

# Children living with parents with mental illness

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Briefing

## Key messages

- Research has suggested that children may experience a range of adverse consequences when living with parents with mental illness.
- Effects on children are described in the literature as mainly negative – including poor psycho-social development and attachments, compromised emotional and mental well-being and poor transitions into adulthood.
- However, not all children will be adversely affected when parents have mental illness and positive outcomes have also been identified, including enhanced maturity and children's capacity to develop resilience and effective coping mechanisms.
- These outcomes are more likely to occur when children and families are supported adequately and appropriately.
- Key factors in ensuring children do not suffer adverse consequences of living with a parent who has mental illness are providing effective support to families, listening to what children have to say about their experiences and needs in the context of parental mental illness and providing children with age appropriate information about mental health conditions.
- Recognising that, alongside their own health needs, parents with mental illness may also have additional parenting needs is also an important message for practitioners working with adults with mental health problems and their families.

## Introduction

It is estimated that in the UK in any one year, one in four people will experience some type of mental illness. Furthermore, more than one third of all adults in the UK who experience mental illness are also parents<sup>1,2</sup>. From a health and social care perspective, academics and professionals working in research, policy and practice have tended to focus attention on the health needs of adults with mental illness. Until more recently, less attention has been given to the needs of children who live with parents who are affected by mental illness from the perspective of children and young people themselves. This is a serious oversight. Children can and do experience a range of adverse consequences when they live with a parent with a mental illness, especially when they are unsupported by effective interventions from health and social care services.

This research briefing considers the research evidence on outcomes for children of living with a parent with mental illness and highlights key messages for health and social care professionals who work with children and families affected by parental mental illness.

## Why is the issue important?

The shared approach promoted by the Getting it Right for Every Child agenda aims to improve outcomes for all children in Scotland. It is underpinned by principles aimed at building solutions with and around children and families; enabling children to get help as and when they need it and promoting and supporting a positive shift in culture, systems and practice<sup>3</sup>.

Much of the recent research that focuses on the needs of children whose parents have mental illness mirrors to a large extent these objectives and suggests outcomes will be better for children and families alike by a joint approach. This requires professionals in both adult and children's services to work more closely and effectively together and to engage with parents and children about their needs with reference to, for example, a family model of intervention<sup>4,5,6,7</sup>.

Until more recently, medical research in particular highlighted the negative impacts of parental mental illness on children and tended to pathologise the issue as well as focus on risks to children; these included the risk of children inheriting mental illness or developing learnt behaviours; as well as attachment disorders following poor or ineffective parenting, particularly when mothers experienced mental illness<sup>8,9</sup>. Few studies adopted approaches that relied on the first hand accounts of children themselves<sup>2</sup>. More recent studies have looked at the impact of disrupted parenting in the context of parental mental ill health and have highlighted the need for early interventions as well as family-based support<sup>10,7</sup>.

Early medical studies recognised the psychological risks to children of attachment disorders (as a result of the onset of mental illness in one or both parents) that would result in precocious competence (for example, care giving<sup>11</sup>) and loss of childhood<sup>8,12</sup>. More recent studies have also identified care giving as a potential stress factor for children whose parents have mental illness<sup>2</sup>; whereas other research has shown that caring can be a form of resilient behaviour or help children cope with the anxiety of living with a parent who is chronically ill<sup>13,14</sup>.

Research that has focused specifically on children as care givers in the context of parental mental illness recognises that there can be positive outcomes for children of living with and caring for an ill parent and that it is only when caring becomes long term or disproportionate to children's age or level of maturity that adverse consequences occur relating to children's emotional and mental well-being<sup>15</sup>. Caring only becomes long term or burdensome when professional support and services are missing or inadequate. Furthermore, both caring and adverse consequences of living with a parent with mental illness are more likely to occur in families where the impacts of social exclusion are profound or combine (impact of low income, poverty, poor housing etc)<sup>15</sup>.

Aside from the impacts of social exclusion, other stress factors for children living with a parent with mental illness identified in the research include bullying at school, loss or grief due to marital breakdown, illness or the death of a parent<sup>2</sup>. On the other hand, many children either do not suffer adverse consequences of living with a parent with mental illness or develop effective coping strategies. In family situations where children are accorded a degree of control and have secure family relationships with others – either aside from or including the affected parent – then children can develop resilience and effective coping strategies<sup>2</sup>.



## Implications for practice

- Professionals need to be aware that children may experience adverse consequences of living with a parent with mental illness but they may also develop resilience.
- Children require interventions that take into account their own needs as well as the needs of the whole family.
- Children should be listened to. Direct consultation should take place between professionals and children and young people themselves.
- Children should also be involved in health care decisions about their parents.
- Children may be providing care for their parent and will thus have additional needs.
- Children need age appropriate information about mental illness and this should be geared towards their own particular circumstances and needs.
- Parents with mental illness may have parenting needs in addition to their own health requirements.

## What does research tell us?

Both in terms of research messages and in line with the principles of Getting it Right for Every Child, research implications for practice are clear; not only should professionals who work with families affected by parental mental illness take account of family relationships and the needs of individuals in families – including children – they should also acknowledge the impact of social exclusion factors such as poor housing, poverty etc. This should include understanding more about the family's location, status and experiences in their local neighbourhood or community<sup>16</sup>.

The onset of parental mental health problems may lead to disrupted parenting, lack of co-operation with professionals and misunderstanding among parents about the impact of these outcomes on their children<sup>10</sup>. Professionals need to be aware of these issues and work with parents and children to address parenting and family needs. Health and social care professionals working in both adult and children's services should also ascertain whether children are undertaking caring responsibilities for their parent who has mental illness. Children may have their own health or social care needs relating to living with and/or caring for a parent who has mental illness. Children and young people also require age appropriate information about a range of mental health conditions<sup>15</sup>.

New guidance<sup>17</sup> that draws on health and social care research and practice shows that providing children and young people with appropriate information and listening to what they have to say through more effective consultations are key factors in ensuring their greater inclusion in health care decisions – something that both children and parents have said they want.

## Further resources

Barnardo's: Improving opportunities and outcomes for parents with mental health needs and their children:

[www.barnardos.org.uk/action16\\_report\\_final\\_2\\_1\\_5\\_09-2.pdf](http://www.barnardos.org.uk/action16_report_final_2_1_5_09-2.pdf)

Parental Mental Health and Child Welfare Network:

[www.pmhcn.org.uk](http://www.pmhcn.org.uk)

Parental mental illness: the problems for children: information for parents, carers and anyone who works with young people: Royal College of Psychiatrists: [www.rcpsych.ac.uk/mentalhealthinfo/mentalhealthandgrowingup/parentalmentalillness.aspx](http://www.rcpsych.ac.uk/mentalhealthinfo/mentalhealthandgrowingup/parentalmentalillness.aspx)

Pupils with parents affected by mental ill health:

<http://static.carers.org/files/20-mental-5089.pdf>

Social Care Institute for Excellence:

[www.scie.org.uk/publications/briefings/briefing23/index.asp](http://www.scie.org.uk/publications/briefings/briefing23/index.asp)

Young Carers Research Group: [www.ycrg.org.uk](http://www.ycrg.org.uk)

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## About this briefing

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