



# Parental mental health

## How to help children living with parents with mental health problems

Living in a household where parents or carers have mental health problems doesn't mean a child will experience abuse or negative consequences. Most parents are able to give their children safe and loving care.

Many children whose parents or carers have mental health problems go on to achieve their full potential in life, particularly if their parents receive the right support at the right time ([Hogg, 2013](#)).



However, there is a risk that parental mental health problems can have a negative impact on children.



Approximately **1**  
**in 6 adults**  
in England  
reported  
experiencing a  
mental health  
problem in the last  
week

Source: McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016). [Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014](#). Leeds: NHS digital.



Explanation: The Adult Psychiatric Morbidity Survey (APMS) collects data on the prevalence of treated and untreated psychiatric disorders in England. A representative sample of 7,500 people aged 16 or over were interviewed between 2014 and 2015. The presence of a common mental disorder (CMD), such as depression or anxiety, in the past week was assessed using the revised Clinical Interview Schedule (CIS-R). Overall, around 1 in 6 adults (17%) surveyed in England met the criteria for a CMD in the past week.



Over **2**  
**million**  
**children** are  
estimated to be  
living with a parent  
who has a  
common mental  
health disorder

Source: Manning, V. et al (2009) [New estimates of the number of children living with substance misusing parents: results from UK national household surveys](#). BMC Public Health, Vol.9. pp 377.



Explanation: This estimate was generated through secondary analysis of the National Psychiatric Morbidity Survey (NPMS), 2000.

## What we mean by mental health problems

When we talk about mental health problems we mean diagnosable mental health conditions, like depression, anxiety disorders, schizophrenia, bipolar disorder and personality disorders. Mental health problems affecting mothers and fathers during the perinatal period, in pregnancy and after birth, can include anxiety, depression and postnatal psychotic disorders ([Hogg, 2013](#)).

Vulnerability to mental health problems can be the result of negative or stressful life experiences such as poverty, unemployment, physical illness, disability, social isolation, relationship breakdown or childhood abuse or neglect ([Cleaver, 2011](#)).

## Impact of parental mental health problems on children

All types of mental health problems can vary in severity. The impact they can have on children depends on the parent or carer, their circumstances and the support they receive.

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### Babies and under 1s

Babies of mothers who experience perinatal mental illness are at an increased risk of being born prematurely with a low birth weight. These babies may also be irritable and have sleep problems. Post-natal depression can affect parents and carers bonding with their baby and have a negative impact on the baby's intellectual, emotional, social and psychological development.

([APPG for Conception to Age 2, 2015](#); [Gajos and Beaver, 2017](#); [Hogg, 2013](#))

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### Children and young people

In later stages, impacts can be:

- increased risk of developing behaviour problems such as physical aggression by the time they reach school age

- risk of developing mental health difficulties
- taking on a caring role, providing emotional and social support, basic household chores and more intimate tasks such as nursing or bathing their parents
- demands of caring may lead to fewer opportunities to have fun and build friendships, disruption of education, educational underachievement and reduced life chances
- constant worry about their parents' or carers' health and wellbeing and denial of their own needs and feelings
- distress if faced with frightening situations such as a parent's suicide attempt, overdose or volatile behaviour
- a lower standard of living or financial hardship if their parent's illness makes it difficult for them to work
- embarrassment or shame over their parents' or carers' condition, limiting their friendships and social interaction due to the social stigma attached to mental illness
- bullying and social isolation
- separation from parents or carers by children's services or the parent's hospitalisation
- in the most serious cases, children may suffer abuse or neglect from a parent or carer with a mental health problem.

([Aldridge, 2006](#); [Cleaver et al, 2011](#); [Cooklin, 2013](#); [Gajos and Beaver, 2017](#); [Gatsou et al, 2017](#); [Grove et al, 2015](#); [Henninger and Luze, 2012](#); [Stallard et al, 2004](#); [Tunnard, 2004](#); [Wolpert et al, 2015](#))

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## Children's worries and anxieties

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Parental mental illness can cause children enormous anxiety. Research shows children experience a number of fears and frustrations.

