




parental mental ill health: presenter notes

Requirements:

- You will need to have downloaded the presentation to the computer that you are using.

Presentation:

1.	 <p>Parental Mental Ill-health safeguarding children refresher</p> <p>safeguarding network</p>	<p>Welcome to this Safeguarding Network update in relation to parental mental ill-health.</p> <p>As with all safeguarding and child protection training this can be an emotive subject and may make you think about your own experiences or someone you know. If you need help or support as a result of this update, please speak to your employer or a trusted friend.</p>
2.	 <p>What is good mental health / wellbeing?</p> <p>“ Mental wellbeing is about thoughts, feelings and how people cope with the ups and downs of everyday life. Having positive wellbeing means that every individual realises their own potential, can cope with the normal stresses of life, help engage in work productively and can contribute to their community. ”</p> <p>safeguarding network</p> <p><small>HM Government - Mental health and wellbeing plan: discussion paper</small></p>	<p>When looking at mental health, it is important that we think about what good mental health looks like. Think about what you use as markers to know whether you are having a good or a bad day and these will often be linked in some way to the things identified in this definition of mental wellbeing. Human beings by their very nature look for the good in things (as we know from other safeguarding training and serious case reviews this can sometimes be to our detriment) and we often feel at our best when things are going right. It is likely that we will however not feel so good if things are not going the way that we have planned, for example if you have an unexpected event on the way to work (e.g. an unexpected bill or your car developing a problem) then this can shadow your day and always be in the back of your mind – equally if you are not feeling well in yourself this can impact on your view of the world. Thus, mental wellbeing can be described as being a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.</p> <p>If you feel that you are getting out of your comfort zone or the limits of your knowledge, then this can impact on how you are feeling generally. Humans</p>

		<p>are also social beings and so if you feel out on a limb, unsupported or isolated then this can also impact on your sense of wellbeing and leave you feeling unable to cope (which is not necessarily the same as not feeling in control – you may not be in control of what is happening but may feel able to cope with it).</p>
<p>3.</p>	<div data-bbox="220 533 735 819" style="border: 1px solid black; padding: 5px;"> <p>Types of mental ill-health include:</p> <ul style="list-style-type: none"> • Depression • Anxiety • Phobias • Psychosis • Bipolar disorder • Eating problems/disorders • Obsessive compulsive disorder  </div>	<p>There are many different forms of mental ill health, some of which you are likely to hear talked about regularly, whilst others you may be less familiar with. Depression (is a feeling of low mood that lasts for a long time and affects everyday life. It can make someone feel hopeless, despairing, guilty, worthless, unmotivated and exhausted. It can affect their self-esteem, sleep, appetite, sex drive and physical health. In its mildest form, depression doesn't stop people leading a normal life, but it makes everything harder to do and seem less worthwhile. At its most severe, depression can make someone feel suicidal, and be life-threatening.) and anxiety (is what people feel when they are worried, tense or afraid – particularly about things that are about to happen, or which they think could happen in the future. Occasional anxiety is a normal human experience. But if someone's feelings of anxiety are very strong, or last for a long time, they can be overwhelming. There may be physical symptoms such as sleep problems and panic attacks) are more commonly known. Within these though there can be specific diagnoses, for example bipolar disorder is where sufferers can have manic episodes where they feel on top of the world and can be reckless (for example giving lots of money away), but also have severe depressive episodes with the swing between the two being extreme. Post-Traumatic Stress Disorder is considered as a form of anxiety linked to very specific previous experiences.</p> <p>Many people can experience phobias, for example a fear of heights or a fear of spiders. These are part of everyday life and rarely is a fear of spiders debilitating to the point where it impacts on daily functioning. At its most basic a phobia is a fear</p>





that is out of proportion with the danger and lasts more than six months (MIND charity). For some these fears can significantly impact on their daily lives meaning for example that they cannot leave the house.

People who experience psychosis can perceive or interpret reality very differently from those around them. This can include experiencing hallucinations – seeing or hearing things that are not there, having delusions (e.g., that they are a billionaire) or disorganised thinking and speech.

The last two on screen are again ones which most people have heard of:

Eating problems/disorders – although they are linked to food, causes can be due to difficult things that have happened or painful feelings which people may be finding hard to face or resolve. Lots of people think that if some-one has an eating problem you will be over- or underweight, and that being a certain weight is always associated with a specific eating problem, but this is a myth. Anyone, regardless of age, gender or weight, can be affected by eating problems. The most common eating disorder diagnoses are anorexia, bulimia, binge eating disorder, and other specified feeding or eating disorder (OSFED). But it's also possible to have a very difficult relationship with food and not fit the criteria for any specific diagnosis.

