Parental Mental Ill Health and the Impact on Parenting

Many parents with mental health problems are able to manage their condition and minimise its impact on their children, particularly if they are able to access appropriate support. But sometimes it does affect their ability to cope with family life. A few children live with a parent who has a severe mental illness such as schizophrenia or bipolar disorder. In fact, 68% of women and 57% of men with a mental illness are parents. In addition, many children live with a parent who has long-term mental health problems, as well as alcohol or drug problems and personality disorders.

Parental mental ill health may affect children differently according to the severity and type of mental health condition, the child's age and stage of development, and the child's personality.

Some parents experience mental health problems along with other challenges such as: divorce or separation; unemployment; poverty; poor housing; discrimination; a lack of social support; domestic abuse and substance misuse. If they are facing several challenges at once, it can be very hard for parents to provide their children with safe and loving care, particularly if they are isolated or aren't getting the support they need.

- Mixed anxiety & depression is the most common mental disorder in Britain, with 7.8% of people meeting criteria for diagnosis.
- Common mental health problems such as depression and anxiety are distributed according to a gradient of economic disadvantage across society. The poorer and more disadvantaged are disproportionately affected by common mental health problems and their adverse consequences.

Caring for children

Some parents and carers with a mental illness may need support to cope with the routines of daily life, such as housework, mealtimes, bedtimes, taking children to school, and taking children to medical and dental appointments.
They may also find it more difficult to:

- control their mood and emotions around their children
- recognise and respond to children's physical and emotional needs
- engage socially with their children
- set and maintain safe and appropriate boundaries and manage their children's behaviour.

If parents don't get the support they need from family, friends, neighbours and/or professionals, these challenges may escalate. In extreme cases, children may experience abuse and/or neglect.

Babies and younger children

Babies and young children rely on their parents and carers to give them the warm, nurturing care they need to grow. If parents experience mental health problems in pregnancy or the first year of a baby's life, this can affect the way they are able to bond with and care for their child. This can have an impact on the child's intellectual, emotional, social and psychological development

Children and young people living with a parent with mental illness

Children can often cope well with all sorts of life upsets, especially if the problem is short lived and does not keep repeating and they can understand what is happening and, as much as possible, why.

Parents cannot control the fact that some illnesses, especially mental illness, can last a long time, and may come back. However, some parents may try to protect their children from their illness by keeping it a secret or as 'something' which cannot be asked about or explained. Although this is often done for good reasons, it can make it more difficult for children to cope with or to manage their own feelings.

In these situations, many children will worry that:

- They are to blame for their parent's illness. This may lead to them feeling depressed.
- They may develop the same illness. Although for some conditions, the risk of having similar illness can be higher within families, this can be reduced if the child is helped to see that they are not part of the illness, and they are able to have a good relationship with their parents, peers or any other adults who can be trusted and helps them. Understanding the illness helps the child to achieve this.

Situations where it is more difficult for children to cope are when they:

- are separated again and again from a parent who needs to go into hospital for treatment;
- are living with a parent who is very unwell and treated at home;
- feel unsure of their relationship with the parent with a mental illness;
- are not being looked after properly;
- are being hit or mistreated (this is more likely if the parent suffers from alcohol or drug problems or has personality difficulties);
- are having to look after an ill parent, or are taking care of brothers and sisters, and missing school;
- are being teased or bullied by others;
- hear unkind things being said about their ill parent.

Even when children have all the right support and explanation, they may still feel upset, frightened, worried by, or ashamed of their parent's illness or behaviour at times.

If a parent has severe mental health problems, children may have to cope with frightening and upsetting situations such as:

- a parent attempting to take their own life;
- a parent displaying extremely volatile, unpredictable or odd behaviour.

Whether you work predominantly with children or adults you have a responsibility to consider the impact of parental mental illness on children and assess whether they are at risk of significant harm.

DEPRESSION

Depression is more than simply feeling unhappy or fed up for a few days. Most people experience feelings of stress, anxiety or low mood during difficult times. A low mood may improve after a short period of time, rather than being a sign of depression. Depression affects people in different ways and can cause a wide variety of symptoms. Sometimes there's a trigger for depression. Life-changing events, such as bereavement, losing a job or giving birth, can bring it on. People with a family history of depression are more likely to experience it themselves. People can also become depressed for no obvious reason.