- They would develop the illness themselves.
- Being blamed for either making their parent or carer ill or for failing to protect them.

- Expectation to act as a 'grown up' and carer at home but treated like a child at school.
- Facing contradictory expectations from their parents or carers.
- Fear of being bullied, singled out and stigmatised by other children and adults.
- Losing the closeness they may have enjoyed with their parent before they were ill.
- Their parent or carer might never recover or that their condition might get worse.
- The family would be the object of shame or stigma.
- The family would split up and they would be taken into care.

(Cooklin, 2010)

## Impact of mental health problems on parenting

It's important to remember that most parents or carers who experience mental ill health will not abuse or neglect their children.

However, mental health problems are frequently present in cases of child abuse or neglect. An analysis of 175 serious case reviews from 2011-14 found that 53% of cases featured parental mental health problems (Sidebotham, 2016).



### Stressful life experiences

The risks to children are greater when parental mental health problems exist alongside domestic abuse and parental substance misuse (Brandon, 2009; Cleaver, 2011). Local authorities participating in a study by the Association of Directors of Children's Services (ADCS) estimated that all 3 of these factors were present in between 65-90% of their Children in Need cases (ADCS, 2016).

Parents and carers with mental health problems may go through other stressful life experiences like:

- divorce or separation
- unemployment
- financial hardship
- poor housing
- discrimination
- a lack of social support.

These issues may be a consequence of their illness, or cause or make their condition worse. Together, these problems can make it very hard for parents to provide their children with safe and loving care ([Cleaver et al, 2011](#); [Gatsou et al, 2017](#); [Grove et al, 2015](#); [Hogg, 2013](#); [Wolpert et al, 2015](#)).

## Parental mental health and child abuse and neglect

Parenting difficulties can result in children experiencing abuse, in particular, emotional abuse and neglect.

- Mothers who experience mental ill health after birth may struggle to provide their babies with the sensitive, responsive care essential to their social, emotional and intellectual development.
- Parents and carers may:
  - experience inappropriate or intense anger or difficulties controlling their anger around their children
  - have rapid or extreme mood swings, leaving children frightened, confused and hyper-vigilant
  - be withdrawn, apathetic and emotionally unavailable to their children. They may have trouble recognising children's needs and responding to cues
  - view their children as a source of comfort and solace, which may lead to children taking on too much responsibility for their age
  - have distorted views of their children. For example, they may believe a child is to blame for their problems or a child has behavioural problems when there is no evidence for this
  - struggle with keeping to routines such as mealtimes, bedtimes and taking their children to school
  - neglect basic standards of hygiene and their own and their children's physical needs
  - fail to seek medical care for their children

- struggle to keep their homes clean, buy food and clothes and pay essential household bills
- struggle to set boundaries, discipline and supervise their children, which could leave them in unsafe situations.
- In rare cases of severe mental illness, parents and carers may have delusions related to their children, for example they may believe they are possessed, have special powers or are medically unwell.

(Cleaver et al, 2011; Hogg, 2013)

## Assessing the risk of parental mental health problems

Parents' and carers' mental health problems may affect children differently according to their age, development and personality. There may be some family factors which increase the risks to children. There may also be other factors which protect children or reduce the impact of their parents' problems.

### Factors to consider when assessing risk

- The risk of harm to children increases when they're exposed to a number of problems at the same time or over a period of time. A thorough assessment of potential risks should be conducted if a family is experiencing domestic abuse or drug and alcohol problems alongside mental health difficulties.
- Related stresses such as poverty, poor housing, family separation and lack of social support can also increase the risk of children suffering harm.
- Young children rely on their parents and carers to give them the warm, nurturing care they need for healthy development. Children are most at risk of harm when their mother's mental health problems begin in pregnancy or the first year of life, especially if they are long-lasting or severe.
- Teenagers also need strong parental guidance and support as they transition to adulthood.
- The stresses of parenting can make it even more difficult for a parent or carer to cope and this may impact on a child's welfare.
- Always consider the severity of a parent or carer's mental health symptoms. If they are making threats to harm themselves, their children or other family

members, or if they appear to be suffering from psychotic delusions, this should always trigger a thorough assessment of risks to the children's safety.

