



## Families Affected by Parental Mental Health Difficulties

### Context

Mental illness is one of the greatest health and social challenges of our age. As many as 9 million adults – 1 in 6 of the population – have a mental health disorder and around 630,000 are in contact with specialised mental health services.<sup>1</sup> While no official figures exist, of these, it is reckoned that up to 30 per cent have dependent children and 7 per cent live in lone parent households.<sup>2</sup> Unpublished data supplied by the Department of Work and Pensions supports this estimate and suggests that at May 2005 there were 198,000 parents in receipt of an incapacity benefit<sup>3</sup> who had a 'mental and behavioural disorder'.<sup>4</sup>

Despite the significant number of families affected by parental mental health difficulties, and the profound impact it can have on family life, evidence suggests that adult mental health services often fail to take account of the parenting responsibilities of their service users.<sup>5</sup> While the situation is now beginning to improve, and there is a growing recognition of the impact of parental mental illness, there remains a mountain to climb to ensure that families are provided with the support they require.

### The Impact on Families

Parents with enduring mental health difficulties are often able to be effective and loving parents with additional support appropriate to their circumstances. In many cases parents have strong relationships with their children and they may feel anxious, uncertain and unconfident about caring for them. Many parents also report significant anxieties that their children will be taken away from them.<sup>6</sup>

It is estimated that children of parents with mental health problems account for between a third and a half of all children receiving services from young carers' projects. Similarly, parental mental health difficulties are thought to be a significant factor in about 25 per cent of new referrals to social services departments.<sup>7</sup> Evidence suggests that children often take significant practical and emotional responsibility for their parent as well as other family members, such as younger

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<sup>1</sup> Sainsbury Centre for Mental Health (2007) [www.scmh.org.uk](http://www.scmh.org.uk)

<sup>2</sup> Melzer, D. Inequalities in mental health: 'A systematic review' in *The research findings register*, Summary No. 1063. London: Department of Health (2003)

<sup>3</sup> The main incapacity benefits are Income Support with a disability premium, Incapacity Benefit and Severe Disablement Allowance.

<sup>4</sup> Gould, N. *Mental health and child poverty*. Joseph Rowntree Foundation (2006)

<sup>5</sup> See, for example, Robinson, B and Scott, S. *Parents in hospital: How mental health services can best promote family contact when a parent is in hospital*. Barnardo's (2007)

<sup>6</sup> See for example: Shah and Hatton (1999); Cogan, Riddell and Mayes (2003); Aldridge and Becker (2003).

<sup>7</sup> Tunnard, J. Parental mental health problems: Messages from research, policy and practice. *Research in Practice* (2004)



siblings.<sup>8</sup> Of significant concern is the fact that children of parents with mental health problems are at increased risk of developing mental health difficulties themselves. This has been attributed to one or more factors – genetic predisposition, the impact of parenting style and ability, and learnt behaviour.<sup>9</sup>

Families affected by parental mental health difficulties are at increased risk of poverty; adults with enduring mental health problems are unlikely to be in work – only 24 per cent are in paid employment<sup>10</sup> – and are more likely to live in deprived neighbourhoods.<sup>11</sup> Poverty is associated with a range of negative outcomes for children and risks setting in motion a deepening spiral of social exclusion, creating problems with education, employment, mental and physical health and social interaction. Children who grow up in low income families are less likely to stay on at school and gain qualifications; they are more likely to experience unemployment and poverty during adulthood and are at increased risk of experiencing health problems and dying younger than their better off peers.

### **The Availability of Support**

Parents frequently say that they have been unable to access professional support until their family situation had reached crisis point. Many also experience difficulties in accessing the right kind of support for their family; one study found that up to a third of families were receiving no outside help for a parent's mental health needs, and a significant minority had cancelled services offered to them because they thought them to be too intrusive or of poor quality.<sup>12</sup>

A common criticism is that while there is a growing recognition within adult mental health services that service users may be parents, there remains a tendency to focus on child protection issues rather than on support for the parenting role. This can result in services which are insufficiently flexible and which do not meet the needs of families.

### **How Family Action Can Help**

Family Action has always been committed to working across families – working with the whole family, as well as with individual family members – and providing practical and emotional support, to help families understand and communicate with one another. We believe that families themselves are the experts when it comes to thinking about what would make a positive difference and so we support them to develop greater resilience and better cope with challenges in the future.

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<sup>8</sup> Aldridge, J and Becker, S. *Children Caring for Parents with Mental Illness: perspectives of young carers, parents and professionals*. The Policy Press (2003)

<sup>9</sup> Tunnard, J. (2004)

<sup>10</sup> Office for National Statistics. *Labour Force Survey*. The Stationary Office (2007)

<sup>11</sup> Ghate, D and Hazel, N. *Parenting in poor environments: stress, support and coping*, London: Jessica Kingsley Publishers (2002)

<sup>12</sup> Dearden, C and Becker, S. *Growing up Caring: Vulnerability and Transition to Adulthood – Young carers' experiences*. Joseph Rowntree Foundation (2000)



Our *Building Bridges* services were established in 1998 with the aim of ‘bridging’ the gap that often exists between adult mental health and children’s services. *Building Bridges* aims to improve outcomes for all family members by:

- promoting positive attachments between parents and their children;
- building parents’ confidence in their parenting abilities;
- tackling the isolation often experienced by people living with an enduring mental health problem, and;
- improving children’s understanding of their parents’ mental illness.

A family support worker works with members of the family, individually and together, mostly in their own home, offering practical and emotional support. Practical home-based support will include providing information and opportunities to develop skills in play activities, cleaning, shopping, budgeting, housework, cooking, bath times and bedtimes, combating depression on your own, coping on a bad day and talking and listening skills. There may also be opportunities to enable and support parents in accessing education courses and employment opportunities, e.g. providing information, support with applications and interview skills, accompanying to college.

Direct work with children includes giving them information about their parent’s illness, the opportunity to better understand it and make sense of their own feelings (including reducing their sense of guilt and responsibility). Work with the whole family is aimed at improving communication and promoting healthy attachments. A significant issue for most parents is learning how best to manage and negotiate appropriate boundaries with their children. Building Bridges works with parents and their children to develop strategies around areas of difficulty in the family such as getting to school on time, mealtimes and bedtimes.

A recently published evaluation of Building Bridges<sup>13</sup> demonstrated the impact of the approach, which includes fewer family breakdowns, improved take up of mainstream services, improved school attendance, reduced hospital admissions for parents and reduction of children both looked after and on the child protection register. As well as improving outcomes for the families involved, the evaluation also demonstrates that due to the coordinating role the service provides to other professionals, e.g. primary care teams, health visitors, education welfare, there is a lower level of demand on other services and professionals in the local area.

*“Generally they’re a service that you sigh with relief when they get involved, because they do what they say they’re going to do, and they go at the family’s pace.”*

*“For families who are easier to engage there are more services, but Building Bridges works with those who are the hardest to engage with, who aren’t motivated to go to a parents’ group or*

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<sup>13</sup> Morris, J. *Building Bridges evaluation*. Family Welfare Association (2007)



*whatever. When we agreed to fund them we agreed they would start with the harder to reach families and that's what they've delivered."*

Comments from statutory agencies about *Building Bridges* services<sup>14</sup>

There are currently 12 *Building Bridges* projects in England. In 2006, these worked with almost 900 families, 70 per cent of them intensively and for up to a year. The cost of providing a Building Bridges service to a family for a year is around £3,000.

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