

Children from families where there is a parental mental illness: risk and response

Darryl Maybery PhD

Senior Lecturer,
School of Humanities and Social Science
Locked bag 678
Charles Sturt University
Wagga Wagga, NSW 2678
Australia.

Andrea Reupert PhD

Lecturer,
School of Education
Charles Sturt University
Wagga Wagga, NSW
Australia

About the authors: We are academics working in the area of children whose parents have a mental illness (COPMI). Our work focuses on evaluation of programs, undertaking population studies and empirical research regarding children and families as well as organisational issues and responses.

Acknowledgements: Much of this work would not have been possible without the support and input from agencies from the Eastern Health Vic Champs program in Melbourne and the Supporting Kids program in the North East of Victoria, Australia. We would particularly like to thank Melinda Goodyear, Rebecca Alchin, Peter Brann, Rose Cuff, Sheryl Follett, Kirsten Green, Ellen Sharp, Kent Patrick and Helen Mildred. Much of our research is part of the evaluation of the Vic Champs and Supporting Kids projects and is funded by *beyondblue*: the national depression initiative, Mental Health Branch of the Victorian Department of Human Services and Victorian Health Promotion Foundation (VicHealth). We also thank the parents, children and mental health professionals who gave their time and knowledge.

The following briefly outlines our views regarding the major issues of children from families affected by parental mental illness. We suggest that this paper is relevant to many of the committee's key terms with a particular focus on; barriers to progress, adequacy of care particularly prevention and early intervention for the special needs of groups of children and adolescents, the role and adequacy of training and support for primary carers in treatment, the recovery and support of people with a mental illness, education of the mental health workforce, the current state of mental health research and the adequacy of data collection.

While there are many useful reports and research findings available in the literature we have purposely relied upon our own research for the purpose of this submission. Over the last six years we have undertaken a number of major research and evaluation projects aimed at investigating and improving the circumstances for children living with families with a mental illness. These included our initial involvement with the *Supporting Children, Whose Parents Have a Mental Illness*, Pilot Project involving a group of community mental health and welfare agencies in the North East of Victoria. Then followed the *VicHealth, Beyond Blue and Victorian Mental Health Branch Vic Champs* project. An add on to this project involved a major Charles Sturt University population research project and finally our involvement again with VicHealth in examining key risk factors for COPMI children.

Being a child of a parent who has a mental illness (COPMI) involves considerable risk to a child's secure attachment relationships and long-term mental health. Parental mental health potentially places children at a significantly greater risk of lower social, psychological and physical health than children in families not affected by mental illness. The amount of research in this area is currently growing and conclusively shows that growing up in a household where a parent has a mental illness places children at significantly greater risk to their long term wellbeing. It is thought that this risk is greater than just having a higher genetic predisposition for the parental disorder.

In a recent paper commissioned by VicHealth (<http://www.vichealth.vic.gov.au/Content.aspx?topicID=222> for report see link from research section) we estimated that between 21.73 and 23.52 percent of Australian children live in households where at least one parent has a mental illness. This represents approximately one million children living in such circumstances in Australia. In other research of 8-12 year old children, we have shown (see table 1 below) that COPMI children are at significantly greater risk to their mental health than children in households in which a parent does not have a mental illness.

Table 1: Means (SD) for Strengths and Difficulties parent report total and subscales scores for normative and Vic Champs data sets.

Subscale	Indicative ranges of scores			Normative		VicChamps
	Normal	Borderline	Abnormal	No Illness (n=520)	Illness (n=89)	Pretest (n=91)
Total Difficulties	0-13	14-16	17-40	8.85 (5.52)	11.12 (5.75)	15.34 (8.25)
Emotional symptoms	0-3	4	5-10	2.14 (2.12)	2.84 (2.41)	4.20 (2.52)
Conduct problems	0-2	3	4-10	1.76 (1.66)	2.15 (1.65)	3.01 (2.64)
Hyperactivity	0-5	6	7-10	3.28 (2.11)	3.97 (2.66)	5.16 (2.91)
Peer problems	0-2	3	4-10	1.67 (1.75)	2.16 (1.71)	2.98 (2.32)
Prosocial behaviour	6-10	5	0-4	7.74 (1.58)	7.57 (1.61)	8.05 (1.92)

This table contains data sourced from an evaluation of ‘after school’ and weekend intervention programs for children whose parents have a mental illness (VicChamps research sponsored by VicHealth) and the second study is a large Charles Sturt University normative data collection employing identical questionnaire packages. The data shown here is a child’s Strengths and Difficulties Questionnaire (SDQ) as completed by their parents.