- If a parent or carer isn't accepting support offered by mental health services or attending appointments, this loss or lack of support may impact on their children's wellbeing or safety.
- Children may be more at risk of harm if the parent or carer experiencing difficulties is living alone with them without the support of another adult.
- Consider if any of the children had to take on caring responsibilities for their parent, carers or siblings.

([Cleaver et al, 2011](#); [Gajos and Beaver, 2017](#); [Hogg, 2013](#); [NSPCC, 2015](#); [Research in Practice, 2016](#); [Webb et al, 2014](#))

Risks to children's safety may be reduced by a number of protective factors, including:

- parents and carers who are willing to acknowledge their difficulties and accept support from services
- friends or relatives who are able to care for children and help with household chores when needed
- sufficient income support, benefits and advice available to families struggling with unemployment and poor housing
- if children are regularly attending school or nursery the family will be able to receive additional support from education professionals who can also monitor their situation
- children who have developed a range of approaches for solving problems and know how to ask for help in the event of a crisis with their parent
- good facilities in the wider community such as young carers' projects.

([Cleaver et al, 2011](#))

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Practitioners need to assess whether a parent or carer's mental health problems pose a risk to the child's safety and wellbeing. They also need to think about whether the everyday stresses of parenting are having a negative effect on their mental health. This requires a holistic assessment of the child's development, the parent or carer's ability to meet the child's needs and the impact of broader family and environmental factors.

Practitioners must be able to recognise the family's strengths and distinguish between immediate concerns for the child's safety and wellbeing and risks which can be mitigated with appropriate support

## Carrying out risk assessments

- It is of paramount importance to focus on the child. Give children the opportunity to discuss their experiences. Listen to and record their views on the situation.
- Focus on the needs of each child and identify any children who have adopted a carer's role within the family.
- The impact of a parent or carer's mental health problems may vary according to the child's health, stage of development and relationship with other family members. It's important to treat children, parents, carers and other significant relatives as individuals.
- Perinatal health teams should feel comfortable and confident asking women about their mental health and use evidence-based tools to help them detect problems and offer support during pregnancy and after the mother has given birth.
- Assessment should be informed by the parent or carer's background, medical history and current circumstances. Pay attention in particular to other risk factors alongside mental ill health such as substance misuse, domestic abuse, financial hardship or relationship problems. These difficulties may increase vulnerability and pose a greater risk to the child.
- Really listen to what parents and carers are saying. If they tell you they are not coping well with looking after their children, provide support at the earliest opportunity.
- Always take threats of suicide or threats to kill a partner or children seriously.
- Children are also at risk if the parent or carer has psychotic beliefs about them, or if their mental ill health is isolating them or making it very difficult for them to function on a day-to-day basis.
- Do not over-estimate the ability of a well parent or carer to cope with both parenting and supporting a partner with mental health problems. This impact should be properly assessed and support offered, for example in the form of a Carer's Assessment.
- It's important to include any extended family members or friends who offer support to the family in assessments.
- Assessment should be a shared task between children's social workers and adult mental health practitioners. This will ensure professionals fully

understand how the situation is affecting children and help identify risks at an early stage.

- Professionals should also seek the views of colleagues from other agencies who are involved with the family, such as teachers.
- Assess factors increasing the children's risk of harm against protective factors which will increase the family's resilience.
- If a child is assessed as in need or at risk of harm, draw up a care plan or child protection plan to provide support which involves adequate supervision and checks and balances.

(Cleaver et al., 2011; Health Education England, 2016; Hogg, 2013; NSPCC, 2015; Research in Practice et al., 2016)

## Intervention and support for children and families

Practitioners working with families affected by parental mental illness should maintain a focus on the child's wellbeing at all times.

