Parental Mental Health

Potential Impact on the Safeguarding of Children

Rebecca Lloyd-Stubbs – Clinical Lead Nurse Specialist;
SWIFT
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What is Mental Health?

Just like Physical Health a person’s Mental Health can be good, there may just be a few ‘niggles’ or someone may have more specific difficulties.

Mental health difficulties can be broadly divided into two areas:

**Mental Health Problems / Issues**
These are common problems/issues that affect 1 in 4 people every year. Mental health problems/issues can affect the way you think, feel and behave. They can include depression, stress and anxiety.

**Mental Illness**
A diagnosable and severe medical condition such as bi-polar disorder or schizophrenia. People affected may hear voices, see things no one else sees, hold unusual or irrational beliefs, feel unrealistically powerful, or read particular meanings into everyday events.
We can see the differences between mental health problems and mental illness by looking at where they fit on the Mental Health Spectrum:

The diagram shows that significantly more people experience mental health problems than the more severe mental illness.
For those living with mental health problems or illness, the stigma imposed on them in society can lead to:

- A reluctance to seek help or treatment, making recovery slower and more difficult
- A lack of understanding by family, friends, co-workers or others, causing social isolation
- Bullying, physical violence or harassment
- Difficulties in getting or keeping work and/or housing

For a parent, this can be compounded by the fear that their child will be removed
Why is it important that services recognise an adult is experiencing mental health difficulties?

Mental health difficulties can have a significant impact upon the family unit, whether it is the child or the parent that needs help.

Many of these problems can remain unresolved causing further damage to the development of the child and the stability of the wider family.

It is therefore important that our services are able to recognise the general signs and symptoms of poor mental health to ensure we know how to provide the help and support they require.
Scenario 1

Jenny is a single mother living with her two children, Scott who is 12 years old and Lucy who is 7 years old. Since the break up of her relationship 6 months ago, Jenny has started drinking until late at night and staying in bed all day. Scott and Lucy used to try to get Jenny up in the mornings but eventually gave up. When Scott asks her what is wrong she tells him “I can’t do it anymore”.

Scott has been making Lucy breakfast and walking her to school. This is making him late for school as his school is 2 miles in the opposite direction from Lucy’s. Both schools have shown concern for the children, who are arriving late for school, having poor personal hygiene and an unkempt appearance. Lucy has been noted by her teacher to be becoming increasingly withdrawn.
Scenario 1 – Discussion Points

- Jenny doesn’t have a diagnosis but is she experiencing mental health issues?
- What effect might this be having on the children?
- What (if any) safeguarding concerns would you have?
- What do you think would be helpful to support this family?
- Do you think the support you have identified would be available?
Kate is 36 years old and has 3 children. The eldest, Toby, is 15 years old and has lived with his grandparents since he was a baby though has regular contact with his mum. The younger 2 are Gemma, aged 4 years; who is about to start school and Jake, aged 18 months who live with Kate and their father John aged 42 years.

Kate has a diagnosis of Bi-polar disorder. She has recently disclosed to the Health Visitor that she is feeling anxious. Toby’s behaviour is currently quite challenging to his grandparents. Gemma and Jake have met all their developmental milestones and no professional concerns have been noted.
Scenario 2 – Discussion Points

- What would be your concerns about parental mental health?
- What effect might this be having on the children?
- What (if any) safeguarding concerns would you have?
- What do you think would be helpful to support this family?
- Do you think the support you have identified would be available?
Never underestimate the fear for a parent with mental health problems of asking for help and what this may mean in terms of how we offer services.

Parents with mental health problems need support that also identifies and recognises their responsibilities as parents.

Talk to the children

Specialist mental health services are not always needed.

The person who has the relationship with that individual may well be better placed to support mental health well-being and provide lower level interventions.
It is not the ‘label’ but what you are seeing (the behaviours) that is important.

Many parents with significant mental illness have long periods of being very well interspersed with periods of being acutely unwell. Contingency management for these periods which includes care of the children is key.

The potential negative consequences for children of having a parent with a mental health problem are well recorded and include issues of attachment, separation and loss, denial, the need for secrecy, role reversal and confusion, fear, chaos and control, an emotional roller coaster, neglect, exposure to violence and an increased risk of developing substance and mental health issues: Falkov, (1998); Cleaver et al, (1999); Royal College of Psychiatrists (2002); Reder et al (2003); Gopfert et al (2004); Tunnard (2004); Singleton (2007).
Key Points Continued

- It is important to recognise that parental mental health problems do not necessarily have an adverse effect on a child’s development, just as there is a range of severity of illness the potential impact is also on a continuum. (DCSF, 2010).

- Transversally, the adverse effects on children combined with the stress of parenting impinge further on adult mental health (SCIE, 2009).

- Parents with significant mental illness are often more visible to services and any risks known about which can reduce the safeguarding concerns. This can mean that those who are assessed as lower risk in terms of their own mental health are higher risk in terms of safeguarding children.
Communication, Communication, Communication

The core theme of the Children Act 1989 firmly places the needs of the child as paramount in UK Law, yet the framework of services in England which separates issues in different service agendas; which are then characterised by separate legal frameworks, commissioning structures, policies and practice guidance; complicates the maintaining of this focus for the workers involved in front line service delivery.

This is a factor which cannot be ignored when considering the potential impact of parental mental health on the safeguarding of children.
References:


Royal College of Psychiatrists. 2002. *Patients as Parents: Addressing the needs, including the safety, of children whose parents have mental illness.* London: Royal College of Psychiatrists.