The table shows that children in the normative sample, where there is no parental illness, score in the normal range for the SDQ and subscales. Those children from the same community but who have a parent with a mental illness score higher (more difficulties) and the Vic Champs pretest group scored highest of all, in the borderline mental health problems range for total difficulties, emotional symptoms, and conduct problems. Hyperactivity and peer problems were also close to being in the borderline category. This confirms other research that many COPMI children have issues that other children do not have and are subsequently at risk of later mental health problems.

The Vic Champs group shown in Table 1 are also part of an evaluation of after school and weekend intervention programs for children whose parents have a mental illness. The Vic Champs project provides two types of peer support programs for the children. While the measurement of the effectiveness of these programs is in progress, early research data indicates positive trends. Both interventions, a four day school holiday program and an ‘after school’ program one day a week, lead to improvements in problem focused coping and level of support for children, and reductions in emotion focused coping, and an increase in self esteem. The evaluation results vary across the metropolitan and rural areas and the two different types of programs, with some anomalies in program outcomes coming to light. While this work is still in progress, it appears that there may be important differences in the utility of programs depending on the quality of program implementation and/or the high initial symptom level of children attending the intervention. (Maybery, Reupert & Goodyear, 2005). In summary, this is probably the largest evaluation of such programs in Australia and they show that in general, programs can greatly assist in supporting and assisting COPMI children.

However, it needs to be noted that the presence of parental mental illness does not alone guarantee poor outcomes for children. Instead it is the interaction of the parental mental illness with other variables that enhances resilience or confers childhood risk. In terms of the parent, there are numerous characteristics of the mental illness such as diagnosis, chronicity and severity, that impact differently on children. Mentally ill parents also often experience concurrent marital difficulties and family disruption, social isolation and/or financial stress. Additionally, children live in a range of family structures (e.g. one or two parent; biological/step; number of siblings) with different levels and types of available support, all of which moderate outcomes for children. Thus, COPMI families' circumstances are not all the same and COPMI should not be treated the same.

In an extension of the research initially mentioned in this paper (and see VicHealth website) we estimated the number of Australian and Victorian children with a parent with a mental illness and subgroups of these children according to level of parental illness disability and living in single and dual parent households. The following table shows the percent of all and COPMI children according to family structure, level of parent's disability and level of risk to children.

Table 2: Percent of all and COPMI children according to family structure, level of parent's disability and level of risk to children.

Family type	Level of Parent disability	Percentage of all children	Percentage of COPMI	Level of risk to children
Two Parent	Not Severe	18.46	78.48	Low to Moderate
One Parent	Not Severe	2.00	8.52	Moderate to High
Two Parent	Severe	0.98 to 2.76	4.18 to 11.73	Moderate to High
One Parent	Severe	0.29 to 0.30	1.22 to 1.27	High
Total		21.73 to 23.52	100	

We estimate that in the general community (all Australian children) 18.46 percent of children are in two parent, and 2.00 percent in one parent families where the parental disability is not severe. Correspondingly 0.98 to 2.76 percent of children live in two parent families and 0.29 to 0.30 percent with a sole parent where a parent has a severely disabling mental illness.

In this study we used ABS and actual Victorian Adult Mental Health usage data and found that almost all the estimated Victorian single parents with severe disabilities attend Adult Mental Health services. We found that 1967 parents with 3285 children who used the services were almost identical to our ABS estimate of 2,044 and 3,394 respectively. Overall, this suggests that there are only 77 sole parents with a severe mental illness in Victoria with children in their care who **do not** attend Adult Mental Health services.

In conclusion, we estimated that while most children with a parent with a mental illness come from two parent families where the parental mental illness is not severe, there are a significant number of children at high risk from single parent families in which the parent

has a severe mental illness. Thus, it is a priority for Adult Mental Health agencies to formally identify these patients as parents with children and to intervene accordingly.