Doctors describe depression by how serious it is:

- mild depression – has some impact on daily life
- moderate depression – has a significant impact on daily life
- severe depression – makes it almost impossible to get through daily life; a few people with severe depression may have psychotic symptoms

Clinical Depression

The symptoms of depression can be complex and vary widely between people. If someone is depressed, they may feel sad, hopeless and lose interest in things they used to enjoy. The symptoms persist for weeks or months and are bad enough to interfere with work, social life and family life.

Psychological symptoms

The psychological symptoms of depression include:

- continuous low mood or sadness;
- feeling hopeless and helpless;

- having low self-esteem;
- feeling tearful;
- feeling guilt-ridden;
- feeling irritable and intolerant of others;
- having no motivation or interest in things;
- finding it difficult to make decisions;
- not getting any enjoyment out of life;
- feeling anxious or worried;
- having suicidal thoughts or thoughts of self-harm.

Physical symptoms
The physical symptoms of depression include:

- moving or speaking more slowly than usual;
- changes in appetite or weight (usually decreased, but sometimes increased);
- constipation;
- unexplained aches and pains;
- lack of energy;
- low sex drive (loss of libido);
- changes to menstrual cycle;
- disturbed sleep e.g. difficulty falling asleep or waking up very early in the morning.

Social symptoms
The social symptoms of depression include:

- avoiding contact with friends and taking part in fewer social activities;
- neglecting hobbies and interests;
- having difficulties at home, work or in family life.

The baby blues
During the first week after childbirth, many women get what's often called the "baby blues". Women can experience a low mood and feel mildly depressed at a time when they expect they should feel happy after having a baby. "Baby blues" are probably due to the sudden hormonal and chemical changes that take place in the body after childbirth. Symptoms can include: feeling emotional and bursting into tears for no apparent reason; feeling irritable or touchy; low mood; anxiety and restlessness. All these symptoms are normal and usually only last for a few days.

Postnatal Depression
Postnatal depression usually occurs 2 to 8 weeks after the birth, though sometimes it can happen up to a year after the baby is born.

Emotional Symptoms

- loss of interest in the baby
- feelings of hopelessness
- not being able to stop crying
- feelings of not being able to cope
- not being able to enjoy anything
- memory loss or being unable to concentrate
- excessive anxiety about the baby

Other signs of postnatal depression may also include:

- panic attacks
- sleeplessness
- extreme tiredness
- aches and pains
- feeling generally unwell
- anxiety
- loss of appetite

Bipolar Disorder (used to be known as manic depression)
Someone may initially be diagnosed with clinical depression before having a manic episode (sometimes years later), after which they may be diagnosed with bipolar disorder. Bipolar disorder is characterised by extreme mood swings. These can range from extreme highs (mania) to extreme lows (depression). Episodes of mania and depression often last for several weeks or months.

Depression
During a period of depression, symptoms may include:

- feeling sad, hopeless or irritable most of the time;
- lacking energy;
- difficulty concentrating and remembering things;
- loss of interest in everyday activities;
- feelings of emptiness or worthlessness;
- feelings of guilt and despair;
- feeling pessimistic about everything;
- self-doubt;
- being delusional, hallucinating and disturbed or illogical thinking;
- lack of appetite;
- difficulty sleeping;
- waking up early;
- suicidal thoughts.

Mania
The manic phase of bipolar disorder may include:

- feeling very happy, elated or overjoyed;
- talking very quickly;
- feeling full of energy;
- feeling self-important;
- feeling full of great new ideas and having important plans;
- being easily distracted;
- being easily irritated or agitated;
- being delusional, hallucinating and disturbed or illogical thinking;
- not feeling like sleeping;
- not eating;
- doing things that often have disastrous consequences – such as spending large sums of money on expensive and sometimes unaffordable items;
- making decisions or saying things that are out of character and that others see as being risky or harmful.

Bipolar disorder is a condition of extremes. A person with bipolar disorder may be unaware they're in the manic phase. After the episode is over, they may be shocked at their behaviour. But at the time, they may believe other people are being negative or unhelpful. Some people with bipolar disorder have more frequent and severe episodes than others.

