



# Parental mental health and its impact on children



NSW Department of  
Community Services

## Introduction

This Research to Practice Note presents the key findings of the literature review, *Parental mental health and its impact on children* prepared by the Department of Community Services Centre for Parenting and Research.

## Background

'Mental illness' is used in a legal context in Australia to refer to persons who are dealt with as patients under various state and territory Mental Health Acts<sup>1</sup>, and is defined as 'the full range of recognised, medically diagnosable illnesses that result in significant impairment of an individual's cognitive, affective or relational abilities.'<sup>2</sup>

The *Dual Diagnosis Manual for Caseworkers* (DoCS, 2005: 23) provides the following definitions:

*A mental illness is a clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. Diagnosis is generally made according to a classification system and requires the presence of one or more of the following: hallucinations, thought disorder, severe disturbance of moods, sustained irrational behaviour indicating the presence of hallucinations or delusions.*

*Mental health problems also interfere with a person's cognitive, emotional or social abilities, but to a lesser extent than mental illness. Mental health problems are typically less severe and of shorter duration than mental illness and may include mental ill health temporarily experienced as a reaction to life stressors.*

Difficulties in distinguishing between mental illness and mental disorder, and between different kinds of disorders, complicate the interpretation of research results. This also makes it difficult to estimate the number of families affected. Nevertheless, the following conclusions have been drawn:

1. 'Parental mental health issues' is a significant reason for the reporting of children to child protection services.
2. There is strong evidence of a link between parental mental disorder and child maltreatment.

3. Children whose parents have mental health issues (COPMI) are at heightened risk of adverse consequences other than maltreatment, including:

- developing mental health problems as they get older
- perinatal complications and other health problems in infancy
- social and behavioural problems in childhood and adolescence
- consequences of stress associated with caring for a mentally ill parent.

## Incidence

It is estimated that between 21 per cent and 23 per cent of children living in Australian households have a least one parent with a mental illness.<sup>3</sup> This equates to just over a million Australian children in 2005 under the age of 18.

There is considerable evidence that parents with mental health issues are over-represented among maltreating families.<sup>4</sup> It is often the case that parents come to the attention of child protection agencies because of child maltreatment and are later found to have mental health issues. However, mental illness in a parent does not necessarily constitute a protective concern.

## Factors associated with vulnerability and resilience

A range of factors have been identified that are associated with either increased vulnerability or increased resilience in families affected by parental mental illness. These include:

1. the level of parental awareness of the illness and insight into the effects on self and children
2. the severity and chronicity (including episodicity, especially where hospitalisation is involved) of illness
3. children's age at onset
4. whether or not the illness has been diagnosed and is being appropriately treated.

## Children

Children who have the following characteristics were found to be more vulnerable to the effects of parental mental disorder:

- low birth weight
- younger age at onset of parental mental illness
- a high temperamental risk – conversely, children with low temperamental risk were less likely to show disturbance
- no supportive relationships – supportive relationships and good parenting predicted resilient outcomes in children and young people
- poor coping skills – children who use strategies to accept or adapt to the stress of parental mental illness have fewer adjustment problems than those who were unable to disengage. Resilient children possessed self-understanding, the ability to view parental illness realistically, and to build the resources necessary to survive despite parental dysfunction. But many children adopted problematic coping styles, withdrawing, avoiding and distancing themselves.

## Families

The research demonstrates an increased vulnerability and poorer developmental outcomes in families characterised by:

- social isolation versus strong social (including family) support
- family discord or breakdown (including domestic violence) versus family stability, including a good relationship with a supportive spouse
- psychiatric disorder in both parents rather than just one parent
- low socioeconomic status versus high status
- single parenthood (associated with social isolation and poverty) versus intact families
- young parenthood
- co-occurring substance misuse.

## Potential impacts on children and young people

There is substantial evidence that children in families are at heightened risk for a number of adverse outcomes, although this is not necessarily the case. Research evidence identifies the following outcomes for children and young people:

- Foetal exposure to adverse conditions such as mothers' stress and the side effects of medication are associated with increased risk of perinatal

complications and behaviour problems such as irritability and diminished responsiveness during early infancy.<sup>5</sup>

- There is evidence of neurobehavioural disruptions in infants born to mothers using antidepressant medication during pregnancy, although longer-lasting effects have not yet been identified.<sup>6</sup>
- Young children of mentally ill parents are at increased risk of medical problems, including injuries, convulsive disorders and increased frequency of hospitalisation.<sup>7</sup>
- Research consistently shows a higher rate of behavioural, developmental and emotional problems in children of parents with a mental disorder compared with those in the general community.<sup>8</sup>
- Children whose parents have a mental disorder are at substantially greater risk of developing mental disorders later in life.
- Research suggests that youth who had a mother with a mental illness were four times more likely to commit serious criminal behaviours.<sup>9</sup>

## Adverse outcomes in relation to specific mental health disorders

### Schizophrenia

- The rate of premature delivery and low birth weight infants is 50 per cent higher than the general population due to medication and an unhealthy lifestyle.
- Mother-child interaction and parenting skills may also be impaired by the effects of the illness and associated circumstances.

### Depression

The following generalisations can be made about the impact of parental depressive disorders on children:

- A large number of studies of depressed mothers show disrupted or impaired patterns of mother-infant or mother-toddler interaction.<sup>10</sup>
- Parental depression has been linked with internalising and externalising problems in children.<sup>11</sup>
- There is evidence of an association between parental depression and less competent and responsive parenting behaviour which may provide the link between depression and impaired attachment and other adverse outcomes.

- Parental safety practices (car seats, safety plugs for power points, safe storage of dangerous medicines etcetera) were significantly less well observed by mothers with high levels of depressive symptoms.