A central point of support for the most at risk children is when the parent receives treatment for their mental illness and as shown above, for single parents with a severe mental illness this is an Adult Mental Health agency. We have also undertaken research (Maybery & Reupert, currently in press with Australian and New Zealand Journal of Psychiatry) to examine the barriers that mental health and welfare workers experience in relation to working with their adult client parents about their children. While we highlight some 17 barriers the most important barriers for workers when responding to issues for families affected by parental mental illness were their perception that the client did not see their illness as a problem for their children, and that the client's mental illness was too active or they were too medicated. Significantly, and going back to our earlier point that adult mental health is an important point for intervention, in comparison to other workers, adult mental health workers reported limited skills to working with children and when working with adult patients on issues regarding their children (i.e. impact of the problem on the child, advising parents on parenting issues). This is an important finding as it illustrates clear knowledge and skill deficits for this group of critical workers, with direct implications for their future training and skill and knowledge development.

Training for adult mental health workers might be considered from two general foci, the first pertaining to the parenting responsibilities of their patient, and second, focusing on the child/ren of the parent (patient) with the mental illness. In terms of knowledge and skill deficits in working with patients who are parents the following seem to be important; assessing for parenting capacity, providing parenting advice and having knowledge regarding the impact of a parent's mental health on family and child functioning. Consequently, training for adult mental health workers needs to focus on assessing and judging parenting capacity, providing parenting advice and enhancing their ability to discuss with patients the impact of a parent's mental illness on his or her children, in an empathic manner. Regarding working with children the following issues are important for workers; knowledge and skills in working with children, enhancing knowledge about child development and the likely impact of the parent's illness at various ages. Subsequently, training would then focus on how to work with children, including how to talk to, and engage with children and include information about child development and the impact of a parent's mental illness on children's development. Finally, such training should aim to enhance workers' skill in providing age appropriate education to children, about parental mental illness.

Conclusions

In combination these findings are very important as there are a substantial group of Australia's children (22 to 23 percent) who are at various levels of risk to their mental wellbeing. In conclusion, we suggest the following:

- Different family circumstances require different interventions;
- There are currently programs for COPMI that are effective;
- Adult mental health agencies are the most appropriate and effective place to intervene (with targeted interventions) for severely mentally disabled single parents and their children;
- Skill and knowledge barriers in Adult mental workers must be addressed.

Implications

With approximately one million children living in these circumstances this is an extremely important point for intervention to reduce future mental health problems. In particular we suggest that:

- Considerably more resources should be applied to interventions;
- New interventions (targeting different family circumstances) be developed and rigorously evaluated;
- Adult mental health services should be refocused to become Family mental health services (i.e. see their patients as a mother or father with children);
- Adult mental health service employees receive training and resources to undertake this role;
- Additional resources be allocated to undertake additional research and to develop an evidence base for practice (re program delivery).

Bibliography

Maybery, D.J., Reupert, A.E. & Goodyear, M. (2005). Vic Champs draft evaluation 2005. Unpublished manuscript.

Maybery, D, Reupert, A, Patrick, K, Goodyear, M & Crase, L., (2005). VicHealth Research Report on Children at Risk in Families affected by Parental Mental Illness, Victorian Health Promotion Foundation, Melbourne. www.vichealth.vic.gov.au

Maybery, D.J. & Reupert, A.E. (in press). Workforce capacity to respond to children whose parents have a mental illness. *Australian and New Zealand Journal of Psychiatry*

Maybery, D.J., Ling, L., Szakacs, E. & Reupert, A.E. (2005). Children of a parent with a mental illness: perspectives on need, *Australian e-journal of mental health*, 4 (2) 1-11.

Reupert, A.E. & Maybery, D.J. (submitted for publication 2005). Families affected by parental mental illness: Issues and intervention points for stakeholders.

Maybery, D.J. et al. (2005). Symposium: Families experiencing mental illness should not cope alone. Creating community partnerships and responses for at risk children and young people. Contemporary THEMHS in mental health services 2004 conference proceedings.

Maybery, D., Ling, L. & Szakacs, E. (2003). The needs of children whose parents have a mental disorder. Unpublished Manuscript