The exact cause of bipolar disorder is unknown. Experts believe there are a number of factors that work together to make a person more likely to develop it. These are thought to be a complex mix of physical, environmental and social factors:

- chemical imbalance in the brain
- genetics
- triggers such as death of a loved one, abuse, relationship breakdown, physical illness, overwhelming life problems, sleep disturbance.

Treatment
If a person is not treated, episodes of bipolar-related mania can last for between 3 and 6 months. Episodes of depression tend to last longer, often 6 to 12 months. With effective treatment, episodes usually improve within about 3 months.
Most people with bipolar disorder can be treated using a combination of different treatments. These can include 1 or more of the following:

- medicine to prevent episodes of mania and depression – these are known as mood stabilisers, and are taken every day on a long-term basis
- medicine to treat the main symptoms of depression and mania when they happen
- learning to recognise the triggers and signs of an episode of depression or mania
- psychological treatment – such as talking therapies, help people deal with depression and provide advice on how to improve relationships
- lifestyle advice – such as doing regular exercise, improving diet and getting more sleep.

Most people with bipolar disorder can receive most of their treatment without having to stay in hospital. Hospital treatment may be needed if symptoms are severe.

Seasonal affective disorder (SAD)
SAD is a type of depression that comes and goes in a seasonal pattern. It is sometimes known as "winter depression" because the symptoms are usually more apparent and more severe during the winter. A few people with SAD may have symptoms during the summer and feel better during the winter.

Symptoms:

- a persistent low mood;
- a loss of pleasure or interest in normal everyday activities;
- irritability;
- feelings of despair, guilt and worthlessness;
- feeling lethargic (lacking in energy) and sleepy during the day;
- sleeping for longer than normal and finding it hard to get up in the morning;
- craving carbohydrates and gaining weight;

For some people, these symptoms can be severe and have a significant impact on their day-to-day activities. The exact cause of SAD is not fully understood, but it's often linked to reduced exposure to sunlight during the shorter autumn and winter days.

Treatment:

- lifestyle measures – including getting as much natural sunlight as possible, exercising regularly and managing stress levels
- light therapy – where a special lamp is used to simulate exposure to sunlight
- talking therapies – such as cognitive behavioural therapy (CBT) or counselling
- antidepressant medicine – such as selective serotonin reuptake inhibitors (SSRIs)

GENERALISED ANXIETY DISORDER (GAD)
Anxiety is a feeling of unease, such as worry or fear, that can be mild or severe. Everyone has feelings of anxiety at some point in their life e.g. before an exam or interview. During times like these, feeling anxious can be perfectly normal. But some people find it hard to control their worries. Their feelings of anxiety are more constant and can often affect their daily lives.
Anxiety is the main symptom of several conditions, including:

- panic disorder
- phobias, such as agoraphobia or claustrophobia
- post-traumatic stress disorder (PTSD)
- social anxiety disorder (social phobia)

Symptoms:
These vary from person to person, but can include:

- feeling restless or worried
- having trouble concentrating or sleeping
- dizziness or heart palpitations

The exact cause of GAD is not fully understood, although it's likely that a combination of several factors plays a role. Research has suggested that these may include:

- overactivity in areas of the brain involved in emotions and behaviour
- an imbalance of the brain chemicals serotonin and noradrenaline, which are involved in the control and regulation of mood
- genetics – you're estimated to be 5 times more likely to develop GAD if a close relative has the condition
- having a history of stressful or traumatic experiences, such as domestic violence, child abuse or bullying
- having a painful long-term health condition, such as arthritis
- having a history of drug or alcohol misuse

But many people develop GAD for no apparent reason.

Treatment:

- psychological therapies e.g. cognitive behavioural therapy (CBT)
- medicine e.g. selective serotonin reuptake inhibitors (SSRIs)

With treatment, many people are able to control their anxiety levels. But some treatments may need to be continued for a long time and there may be periods when symptoms worsen.

PERSONALITY DISORDERS

Personality disorders can affect how a person copes with life, manages relationships, behaves and feels. Many people diagnosed with personality disorders have experience of trauma. These might include difficulties growing up, including childhood neglect or physical, emotional or sexual abuse. Children who are abused or neglected often don't learn how to form relationships. So, they may find it more difficult to manage how they feel when they are adults. A person with a personality disorder thinks, feels, behaves or relates to others very differently from the average person.
Personality disorders diagnoses are grouped into three 'clusters', A, B, and C.