Children and young people can play a positive role in, and contribute to, decisions about their parent or carer's care (Royal College of Psychiatrists, 2011). They want to be involved in interventions and they want their views to be taken seriously (Bilsborough, 2004; Cooklin, 2013).

### Educating children and young people about mental health problems

- Giving children and young people accurate, age-appropriate information about mental health problems can address any misperceptions or fears they may have. It can also give them the language to help share their views and experiences (Grove et al, 2015).
- It's important to help children and young people achieve some distance from their parent or carer's emotions and behaviour so they can develop their own thinking and identify and understand their own emotions and experiences

(Cooklin, 2013).

- Explaining a parent or carer's illness can be a platform for wider discussions about relationships and emotions in general. Discussions should be respectful of what the child already knows or has concluded, particularly if the child is a carer.
- Information about mental health should be produced in a range of different formats or delivered in workshops (Cleaver et al, 2011). It could also include coping and help-seeking strategies and advice on how the child should respond to their parent or carer (Grove et al, 2015; Wolpert et al, 2015). There is some evidence indicating that children may prefer to receive this information when their parent or carer is present, so they can join in to help them make sense of the mental illness. They may also find it helpful to receive this information alongside other children affected by parental mental illness (Grove et al, 2015).
- Research suggests that educating children about parental mental health problems has a number of benefits including:
  - increasing the child's resilience
  - challenging the child's misperceptions about mental illness, for example, making it clear that mental ill health isn't contagious and it isn't the child's fault
  - increasing the child's understanding and empathy for their parent or carer
  - improving communication between parent or carer and child (Grove et al, 2015; Wolpert et al, 2015).

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## Mentors and advocates for children

- It can be beneficial to provide children with access to a mentor so they can discuss their parent or carer's illness and contact them during a crisis. They can also act as the child's advocate if necessary (Cooklin, 2013).
- Avoid automatically offering the child therapy or counselling as this may increase the child's identification with their ill parent or carer and confirm any fears they might have that they will get ill themselves (Cooklin, 2013).

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## Peer-support for children and young people

- Peer-support programmes give children the chance to interact with other children in similar situations. The programmes aim to:
  - develop peer support networks
  - increase self-esteem
  - enhance understanding of mental illness
  - teach communication and coping skills ([Foster, 2016](#)).
- Evidence suggests if peer-support programmes focus on a family's strengths, they have a positive impact on children's well-being and self-esteem, coping abilities and relationships ([Foster, 2016](#)). Support from peers in a similar situation may also give young people the strength to stand up to people trying to bully them over their parent or carer's illness ([Cooklin, 2013](#)).

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## Group support for families

It can be beneficial for families to meet and share experiences with other families. Evidence indicates that multi-family interventions can help to:

- prevent relapses
- reduce feelings of isolation and stigma
- offer new and positive ways to think about and respond to the person with the mental health problem
- support more open discussions between family members outside of group sessions ([Coates et al, 2017](#); [Wolpert et al, 2015](#)).

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## A whole-family approach

- Parental mental health problems affect everybody in the family. Evidence suggests successful interventions involve a whole-family approach which address a parent's mental ill health in the context of each family member's needs and experiences and co-ordinates support from adult and children's

services ([Cleaver et al, 2011](#); [Gatsou et al, 2017](#); [Grove et al, 2015](#)).

- Family members can be reluctant to discuss mental illness with each other. Lack of communication can result in misunderstandings and children may feel worried or alone. They may not understand that their parent or carer's withdrawn behaviour is a symptom of mental illness. They may feel responsible for their illness and obliged to try and fix it ([Coates et al, 2017](#); [Gatsou et al, 2017](#)).
- Interventions which encourage families to communicate with each other can help everyone to understand the impact of the mental health problems ([Grove et al, 2015](#)). Supportive conversations between family members can help children feel less worried and isolated. They can also help parents and carers understand their children's experiences which may have a more positive effect on parenting ([Coates et al, 2017](#)).
- Whole family interventions can offer practical support. For example, helping family members to design and implement 'staying well' plans for the parent with mental health problems. This could include sign-posting to other services, setting goals, developing problem solving skills and offering advice on managing stress and recognising the early signs of a relapse ([Gatsou et al, 2017](#)).
- Evidence suggests that family-sensitive practice has a number of benefits including better relationships between family members, an increase in family members' levels of self-confidence and self-esteem and greater willingness to ask for help and support when needed ([Gatsou et al, 2017](#)).