Obsessive compulsive disorder - this is a type of anxiety disorder. The term is often misused in daily conversation – for example, you might hear people talk about being 'a bit OCD', if they like things to be neat and tidy. But the reality of this disorder is a lot more complex and serious. OCD has two main parts: obsessions (unwelcome thoughts, images, urges, worries or doubts that repeatedly appear in people's mind) and compulsions (repetitive activities that people feel they have to do to reduce the anxiety caused by the obsession). Note: these are just a selection, there are others.

<p>4.</p>	<p>Extent of mental ill-health - Worldwide</p> <ul style="list-style-type: none"> • One of the main causes of overall disease impacts worldwide. • Mental health and behavioural problems (e.g. depression, anxiety and drug use) are reported to be the primary drivers of disability worldwide. • Major depression is thought to be the second leading cause of disability worldwide.  	<p>Worldwide, mental ill-health represents a significant issue – to calculate the disease impacts researchers consider the financial cost, mortality rates, morbidity and other indicators with the resultant data then being used to calculate the number of years lost to disease. In 2014, mental health issues were in the top five leading contributors to the number of years being lost to disease, with a main condition being cited as depression. This therefore demonstrates the significant impact that a subject that has a lot of stigma associated with it can have on individuals, families and society as a whole. This is further shown by research which shows that mental health issues and more specifically depression are a primary driver of disability worldwide.</p>
<p>5.</p>	<p>Extent of mental ill-health - UK</p> <ul style="list-style-type: none"> • 1 in 4 people will experience a mental health problem of some kind each year in England • 1 in 6 people report experiencing a common mental health problem (like anxiety and depression) in any given week in England • Over the course of someone's lifetime: <ul style="list-style-type: none"> • 1 in 5 people have suicidal thoughts • 1 in 14 people self-harm • 1 in 15 people attempt suicide.  	<p>[Presenters note - Based on 2014 research - https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/national-study-of-health-and-wellbeing - New survey currently underway.]</p> <p>Approximately 1 in 4 people in the UK will experience a mental health problem each year. Within this, research suggests that 1 in 6 people will have experienced a common mental health problem such as anxiety, depression, post-traumatic stress disorder (PTSD) or phobia in the last week and this will more likely affect women (one in five) than men (one in eight). The same research found that the proportion of people with severe symptoms has been steadily increasing over time, although this currently remains under 10% of all those who experience a common mental health problem.</p> <p>The full impact of coronavirus on this is as yet not fully known, however early data suggests that at least 1 in 5 adults feels helpless due to the pandemic. About a third of those surveyed in one study in November 2021 reported feeling anxious or worried in the two weeks before the survey. The proportion of people reporting they were coping well fell slowly and steadily, from 73% in April 2020</p>

		<p>to 60% in September 2021, with a slight increase to 63% in November 2021.</p> <p>The same report notes that “Groups affected by socioeconomic inequalities have been more likely to experience anxiety, panic, hopelessness, loneliness, and to report not coping well with the stress of the pandemic”. In November 2021, around an eighth of people in the UK reported having had suicidal thoughts or feelings in the past two weeks, and in certain disadvantaged groups there were even higher proportions of people with suicidal thoughts and feelings. Research into levels of depression showed that it doubled during the pandemic from 1 in 10 to 1 in 5 adults with moderate to severe depressive symptoms. Figures then dropped to about 1 in 6 adults by August 2021.</p> <p>[https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic]</p>
6.	<p>Mental ill-health and parenting</p> <ul style="list-style-type: none"> • Mental ill-health does not necessarily result in poor parenting • Estimated over a third of children live with a parent experiencing emotional distress • Links between poorly managed parental mental ill-health and poor outcomes for children 	<p>Whilst parental mental ill-health is a factor in more than half of serious case reviews, it is important to note that there are also a significant proportion of parents who live with common mental health disorders (e.g. anxiety or depression) and who still manage to parent effectively, or have agreed approaches and ways of managing with partners or others. It is important however that we recognise that even where there is no obvious impact from parental mental ill-health, it may well be the case that an older sibling is part of the support network for younger siblings, or that the children in the household as a whole may be a part of the support for their parent. This means that they may be ‘young carers’ and therefore potentially in need of support.</p> <p>Research by Public Health England in 2020 (released 2022) demonstrated that over a third of children are living with a parent who is experiencing emotional distress. Although a</p>