Cluster A personality disorders - People with cluster A personality disorders can find it hard to relate to other people. Their behaviour might seem odd or eccentric to other people.

Paranoid personality disorder

- may feel very suspicious of others without good reason;
- feel that other people are being nasty to them. Even though this isn't true;
- feel easily rejected or hold grudges.

Schizoid personality disorder

- may have few social relationships and prefer to be alone;
- may not enjoy or want to be part of a close relationship. This may include being part of a family;
- might appear cold and removed from situations.

Schizotypal personality disorder

- problems with relationships with other people;
- may have strange thoughts, feel paranoid and have odd behaviour or appearance;
- might have an inappropriate display of feelings.

Cluster B personality disorders - People with cluster B personality disorders can find it hard to control their emotions.

Antisocial personality disorder (ASPD)

- may be impulsive and reckless; don't think about how their actions affect other people;

- may get easily frustrated, aggressive and be prone to violence;
- may lie to get what they want;
- act selfishly and without guilt;
- may blame others for problems they are having in their life.

Borderline personality disorder (BPD) (aka emotionally unstable personality disorder)
- may have strong emotions, mood swings, and feelings they can't cope with;
- may feel anxious and distressed a lot of the time;
- may have problems with how they see themselves and identity;
- may self-harm or use drugs and alcohol to cope with these feelings.

Histrionic personality disorder
- may like being the centre of attention;
- may feel anxious about being ignored;
- may be lively and over-dramatic;
- may become bored with normal routines, worry a lot about appearance and want to be noticed;
- might be easily influenced by others.

Narcissistic personality disorder
- a high sense of self-importance;
- may fantasise about unlimited success and want attention and admiration;
- may feel more entitled to things than other people are;
- might act selfishly to gain success;
- may be unwilling or unable to acknowledge the feelings or needs of others.

Cluster C personality disorders
People with cluster C personality disorders have strong feelings of fear or anxiety.

Dependent personality disorder
- may allow other people to take responsibility for parts of their life;
- may not have much self-confidence or be unable to do things alone;
- may put their own needs after the needs of others;
- may feel hopeless or fear being alone or abandoned.

Avoidant personality disorder
- may have a fear of being judged negatively;
- may feel uncomfortable in social situations;
- might not like criticism, worry a lot and have low self-esteem;
- may want affection but worry about being rejected.

Obsessive-compulsive personality disorder (also known as anankastic personality disorder)
- may feel anxious about things that seem unorganised or 'messy';
- everything must be just right, and nothing can be left to chance;
- may be very cautious about things and think a lot about small details;
- may have problems completing tasks due to own high standards;
- may be seen as controlling;
- Obsessive-compulsive personality disorder is different to obsessive compulsive disorder (OCD). People with obsessive-compulsive personality disorder, may believe their actions are justified. People with OCD tend to realise that their behaviour isn't rational.

Treatment
There is no recommended medication for the treatment of personality disorders. A doctor may give medication to help with symptoms such as anxiety, anger, or low mood. These might include antidepressants, mood stabilisers, or antipsychotics.

Personality disorders are usually treated with group psychological treatments or talking therapies although there is ongoing debate as to whether personality disorders respond to treatment at all. If there is a response it is likely to be slow.

SCHIZOPHRENIA is a severe long-term mental health condition involving a range of problems with thinking (cognitive), behaviour or emotions. It may result in some combination of hallucinations, delusions, and extremely disordered thinking and behaviour. Schizophrenia is often described by doctors as a type of psychosis.
A first acute episode of psychosis can be very difficult to cope with, both for the person who is ill and for their family and friends. Drastic changes in behaviour may occur, and the person can become upset, anxious, confused, angry or suspicious of those around them. They may not think they need help, and it can be hard to persuade them to visit a doctor.

Schizophrenia changes how a person thinks and behaves. The condition may develop slowly. The first signs can be hard to identify as they often develop during the teenage years. Symptoms such as becoming socially withdrawn and unresponsive or changes in sleeping patterns can be mistaken for an adolescent "phase". People often have episodes of schizophrenia, during which their symptoms are particularly severe, followed by periods where they experience few or no symptoms. This is known as acute schizophrenia.

