience. A single member may exhibit symptoms, receive a diagnosis, and undergo treatment, but because of the interdependence that exists within a family system, each and every family member is affected in some specific way. Among the most vulnerable and most affected by a family member with a mental illness are the children who live with that member” (Kinsela et al, 1996) (10)

- Depression, substance dependence and personality disorders occurring together in various combinations and at various points in time are the most frequently reported psychiatric conditions affecting parents who abuse their children (Famularo et al 1986, Falkov1997, Hogan 1998 (11)

Research focused on serious case reviews found that;

- A least of third of the parents involved had a psychiatric disorder ( Falkov.A 1996) (12)
- - Prior and Glaser’s study found in their sample of children on the Child Protection Register for emotional abuse, that mental health problems and, or substance misuse problems were evident in half of the cases. (Prior V. And Glaser, D.) (13)
- A conservative estimate is that one-third of children living with a mentally ill parent will themselves develop significant psychological problems or disorders. A further third will develop less severe emotional and behavioural difficulties,



which may nevertheless be significant for their longer-term development.

- 33% of children with emotional and behavioural disorders have a parent with a mental health problem.

## **Adult Mental Health**

Parental mental illness can make parenting difficult but not impossible. Wherever possible, promoting the welfare and safeguarding of children should be the responsibility of parents, with appropriate support if necessary.

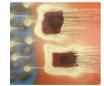
Parental mental illness has a range of influences which may impact on child development and behaviour. At its most extreme; posing significant harm and death to children. Child death is the extreme consequence of harm and creates challenges in practice. Assessments therefore need to balance the rights and needs of the child and the needs and rights of the parent. They need to be holistic which necessitates collaboration and communication between children's and adult services, while incorporating professional knowledge and skills to identify needs and risk.

It is essential that assessments focus on the parental behaviours which affect the child not in diagnostic symptoms alone. The child of a mentally ill parent can be affected as a result of specific symptoms or characteristics of a disorder or disorders that the parent is experiencing, including the nature, severity and duration of the parental illness and how this impacts on their parenting.

Collaborative working in the interface between mental health and children's services is essential if we are to share professional knowledge and skills in a system that thinks family.

Over 1/3 of all clients/patients with mental illness are parents

Most of the time, parents with mental illness parent their children effectively.



2 Million Children are estimated to live in households where at least 1 parent has a mental illness. Less than a ¼ of these adults work

25% adult parents with Schizophrenia lived in households with a child under 16. (Stroud Julia 2009) (14)

60% of adults with chronic mental health difficulties had children under 16. (Oates M. 1997.) (15)

Potential stressors for mental health problems include lack of money, relationship breakdown, bereavement, loss of control at work, long working hours. (Parrott. L .et al.2008) (16)

#### Gender Issues of Parental Mental Health

Higher % of mothers than fathers are parents with mental health problems. (Parker et al 2008) (17)

Lone mothers and lone fathers are more likely to have mental health problems than those who live in couples. (Parker et al 2008) (18)

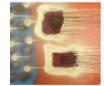
A mentally ill father is as likely to seriously harm a child as a mother (Stroud 1997. Stroud & Pritchard 2001) (19)

#### Biennial analysis of Serious Case Reviews 2003 – 2005

##### Key Findings

Families of very young children who were physically assaulted (including those with head injuries) tended to be in contact with adult services rather than children's social care.

In families where children suffered long term neglect, children's social care often failed to take account of past history and adopted a start again syndrome"



In the cases where the information was available well over half of the children had been living Domestic violence or parental mental ill health or parental substance misuse. The three problems often co-existed.

(DCSF January 2008.) ([www.dcsf.gov.uk/research/data\\_upload\\_files/DCSF\\_R3023](http://www.dcsf.gov.uk/research/data_upload_files/DCSF_R3023)) (20)

Research from National confidential Inquiry into Suicide and Homicide (NCISH) (21) and findings from investigations into the deaths of children have highlighted a rare but important risk to children when a parent or carer has delusional beliefs involving their children or a suicide plan involving their children.

NCISH reviewed 254 homicide convictions between 1997 & 2004 in England & Wales where children were killed by their biological or step parents. Of these, 37 % ( 94 out of 254) had a mental disorder including 15% with depressive illness or bi-polar affective disorder, 11% with personality disorder. 8% with Schizophrenia or other delusional disorders & 5% with substance misuse.

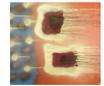
#### Local Context

NCISH completed a literature review of all aspects of child killing to increase the understanding of cases involving parents with mental illness where there were no pre-existing childcare concerns. 14 child homicides were identified from 2002-2007 although it is not clear how many were filicide.

