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| **Children/Young People of Parents with Mental Health Problems**  |  |

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**Definition**

Mental health problems are proportionately common in the overall population, the term does not in itself have one clear definition, and therefore the existence of mental health problems should not be taken as a risk factor without contextual information.

The state of a person’s mental health is usually not static and can vary according to several factors, correspondingly their capacity to parent safely may also be variable, and therefore, an understanding of the factors which may increase risk is an important part of any assessment. The existence of parental mental health problems should not be taken as a risk factor without contextual information.

Adults who suffer from mental health problems may also have substance misuse problems, which is described as Dual Diagnosis and there may be several agencies and services, for both adults and children/young people, who are working with the family.

Case Management Reviews, Serious Case Reviews and Domestic Homicide Reviews have highlighted the identified links between domestic abuse, parental mental ill health and drug and alcohol misuse as significant factors in families where a child/young person has died or been seriously harmed. Where all three concerns are present they have been described as the ‘toxic trio’, which practitioners should be alert to and consider in any assessments.

**Risks**

A child/young person who has suffered, or is likely to suffer Significant Harm or whose well-being is affected by parental mental illness could be a child/young person:

* Who features within parental delusions;
* Who is involved in his/her parent’s obsessional compulsive behaviours;
* Who becomes a target for parental aggression or rejection;
* Who has caring responsibilities inappropriate to his/her age and should be assessed as a young carer;
* Who may witness disturbing behaviour arising from the mental illness;
* Who is neglected physically and/or emotionally due to a lack of emotional warmth and the emotional unavailability/disengagement of the unwell parent;
* Who does not live with the unwell parent, but has contact (e.g. formal unsupervised contact sessions or the parent sees the child/young person in visits to the home or on overnight stays);
* Who is at risk of severe injury, profound neglect or death;
* Who is an unborn child/young person of a pregnant woman with any previous major mental illness.

**Indicators**

To determine how a parent/carer’s mental problem may impact on their parenting ability and the child/young person’s development the following questions need to be considered within an assessment:

* Does the child/young person take on roles and responsibilities within the home that are inappropriate?
* Does the parent/carer neglect their own and their child/young person’s physical and emotional needs?
* Does the parent’s mental health problem affect the development of a secure attachment with the child/young person?
* Does the mental health problem result in chaotic structures within the home with regard to meal and bedtime routines, etc?
* Does the parent/carer’s mental health have implications for the child/young person within school, attending health appointments etc?
* Is there a lack of the recognition of safety for the child/young person?
* Does the parent/carer have an appropriate understanding of their mental health problem and its impact on their parenting capacity and on their child/young person?
* Are there repeated incidents of hospitalisation for the parent/carer or other occasions of separation from the child/young person?
* Does the parent/carer misuse alcohol or other substances?
* Does the parent/carer feel the child/young person is responsible in some way for their mental health problem?
* Is the child/young person included within any delusions of the parent/carer?
* Does the parent/carer’s mental health problem result in them rejecting or being unavailable to the child/young person?
* Does the child/young person witness acts of violence or is the child/young person subject to violence?
* Does the wider family understand the mental health problem of the parent/carer, and the impact of this on the parent/carer’s ability to meet the child/young person’s needs?
* Is the wider family able and willing to support the parent so that the child/young person’s needs are met?
* Does culture, ethnicity, religion, disability and/or any other factor relating to the family have implications on their understanding of mental health problems and the potential impact on the child/young person?
* How the family functions, including conflict, potential family break up etc.

**Protection and Action to be Taken**

Where it is believed that a child/young person of a parent with mental health problems may have suffered, or is likely to suffer significant harm, a referral to children’s social services should be made in accordance with the [**Referrals Procedure**](http://www.proceduresonline.com/sbni/chapters/p_referrals.html). If there are concerns, it may be the case that the child/young person and family will find family support services supportive and an assessment of the needs of the child/young person should take place at an early stage for example by referral to the Family Support Hub or Gateway Team.

It is essential that staff working in adult mental health services and children’s social services work together collaboratively to ensure the safety of the child/young person and management of the adult’s mental health. Please refer to the [**Adult and Children’s Services Joint Protocol ‘Responding to the Needs of Children whose Parents have Mental Health and/or Substance Misuse’ (2011)**](http://www.scie.org.uk/publications/guides/guide30/files/northern_ireland_joint%20protocol.pdf?res=true) which outlines how agencies can and should work together to progress planning for children/young people and adults in the family.

Joint work will include mental health workers providing all information with regard to:

* Treatment plans;
* Likely duration of any mental health problem;
* Effects of any mental health problem and medication on the carer’s general functioning and parenting ability.

Children’s social services must assess the individual needs of each child/young person and within this incorporate information provided by mental health workers. The use of the **Think Family Model** as a conceptual framework should be used as a good practice model. This challenges workers to think of how an adult’s mental health or substance use problem affects parent/ child/young person relationships which affects the child/young person’s well-being and development which can and does affect the child/young person as they become an adult. Adult services and children/young people services can support protective factors that support resilience.

[**Click here to view The Family Model flowchart**](http://www.proceduresonline.com/sbni/files/fam_model.pdf).

Mental health professionals should be invited to and must attend to provide information to any meeting concerning the implications of the parent/carer’s mental health difficulty on the child/young person including child/young person Protection Conferences and child/young person in Need meetings. Children’s social services professionals should be invited to and must attend relevant meetings related to the management of the parent’s mental health.

All plans for a child/young person including child/young person Protection Plans and child/young person in Need Plans will identify the roles and responsibilities of mental health and other professionals. The plan will also identify the process of communication and liaison between professionals. All professionals should work in accordance with their own agency procedures / guidelines and seek advice and guidance from line management or, the Think Family Champion when necessary.

**Issues**

Contingency Planning child care and mental health professionals should always consider the future management of a change in circumstances for a parent/carer and the child/young person and how concerns will be identified and communicated.

If a parent/carer disengages from mental health services, or is non-compliant with Treatment and the professional judgment is that there is on-going risk to the child/young person in these circumstances, this should be referred to children’s social services.

Professionals need to consider carefully the implications for children/young people when closing their involvement with parents with a mental health problem. Consideration should be given to informing the appropriate children’s social services team in order that the implications for the child/young person are assessed and /or referred for lower level support through the family support hubs or emerging mental health and well-being hubs and/or young carers projects.

Mental health services should always use be aware of the impacts of parental mental health on the children/young people and have a conversation in keeping the Think Family Model, about the impact on their children/young people. They should not readily accept parent / carer’s assertions that their mental health problems are not affecting the care they provide to their children/young people. Where there is any doubt in these situations, services should always err on the side of caution.

Confidentiality is important in developing trust between parents with mental health problems and practitioners in agencies working with them, however, practitioners must always act in the best interest of the child/young person and not prioritise their therapeutic relationship with the adult.

**Further Information**

**http://www.hscboard.hscni.net/download/PUBLICATIONS/MENTAL%20HEALTH%20AND%20LEARNING%20DISABILITY/Regional\_Care\_Pathway\_Mental\_Health.pdf**

[**Think child, think parent, think family: a guide to parental mental health and child welfare**](http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf)

[**Stress and resilience factors in parents with mental health problems and their children**](http://www.scie.org.uk/publications/briefings/files/briefing23.pdf)

**UNOCINI Appendix One**

**The Family Model Dr Adrian Falkov 2012**

**Patients as Parents, RCPsych Paper 164**

**Monds -Watson et al 2010: SW with children when parents have mental health difficulties: Acknowledging and maintaining the rights of the child**