Positive and negative symptoms
The symptoms of schizophrenia are usually classified into:

- positive symptoms – any change in behaviour or thoughts, such as hallucinations or delusions
- negative symptoms – where people appear to withdraw from the world around then, take no interest in everyday social interactions, and often appear emotionless and flat

Positive Symptoms:
Hallucinations
Hallucinations are where someone sees, hears, smells, tastes or feels things that do not exist outside their mind. The most common hallucination is hearing voices.
Hallucinations are very real to the person experiencing them, even though people around them cannot hear the voices or experience the sensations. Some people describe the voices they hear as friendly and pleasant, but more often they're rude, critical, abusive or annoying.
The voices might describe activities taking place, discuss the hearer's thoughts and behaviour, give instructions, or talk directly to the person. Voices may come from different places or one place, such as the television.

Delusions
A delusion is a belief held with complete conviction, even though it's based on a mistaken, strange or unrealistic view. It may affect the way the person behaves. Delusions can begin suddenly or may develop over weeks or months. Some people develop a delusional idea to explain a hallucination they're having. For example, if they have heard voices describing their actions, they may have a delusion that someone is monitoring their actions. Someone experiencing a paranoid delusion may believe they're being harassed or persecuted. They may believe they're being chased, followed, watched, plotted against or poisoned, often by a family member or friend. Some people who experience delusions find different meanings in everyday events or occurrences. They may believe people on TV or in newspaper articles are communicating messages to them alone, or that there are hidden messages in the colours of cars passing on the street.

Confused thoughts (thought disorder)
People experiencing psychosis often have trouble keeping track of their thoughts and conversations. Some people find it hard to concentrate and will drift from one idea to another. They may have trouble reading newspaper articles or watching a TV programme. People sometimes describe their thoughts as "misty" or "hazy" when this is happening to them. Thoughts and speech may become jumbled or confused, making conversation difficult and hard for other people to understand.

Spotting the signs of an acute schizophrenic episode
Signs can include loss of appetite, feeling anxious or stressed, or having disturbed sleep. People may notice some milder symptoms developing, such as:

- feeling suspicious or fearful;
- worrying about people's motives;
- hearing quiet voices now and again;
- finding it difficult to concentrate;
- changes in behaviour.

Negative symptoms
The negative symptoms of schizophrenia can often appear several years before somebody experiences their first acute schizophrenic episode.
These initial negative symptoms are often referred to as the prodromal period of schizophrenia. Symptoms during the prodromal period usually appear gradually and slowly get worse. They include the person becoming more socially withdrawn and increasingly not caring about their appearance and personal hygiene. It can be difficult to tell whether the symptoms are part of the development of schizophrenia or caused by something else.

Negative symptoms experienced by people living with schizophrenia include:

- losing interest and motivation in life and activities, including relationships and sex
- lack of concentration, not wanting to leave the house, and changes in sleeping patterns
- being less likely to initiate conversations and feeling uncomfortable with people, or feeling there's nothing to say

The negative symptoms of schizophrenia can often lead to relationship problems with friends and family as they can sometimes be mistaken for deliberate laziness or rudeness.

Treating schizophrenia
Schizophrenia is usually treated with a combination of medicine and therapy tailored to each individual. In most cases, this will be antipsychotic medicines and CBT. People with schizophrenia usually receive help from a community mental health team, which offers day-to-day support and treatment. Many people recover from schizophrenia, although they may have periods when symptoms return (relapses). Support and treatment can help reduce the impact the condition has on daily life.

POSTPARTUM PSYCHOSIS
Postpartum psychosis is a rare but serious mental illness that can affect someone soon after having a baby and should be treated as a medical emergency. It's sometimes called puerperal psychosis or postnatal psychosis.

Symptoms usually start suddenly within the first 2 weeks after giving birth. More rarely, they can develop several weeks after the baby is born. It is unclear what causes postpartum psychosis, but women are more at risk if they:

- have a family history of mental illness, particularly postpartum psychosis (even if there is no history of mental illness);
- already have a diagnosis of bipolar disorder or schizophrenia;
- have a traumatic birth or pregnancy;
- developed postpartum psychosis after a previous pregnancy.

