Parents with a mental health problem: 
learning from case reviews

Summary of risk factors and learning for improved 
practice around parental mental health and child 
welfare

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Parental mental health problems were identified as a factor in over half of a sample 
of 33 serious case reviews in England from 2009-2010 (Brandon, 2011).

Published case reviews tell us that professionals sometimes lack awareness of the 
extent a mental health problem may impact on parenting capacity. This may result in 
a failure to identify potential safeguarding issues.

The learning from these reviews highlights that professionals must recognise the 
relationship between adult mental health and child protection. Adult and children’s 
services need to work together to safeguard children when there is a parent with 
mental health problems.

Reasons case reviews were commissioned

This briefing is based on case reviews published since 2013, where the mental health 
problems of parents were a key factor. It pulls together and highlights the learning 
contained in the published reports.

In these case reviews, children died or were seriously harmed in the following ways:

- killed or seriously injured by a parent suffering from depressive mental illness 
  or a severe psychotic episode
- neglect as result of parents with mental health issues prioritising their own 
  needs.

Risk factors for parents with a mental health problem in case reviews

Disclosure of suicidal feelings
As well as leading to a referral to mental health services, disclosure of suicidal feelings should lead to full consideration of child protection issues in relation to a suicidal parent. Children should never be considered a protective factor for parents who feel suicidal. In some cases professionals inappropriately viewed the child as a protective element who could help to reduce the parent’s risk of self-harm. This belief significantly increases the risk to the child.

**Threats to kill**

Threats of suicide or threats to kill the partner or children pose a significant risk of harm and should be taken seriously. They may be made particularly in the context of relationship breakdown, parental separation or disclosure of pregnancy within a new relationship. Professionals may perceive threats to kill as a form of controlling behaviour by one partner that is unlikely to result in action. The risks of harm to the child posed by threats to kill should be thoroughly assessed.

**Stress factors**

The stresses of parenting can exacerbate mental health problems which may impact on the welfare of the child. Not getting enough sleep or having to adapt to a baby’s routine can make it more difficult for parents to cope with a mental health problem such as anxiety or depression.

**Domestic abuse**

Experience of [domestic abuse](#) impacts on a parent’s mental health and stress levels which increases risk to the child. If a child is at risk of harm because of domestic abuse, a child protection referral to children’s services should be made.

**Drug or alcohol misuse**

[Drug or alcohol misuse](#) can trigger or intensify mental health problems and increase the risk for children. The presence of drug misuse should lead to referral to substance misuse services. In particular, the presence of drugs or alcohol misuse alongside mental health problems and [domestic abuse](#) should lead to a thorough assessment of potential risks to the child.

**Lack of engagement with services**

Parents offered mental health services often failed to take them up or to keep appointments. Where a parent with mental health problems is reluctant to engage, health professionals sometimes step back from provision of a service. This loss of support to the adult may in turn impact on the wellbeing or safety of the child.
When parents with mental health problems do not engage professionals should consider whether an assessment of the children’s needs is necessary.

**Learning for improved practice**

**Understand the impact of mental health issues on parenting capacity**

One of the most frequently made recommendations in these case reviews relates to mental health issues in the context of parenting capacity. It is essential to give better consideration to

- the impact of the stresses of parenting on the parent’s mental health
- the impact of the parent’s mental health problems on the safety and wellbeing of the child.

Paying attention to these factors will help to identify risk and make sure safeguarding opportunities are not missed.

**Think family**

Failure to share information across professional groups resulted in assessments of the child without seeing the bigger picture posed by the parent’s mental health problems. In particular, professionals working with adults should ensure they share information about the parent’s mental health problems with practitioners in contact with the child.

GPs should explore and record a patient’s family circumstances if they have a diagnosis of depression. This will help bring attention to any risk to children in their care.

**Consider the pressures on family members living with a parent with a mental health problem**

Professionals over-estimated the ability of the well parent to cope simultaneously with parenting and with an adult with mental health problems. This impact should be properly assessed and support offered, for example in the form of a Carer’s Assessment.

**Listen to parents**

Opportunities for intervention were lost when a parent gave clear warnings that they or their partner were not coping well with parental responsibilities. Really listening to what is being said may facilitate a conversation about family functioning, focus on potential risk and lead to recognition for the need for intervention.
Focus on the child

The complexity of a parent’s mental health problems can feel overwhelming and require a lot of professional attention. These reports show that focusing on negotiating the difficulties of the parent often resulted in professionals losing sight of the child’s needs. It’s vital to think beyond the immediate needs of the adult and consider how their mental health difficulties impact on the welfare and development of the child or pose a risk to their safety.

A number of case reviews highlight that the child wasn’t given the opportunity to be heard. Professionals must talk to the child and listen and respond to what they say.

Consider parental history

Details of both parents’ background, current circumstances and medical and psychiatric history should be explored. This ensures a better assessment of risks in relation to parenting capacity and should be done regardless of whether the parents live together or apart.

It shouldn’t be assumed that parents and children are registered with one family GP. When making professional enquiries both the mother and the father’s GP should be identified. This will avoid missing potentially significant information.

Have the confidence to question and challenge

When professionals don’t have a full understanding of each other’s roles they may:

- lack confidence to challenge decisions
- make assumptions about areas of expertise.

All practitioners must have the confidence to challenge other agencies or professionals’ decisions if there seems to be a lack of appropriate response or case drift.

Social workers should have the confidence to ask adult mental health professionals questions about diagnosis, the effects of medication, about the parent’s behaviour and chances of recovery. Child practitioners can then use this information to make an assessment that takes full account of the risks posed by the parent’s mental health problems.

Assessments

There is a clear message that where a parent or carer has mental ill health, professionals should approach an assessment as a shared task between children’s social workers and adult mental health practitioners. This sharing of professional expertise provides:
• a full understanding of how the situation is impacting on the child
• timely recognition of risk
• appropriate categorisation of risk.

Case reviews show delays of several weeks between Common Assessment Framework initial requests and first meeting. Assessments should be timely and planned and use appropriate frameworks to help identify risk.

Background information about both parents should inform any ongoing assessment. This provides an opportunity for interacting risk factors such as mental health problems, possible domestic abuse and substance misuse to be identified and a proper assessment made.

References