([http://www.medicine.manchester.ac.uk/psychiatry/research/suicide/prevention/nci/inquiry reports/](http://www.medicine.manchester.ac.uk/psychiatry/research/suicide/prevention/nci/inquiry_reports/)) (22)

### **The Effect on the Family of a Parent Who is admitted for Inpatient Treatment**

As many as 9 million adults – 1 in 6 of the population – have a mental disorder and around 630,000 are in contact with specialized mental health services (Sainsbury centre for Mental Health 2007) (23). It is reckoned up to 30 per cent have dependent children and 7 per cent live



in lone parent households. (Department of Health 2003) <sup>(24)</sup>. Evidence suggests children often take significant practical and emotional responsibility for their parent as well as other family members such as younger siblings (Children Caring for Parents with Mental Illness The Policy Press 2003) <sup>(25)</sup>.

Patients who are parents may:

- Lack confidence in their parenting skills;
- Be unusually relaxed with their children;
- Discipline their children particularly harshly;
- Be less able to identify their children's needs

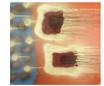
Hospitalisation also disrupts the stability of their children's lives and alters the relationship between them (Mental Health Foundation 2007) <sup>(26)</sup>.

A review by Barnardos ('Parents in Hospital 2007') <sup>(27)</sup> noted the importance of parent's relationships with children when hospitalized and how lack of contact can exacerbate existing problems. It emphasised the need for children's access to visiting areas and information about their parent's illness.

The review also noted patients who are parent's felt their parental role was ignored by staff. Children gave accounts of their feelings stating they felt worried confused and isolated. They may feel abandoned, scared for themselves and their parent's, anxious they may hurt themselves or may not return home. Again children had a sense of stigma, feared and disliked hospitals and disliked visiting in the presence of other patients.

### **Parental Substance Misuse**

Parental alcohol and substance use is defined as the use of alcohol or drugs that have a harmful effect on a person's life. The alcohol and or, substance use may become the person's central preoccupation to the exclusion of significant personal relationships; it



may be of a dependant nature and, if so, is likely to significantly impair health and social functioning.

Problem alcohol and drug users who are parents may find that their substance use affects how well they are able to look after their children and maintain their relationships with their families.

#### The scale of the problem

It is estimated that there are 250,000 – 350,000 children of problem drug users in the UK.

1 Child for every drug using parent.

(The report of an inquiry by the ACMD June 2003)

92,000 children living in homes where parents misuse substances in UK.  
(Survey Britain's Ruin)

In Northern Ireland 1 in 11 children live in a family where there is an alcohol problem.

2001 census 451,514 children living in Northern Ireland.

40,000 children living in Northern Ireland with parents who misuse substances. Not all need protection but most need support.

40% of children on Child Protection Register are there as a direct result of parental substance misuse.

70% of children Looked After are as a direct result of parental substance misuse.

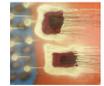
(QUB John Deveney Fractured Lives 2007) <sup>(28)</sup>

Children who suffer in silence, their circumstances are not often known to services, "Hidden Harm."

They don't ask for help and there is a lasting impact of their parent's addiction on their lives. Often this may not fully immerge until adulthood.

#### Potential impact on children

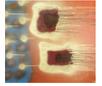
The effect on children when there is parental substance misuse has a wide and varied impact on the child. The potential impact on a child may be significant and could include:



- Impaired patterns of parental care and unpredictable routines leading to early behavioural and emotional problems in children.
- Children worry about the parents' health, money, being separated from their parent, taken out of the home.
- Children learn not to talk about the problems, pretend its normal, blaming other people for making their parent have an addiction or misuse problem.
- There is always an undercurrent of tension, anxiety, turmoil, and trauma.
- Children are uncertain of what might happen next, living with "Jekyll and Hyde" personality.
- Children fall behind in school because they are tired, worried about what is going on at home or what will be waiting on them when they get home from school.
- Children can withdraw, retreat or attack.
- Children blame themselves for the parent using the substance.
- They are not able to depend on the parent to provide the basic necessities, they become young carers.
- Children cannot confide in the parent in case they get angry, or leave.
- Children cannot confide in the non addictive parent in case they add to their burden.
- Children are isolated from friends, they don't bring friends home in case the parent embarrasses them or their friends find out the truth.
- Children feel lost, unloved, abandoned, and scared.
- Children experience repeated separations from parents, with children looked after by multiple or unsuitable carers, or episodes of substitute care with extended family or foster parents.
- Children fear their mum /dad may leave them, be put in prison or worse, die.
- Children are frightened of emergencies happening in their lives, frightened of what if?

#### Sibling substance misuse

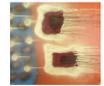
Sibling substance misuse (particularly of illegal drugs) should also be considered in assessing risk to a child. Taylor and Kearney



(2006) <sup>(29)</sup> note that “sibling drug use may play a part in encouraging adolescent drug use, but just as importantly positive sibling relationship may also play a part in preventing drug use”

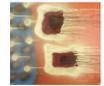
“If a child depends on a parent, and the parent depends on substances. The child has no one to depend on.

Wendy Robinson 2010 <sup>(30)</sup>.



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