Symptoms can include:

- hallucinations;
- delusions – thoughts or beliefs that are unlikely to be true;
- a manic mood – talking and thinking too much or too quickly, feeling "high" or "on top of the world";
- a low mood – showing signs of depression, being withdrawn or tearful, lacking energy, having a loss of appetite, anxiety or trouble sleeping;
- loss of inhibitions;

- feeling suspicious or fearful;
- restlessness;
- feeling very confused;
- behaving in a way that's out of character.

Treatment usually happens in hospital and involves medication and a talking therapy. Most people with postpartum psychosis make a full recovery as long as they receive the right treatment.

PSYCHOSIS

Psychosis is when people lose some contact with reality. This might involve seeing or hearing things that other people cannot see or hear (hallucinations) and believing things that are not actually true (delusions).

Symptoms

The 2 main symptoms of psychosis are:

- hallucinations – where a person hears, sees and, in some cases, feels, smells or tastes things that do not exist outside their mind but can feel very real to the person affected by them; a common hallucination is hearing voices
- delusions – where a person has strong beliefs that are not shared by others; a common delusion is someone believing there's a conspiracy to harm them

The combination of hallucinations and delusional thinking can cause severe distress and a change in behaviour. Experiencing the symptoms of psychosis is often referred to as having a psychotic episode. Psychosis may be related to schizophrenia, bipolar disorder or severe depression but can also be triggered by:

- a traumatic experience;
- stress;
- drug misuse;
- alcohol misuse;
- side effects of prescribed medicine;
- a physical condition, such as a brain tumour.

People with a history of psychosis are more likely than others to have drug or alcohol misuse problems, or both. Some people use these substances as a way of managing psychotic symptoms. But substance abuse can make psychotic symptoms worse or cause other problems. People with psychosis have a higher than average risk of self-harm and suicide.

Treatment involves a combination of:

- antipsychotic medicine – which can help relieve the symptoms of psychosis;
- psychological therapies e.g. CBT, family interventions (a form of therapy that may involve partners, family members and close friends);
- social support.

Some people are recommended to take antipsychotics on a long-term basis (and possibly for the rest of their lives). Other people may be able to gradually reduce their dosage and then stop taking them altogether if there is a marked improvement in symptoms.

THINGS TO CONSIDER (whether you work with adults or children)

1. **What is it like to be this child in these circumstances?**

What are the risks? Has the child's behaviour; development; social interactions; educational development been negatively impacted?

2. **Does the parent's mental illness impact on their capacity to care for the child?**

If so, how does this manifest itself? Are they able to meet the child's needs? Is their behaviour odd, volatile, aggressive, frightening? Has the parent bonded with a baby?

3. **Is the support I offer appropriate?**

Some types of interventions e.g. group work & parenting programmes are not suitable for some parents depending on their diagnosis. Some types of personality disorder may affect the parent's ability to participate effectively in these types of intervention. **If in doubt speak to a mental health professional.**

4. **A parent stops taking their medication**

What are the implications of this? Will their mental health deteriorate? How will this impact on the child? Don't tell them to go their GP - if they are becoming unwell they may not be thinking logically. **Take responsibility – speak to a mental health professional for advice**

5. **A parent is experiencing hallucinations**

This is a sign that someone is becoming very unwell. How will this impact on the child? What is it like to be this child living with a parent whose mental health is deteriorating? Don't tell the parent to go to their GP – they may not be thinking logically. **Take responsibility – speak to a mental health professional for advice**

6. **A parent threatens to harm or kill themselves**

What is it like to be a child in this situation? How will this impact on the child? Don't tell the parent to go to their GP – they may not be thinking logically. **Take responsibility – speak to a mental health professional for advice. If the risk of self-harm or suicide is imminent dial 999.**

IF YOU ARE CONCERNED, DO NOT ASSUME THAT SOMEBODY ELSE HAS DONE SOMETHING OR WILL DO SOMETHING – TAKE RESPONSIBILITY – ACT.

For more information about mental health visit https://www.nhs.uk/mental-health/

Jane Ridgway
Lead Officer Child Protection
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