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## Monitoring progress

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- Monitor and review progress made by children and families throughout the period of intervention and respond appropriately ([Cleaver et al, 2011](#)). It's important to take action if a parent refuses to engage with services ([NSPCC, 2015](#)).
- Taking [children into care](#) should only be considered as a last resort. However, when it becomes clear that this option is necessary, rapid, evidence-based decision making is essential, particularly for [babies and young children](#) whose development may be seriously impaired if they are exposed to neglectful or abusive parenting for too long. Foster carers will need appropriate education, training and support to care for children in these situations ([Cleaver et al, 2011](#)).

# Looking after parents during pregnancy and early years

Professionals working with pregnant women and mothers who have just given birth should make sure they are aware of the signs of mental ill health and know how to look after their emotional wellbeing. This could involve encouraging them to exercise and meet other women in the same position ([Health Education England, 2016](#)). Services should also involve and support fathers and make sure they know how to offer practical and emotional help to their partner ([Health Education England, 2016](#); [Hogg, 2013](#)).



It's important to reduce the impact of perinatal mental illness on babies. Mothers need timely support to provide their babies with sensitive and responsive care. If mental illness prevents women from developing healthy relationships with their babies, this can have a negative effect on [infant mental health](#) ([Hogg, 2013](#)).

If a woman has severe perinatal mental illness and needs to be admitted to hospital, it is important she has access to a specialist mother and baby unit. If women are denied this intensive expert care and separated from their babies, it can be traumatic and disrupt vital early bonding with their child ([Hogg, 2013](#)).

Our early intervention services provide support to mothers and parents before, during and after pregnancy.

- [Pregnancy in Mind](#) supports parents who are at risk of, or are experiencing mild to moderate anxiety and depression during pregnancy and the first year after birth.
- [Baby Steps](#) supports vulnerable parents to help reduce the stress that often occurs with newborns.
- [Minding the Baby](#) is an early intervention programme helping mothers who are struggling emotionally.
- [Coping with Crying](#) helps parents soothe their crying baby and reduces the negative impact on their mental health and relationships.

## Services for children and families

Young SMILES is a service we deliver that provides support for children and families to understand parental mental health problems and improve their health and wellbeing.

Referrals to Young SMILES can be made by parents, carers and practitioners.

We understand how difficult it is for children to talk about their worries. Whether a parent has a mental health problem now or has in the past, Childline can be contacted 24/7. Calls to 0800 1111 are free and confidential. Children can also contact Childline online.

Other organisations providing support to children and families include:

- Mind  
Offers information and support and helplines to people experiencing mental health problems and their friends and families.
- Rethink Mental Illness  
Offers advice, services and support to people affected by mental illness and their friends and families.
- Samaritans  
Provides round-the-clock confidential emotional support to people going through a tough time.
- SANE  
Provides emotional support to people affected by mental health problems and their families and friends.

## Work or volunteer with children and families?

Visit NSPCC Learning for information, resources and training to help you safeguard and protect children and young people across the UK.

[Go to NSPCC Learning](#)

## Research and resources on substance misuse



## Find parental substance misuse research and resources

Browse research and resources on parental substance misuse in the UK's only library dedicated to child protection.

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## All Babies Count: spotlight on drugs and alcohol

Looks at how babies are affected by parental substance misuse, interventions that are available and what can be done to improve policy.

[Find out more](#)



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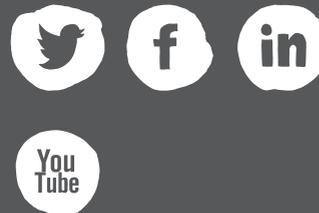
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