		<p>different term, the research clarifies that emotional distress covers issues such as anxiety or depression. The report also identifies that many of the parents involved in the research are not likely to have a formal diagnosis, but through questionnaires are identified as being at a level where they meet the formal criteria for diagnosis, thus showing the hidden nature of the issue.</p> <p>The same research shows that parents who are not in employment are more likely to suffer poor mental health. The report argues that this is likely because of the financial security, social status and identity that employment can provide, whilst also accepting that a poor work environment can also contribute to poor mental health. Other factors can also impact on mental health such as family breakdown, financial difficulties, poor housing, discrimination, victimisation and isolation. These factors may be as a consequence of mental ill-health, the cause of the problems or contribute to making underlying mental health issues worse. For other families, mental ill-health in parents may be as a result of abuse they have suffered themselves or from having to flee from war/violence in their country of origin.</p> <p>There can be links between poorly managed parental mental ill-health and increased risks of emotional and behavioural difficulties in children such as difficulties relating to peers due to, for example, the impact of seeing disruptive relationships between their parents and other adults (or between their parents at home) and/or the lack of ability of parents to undertake everyday parenting tasks due to the need to manage what they are experiencing.</p>
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7.

Severity of parental mental ill-health


- Multiple of levels of mental ill-health
- High number of mental illnesses treated in the community with little risk to others
- Some do require periods of treatment in hospital
- Treatments vary and include medication and therapy




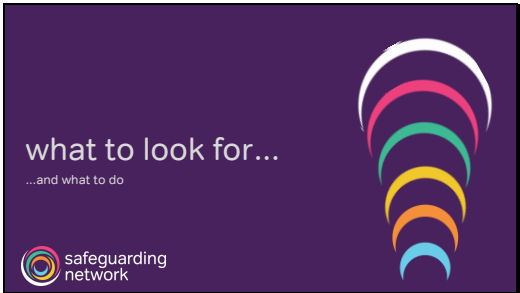
For most people who are experiencing mental ill-health, their first port of call is their GP. Treatment is very much dependent on the local services available; however, it can include therapeutic counselling, medication, and one to one or group sessions to look at learning about the mental illness and how to manage it on a day-to-day basis. A proportion of people will be referred on to their local community mental health services by the GP if they are experiencing a severe episode of mental ill-health and may require a level of support that the GP cannot facilitate or there may be significant risks associated with the mental ill-health (e.g., the person may be experiencing hallucinations that are having a significant impact on their day to day functioning and relationships with others). The treatments may not differ significantly, however the community teams often offer a more specialised level of support and will work with other agencies where necessary.

Of note is that if someone is on medication for mental ill-health it can be useful to know what the impact of the medication they have been prescribed is – this is because some medication may have a sedating effect or other consequences that can mean that their ability to care for their child is reduced, however we may only know this if the person concerned decides to tell us.

For a small proportion of people, the nature and degree of their mental ill-health may mean that they need to be admitted to hospital. These are usually locked wards run by either health trusts or private companies. A person may agree to be admitted to the ward, or they may be detained to the ward under the Mental Health Act (also called being sectioned). Usually this will only happen where there are significant concerns about the health or safety of the individual or because of risks the person's mental ill-health may pose to others. As we know, mental ill-health still carries a lot of stigma, and those people who are admitted to mental health hospitals under the Mental Health Act can face even more stigma from those around them and the community as a whole. For children

		<p>and families, having a parent or relation detained under the Act can be liberating on one hand in that they hope they will finally get answers to what has been happening for the person they love, but can also be terrifying as the one they love is effectively locked away. For the person who has been detained, the fact they are in hospital does not stop them from being a parent and caring about their children. As organisations, if we become aware that a parent is either already in hospital or going into hospital then it is important that as much practical and emotional support is provided to the child(ren) as possible as well as ensuring we are not stigmatising the parent further.</p>
8.	<div data-bbox="220 808 735 1099" style="border: 1px solid black; padding: 5px;"> <p>“ You want your mum even when she’s ill, especially when you’re just a kid. ”</p> <p style="font-size: small; text-align: right;">Barnardo’s (2008) - Family Minded: Supporting children in families affected by mental illness</p> <p>“ Most illnesses don’t have society making you feel guilty about raising a child while sick. Mental health conditions, though, make the guilt huge – it’s as if others think you have a choice in it. ”</p> <p style="font-size: x-small; text-align: right;">MIND website</p>  </div>	<p>Two simple quotes, but they show the impact of living with/being a parent with mental illness. The bottom line is that that person is still the child’s mother or father and the primary source of practical and emotional support. Mental ill-health can have the effect of changing that support. Due to parental mental ill-health, children can become separated from friends and family and isolated. They may feel embarrassed and ashamed about having a parent who is mentally unwell because of the stigma attached to it – mental illness is still perceived differently to physical illness even though it is much more talked about nowadays. Children can also feel very anxious and afraid, both through not knowing about what the illness means, how long it may last for and what long term effects it may have, as well as the potential for it to have a knock-on effect on friendships.</p> <p>Children may believe that the mental illness is their fault – possibly through them not doing as they are told, etc., or may worry that they are going to have the same thing happen to them. A parent’s mental ill-health may mean that younger children do not get the social skills and knowledge that they need to know in order to determine how to react to different situations.</p> <p>Parental mental illness may mean that the child does not get to go out. Simple, everyday things</p>

