

## Assessing Impact of Parental Mental Health on Children and Young People

This assessment tool has been produced to assist practitioners to consider the specific issues associated with parental mental ill health and the potential impact on the safety and wellbeing of children and young people. It is a response to one of the recommendations of a local serious case review.

**It is important to remember that most parents or carers who experience mental ill health will not abuse or neglect their children.** However, mental health problems are frequently present in cases of child abuse or neglect. An analysis of 175 serious case reviews from 2011-14 found that 53% of cases featured parental mental health problems ([Sidebotham, 2016](#)).

The risks to children are greater when parental mental health problems exist alongside domestic abuse and parental substance misuse (Brandon, 2009; Cleaver, 2011). Other studies (e.g. ADCS, 2016) estimated that all 3 of these factors were present in between 65-90% of their Children in Need cases.

Parents and carers with mental health problems may go through other stressful life experiences adding to the demands of everyday life, for example:

- divorce or separation
- unemployment
- financial hardship
- poor housing
- discrimination
- a lack of social support.

Any risk assessment of parental mental health should take into account:

- The Mental Capacity of the parent<sup>1</sup>
- Does the parent/carer/other members of the family know where to get help when there is a mental health crisis?
- Is the parent already accessing Mental Health services? If so, which service is providing support? is it core or enhanced? is it crisis team? Establish the name of any team/individuals supporting the parent.

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<sup>1</sup> The Mental Capacity Act (MCA) sets out a 2-stage test of capacity:

- 1) Does the person have an impairment of their mind or brain, whether as a result of an illness, or external factors such as alcohol or drug use?
- 2) Does the impairment mean the person is unable to make a specific decision when they need to? People can lack capacity to make some decisions, but have capacity to make others. Mental capacity can also fluctuate with time – someone may lack capacity at one point in time, but may be able to make the same decision at a later point in time.

Where appropriate, people should be allowed the time to make a decision themselves.

The MCA says a person is unable to make a decision if they can't:

understand the information relevant to the decision; retain that information; use or weigh up that information as part of the process of making the decision

- The impact on the family of poor mental health, including wider family, in the present, over time and across generations. It is also important to identify periods when mental health is stable.
- Ensuring a shared understanding of information provided by professionals from different backgrounds. This requires access to the 'right' information – ensuring clarification is sought and relevant information is requested
- The views of all family members in order to establish the family's full range of needs, present and future – including those of young carers
- The increased vulnerabilities of some groups, for example, young mothers, women in the perinatal period, fathers, black and minority ethnic families, asylum seekers, parents with dual diagnosis (i.e. where there are substance misuse and mental health issues) or personality disorder, parents experiencing domestic violence, families who are separated and looked-after children.
- Existing strengths within the immediate and extended family, identifying what support can be provided to maintain family wellbeing and who needs to be involved in this.
- Protective factors such as: parents and carers who are willing to acknowledge their difficulties and accept support from services; friends or relatives who are able to care for children and help with household tasks when needed; sufficient income support, benefits and advice available to families struggling with unemployment and poor housing; children who have developed a range of approaches for solving problems and know how to ask for help in the event of a crisis with their parent; good community resources that can offer support.

The following checklist is adapted from a summary of research findings which highlight risk factors and should be used as part of a comprehensive assessment, drawing on information provided by family members; from any agency currently involved with the family; and relevant mental health agencies who can facilitate understanding of the impact of mental health issues.

The last 6 questions were highlighted as risk factors in a recent local Serious Case Review.

For each risk factor, practitioners should consider the extent to which the factor is present and the impact this has on the child. Once complete, the practitioner should consider what the information means for the safety of the child and the extent to which their welfare can be promoted.

<b>Risk Factor</b>	<b>Does Not Exist / No Impact 1</b>	<b>Exists to some extent / Low impact 2</b>	<b>Noticeable / Has some impact 3</b>	<b>Very Apparent / Is having an impact 4</b>	<b>Clear Evidence / Serious impact 5</b>	<b>Protective Factors</b>
Other problems exist at the same time or over a period of time such as Domestic Abuse, Drug or Alcohol Misuse						
Family experience other stressors such as poverty, poor housing, family separation and lack of social support						
Mother's mental health problems began in pregnancy or the first year of life; are long-lasting or severe.						
Parent struggles to provide baby with sensitive, responsive care essential to their social, emotional and intellectual development.						
Culture, ethnicity, religion and / or any other factor relating to the family has implications on their understanding of mental health problems and the potential impact on the child.						
Parenting of teenagers is weak; teenagers lack parental guidance and support as they transition to adulthood.						
Reduced ability to establish routines and boundaries, provide basic care, respond to emotional needs of child						
Parent is making threats to harm themselves, their children or other family members;						
Parent appears to be suffering from psychotic delusions						

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Parent is not accepting support from mental health services and/or not attending appointments						
Parent lives alone with the child and does not have the support of another adult.						
Child has caring responsibilities for the parent or other children in the family						
Parent is using prescribed medication which is impacting on daily functioning and on their ability to respond to the needs of the child						
Parent has difficulty regulating emotions when child is present						
Parent says they are not coping (any aspect of personal life and parenting role)						
There is heavy reliance/expectations on the well partner to care for the children and the parent with mental ill-health						
Parent has unrealistic expectations of child's behaviour						
Parent is displaying OCD symptoms						

## Analysis

So what is the information telling you in terms of the impact of parental mental health on the adults daily functioning and their ability to care for the child safely and to meet their needs? Use the table you have completed above to guide your professional judgement. You need to select an overall score from 1 to 5 (i.e. what is the overall impact of parental mental health on the child?)

If this situation continues, overall, how severe is the impact on the child? Use the description to grade 1 to 5

Number	Severity/Impact	Description
1	Insignificant	Does Not Exist / No Impact
2	Low	Exists to some extent / Low impact
3	Medium	Noticeable / Has some impact
4	High	Very Apparent / Is having an impact
5	Catastrophic	Clear Evidence / Serious impact

What is the likelihood or probability of this situation continuing without any intervention? Multiply the likelihood/probability by the severity score. This will result in a score which indicates the level of risk.

LIKELIHOOD / PROBABILITY	SEVERITY				
	Insignificant	Low	Medium	High	Catastrophic
1 Very unlikely					
2 Unlikely	1	2	3	4	5
3 Possible	2	4	6	8	10
4 Likely	3	6	9	12	15
5 Very likely	4	8	12	16	20
	5	10	15	20	25

Note: the severity of the potential consequences or impact will stay the same, but the likelihood/probability can reduce if appropriate safety control measures are put in place, or can increase if there is a change in the circumstances or people involved.

SCORE	RESPONSE
0-6	Can be managed by Universal or Targeted Services and at the higher end, Early Intervention Services
6 - 12	Appropriate to be managed at Tier 3 of the Continuum of Need – seek advice from Children’s Social Care (MAST) if situation does not improve after period of intervention or deteriorates
15	Discuss concerns with Children’s Social Care to decide the best course of action for the child
16 - 25	Indicates a referral to Children’s Social Care