		<p>like going shopping may be overwhelming for the ill parent, and additional treats like going swimming or bowling etc may be well beyond what the parent can deal with. Some parents may experience mood swings which are unpredictable in nature and have a significant impact on the day-to-day functioning of the home. As said before, the children may become young carers for their parent/siblings.</p>
<p>9.</p>	<div data-bbox="220 611 735 898" style="border: 1px solid black; padding: 5px;"> <p>Looked after children</p> <ul style="list-style-type: none"> • Parental mental ill-health may be why they are looked after • Greater likelihood of being victims of emotional abuse • Potential feelings of rejection • Early adverse childhood experiences  </div>	<p>For many looked after children, parental mental ill-health is likely to impact in the same way as for any other children. For some, it may be the mental ill-health of their parents that led to them being looked after in the first place – they may have been living as a family with it for some time, however their parent may have gone into hospital and the family hit breaking point. They might have been trying to do everything that they could to prevent their parent going into hospital and therefore feel guilty that they have let that parent down. If a parent has been in hospital and has then been discharged, the child may be asking why they cannot go home – as adults we appreciate that there are many stages to a person’s recovery, however for children and young people things can be more ‘black and white’. The child may therefore believe that because their parent has been discharged from hospital they are well and therefore there is no reason why their parent cannot look after them again, even though there is a high risk that things will break down.</p> <p>For some adults, mental ill-health becomes all consuming, meaning that for a child in care there is the risk that they feel rejected by their parent and unsure of their ongoing relationship. Such feelings of rejection can be amplified when a child believes that their parent is well again, but they remain looked after. If, as discussed previously, the parent’s mental ill-health has impacted on the child’s ability to understand social situations and how to react, or how to manage their emotions, then the feelings of rejection may be demonstrated through challenging behaviours.</p>

		<p>As the Royal College of Psychiatrists (2011) identify: “Behaviour associated with mental illness can lead to physical and emotional abuse or neglect; domestic violence; dangerously inadequate supervision; other inappropriate parenting practices; the presence of toxic substances in the home (prescribed and non-prescribed); exposure to criminal or other inappropriate adult behaviour; and social isolation. These risks may interact with and exacerbate other parental difficulties...” The same report identifies that there is a high correlation between mental ill-health and degrees of emotional abuse through the mental ill-health dictating the reactions of the parent to the child. For children in care therefore their previous relationships with adults may have been influenced by parental mental ill-health and therefore this can impact on their relationships going forward.</p> <p>For some children and young people in care, (as for any other child) the experience of parental mental ill-health may not have been a recent one, but one that may have had a significant impact on an earlier part of their childhood. It is important that we know as much information as possible about early adverse childhood experiences as it is not just a case of addressing the behaviour that we are seeing in the here and now.</p>
10.		

11.

Indicators

- Hunger / malnourishment / neglect
- Poor school attendance / behaviour
- Worried about illness
- Withdrawn / isolated / poor relationships / being bullied
- Anxiety about parent / carer and what is happening at home
- Difficulties talking about home life
- Additional responsibilities at home
- Concerns about child / young person's mental health
- Use of alcohol or drugs by the child / young person




safeguarding network

As with all aspects of safeguarding, you will know the children and young people that you work with. You will see that a lot if not all of these indicators are the same indicators for a number of areas of concern. It is therefore not that we need to learn anything new, it is more being able to identify what the causes may be for what we are seeing.

Ultimately, whenever you have concerns, speak to your designated safeguarding lead/ other members of the safeguarding team – as with all aspects of safeguarding, you may not think that your information is of much consequence, however it may add to a picture that is already developing and act to help your designated lead know what to do next.

Support

- Help the child to understand what is happening with their parent
- Talk about what might happen next
- Listen to the child
- Ask them what things have been like for them
- Let them know it is not their fault
- Look at who can help and support them – it could be you



Adapted from 'Family Minded: Supporting children in families affected by mental illness', Barnardo's

The statements on screen are adapted from a series of messages that young people in Liverpool wanted professionals working in the mental health field to understand. It is important that we work with the child, in an age-appropriate way, to ensure that they understand as much as possible about what is going on and what it may mean for them. As with anything, it is shared understanding that will help ensure the support that is being provided is appropriate. As said before, if you have concerns, raise them with the appropriate people, but remember, a kind word and a smile can do wonders – support isn't always formal!

keep learning

for more information visit
<https://safeguarding.network/parental-mh>



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Comments / Feedback:

We welcome your comments and feedback and will use these to help improve the services that we provide. Please email us at contact@safeguarding.network.