### **Postnatal depression (perinatal mental health disorder)**

- Early experience of a depressed caregiver may have an enduring effect even when the mother's depression has been transitory.
- There is evidence of long-term impairment of cognitive outcomes for children of postnatally depressed mothers however it has been argued that this may be due to the adverse socioeconomic circumstances commonly associated with depression.
- An association between postpartum depression and childhood behaviour problems has also been found.

### **Bipolar disorder (manic depressive psychosis)**

- There has been much less research on the effects of this disorder on children and what there is is contradictory.
- A history of bipolar disorder confers an extremely high risk of relapse following childbirth.

### **Fabricated or Induced Illness by Carers (FIIC)**

- Parents with FIIC are usually the primary carer, often presenting initially as 'good' parents and usually being accomplished liars and manipulators.
- It has been argued that FIIC is not a symptom of psychopathology but another very dangerous form of child abuse which could be considered medical child abuse.<sup>12</sup>

### **Obsessive-Compulsive Disorder (OCD)**

- An association between OCD and child neglect has been found. This may be due to either obsessional rituals interfering with childrearing responsibilities or parents with OCD being overly meticulous and self-doubting.

### **Personality disorder**

- There is disagreement as to whether or not personality disorder is a mental illness.
- Personality disorders are often co-morbid with other disorders, especially substance misuse.

- Parents with a personality disorder are some of the most difficult to manage. Their parenting can be dangerous and a severe risk to children's safety.

### **The stress of caring for a mentally ill parent**

Some children of mentally ill parents take on the role of carer to the ill parent and may give up on childhood needs and take on a surrogate spousal role that is a kind of reverse parenting (parentification).

Evidence suggests that these children are not at inevitable risk of harm, neglect or developmental delay simply on the basis of their parents' mental illness, nor will there necessarily be a negative impact on parent-child relationships. Long-term and disproportionate caring however, was detrimental to children.<sup>13</sup>

### **Generic early intervention programs**

Research evidence concerning the effectiveness of key early intervention initiatives, in relation to families where there are parental mental health issues, is discussed below. The literature review focuses on three programs, in particular, including:

- Quality child care
- Parenting programs
- Home visiting

#### **Quality child care**

Due to an absence of studies of the specific effects of child care on COPMI, research relating to the effects of child care in disadvantaged populations must be relied upon.

Findings of the positive consequences for children of quality child care, especially for children in at-risk sections of the population, continue to accumulate. Evidence generally supports the conclusion that high quality child care experiences are likely to have stronger effects on children who are at risk of poorer outcomes because of less optimal family environments.



## Parenting programs

Evidence suggests that parenting programs can have a positive effect on a range of outcomes. The need to tailor services to a particular client group is particularly important. The following key features of effective programs have been identified:

- targeted recruitment
- structured program
- a combination of interventions/strategies
- a strengths-based approach.

## Home visiting

Recent research reviews indicate the suitability of home visiting programs for parents with mental health issues. Research on home visiting indicates that it is most beneficial for high-risk mothers, for families where the initial need is greatest, and where parents accept a need for the service.<sup>14</sup>

Programs that combine home visiting services with centre-based early childhood education appear to produce larger and more long-lasting results than home visiting on its own. Issues include the intensity of services, the skills of the home visitors and the content of the home visiting curriculum.

## Programs focusing on maternal depression and mother-child interactions

Three approaches have been identified in the literature.

### 1. Preventive interventions

- Intensive postpartum support by a health professional was the only intervention found to have a clear preventive effect.
- Identifying women at risk and intervening early helped in the prevention of postnatal depression.
- Postnatal-only interventions were more beneficial than those that incorporated an antenatal component.
- Individually-based interventions were also more effective.

### 2. Alleviation of depression

- Targeting maternal depressive symptoms is insufficient to protect against negative child outcomes.

## 3. Interventions to improve the mother-child relationship

### *Mother-infant psychotherapies*

- A number of studies showed positive outcomes from group therapy sessions with mothers and their infants or toddlers.
- Significantly improved attachment and cognitive gains in toddlers were observed.
- Mothers became less intrusive, maternal sensitivity increased and infants became more cooperative.

### *Interaction guidance*

- Video feedback is used to encourage positive aspects of caregiver-infant interaction and help parents gain enjoyment from their child through interactive play experience.
- This form of treatment was specifically tailored to reach multiple-risk families, to improve maternal sensitivity.

### *Watch, Wait and Wonder (WWW)*

- The parent is encouraged to be more directly involved with the child by engaging in playful interaction initiated by the child.
- The parent is then invited to explore feelings and thoughts evoked by the play session.
- Infants in this group show greater capacity for emotional self-regulation and an increase in cognitive ability.

### *Baby massage*

- Designed to counteract the effects of maternal depression on children.

### *Cognitive-behavioural therapy (CBT)*

- A recent large randomised controlled Australian study has shown longer-term improvement in maternal mood and maternal-infant relationship indicators at a one year follow-up using a tailored group CBT program.<sup>15</sup>

### Child-focused interventions

When asked what they need most, COPMI have identified the following:

- more information about their parent's illness
- to be informed and consulted by professionals who often focus exclusively on the parent's needs
- someone to talk to
- help with practical issues around parent hospitalisation and respite.

### Conclusion

A number of conclusions can be made in relation to some of the more common mental health disorders, namely:

- Schizophrenia is associated with an increased likelihood of loss of child custody and of generally adverse child outcomes.
- Maternal depression is associated with an increased likelihood of attachment disturbances in infants and young children, externalising and internalising behaviours in later childhood and less competent parenting behaviour.
- Perinatal depression, in particular, is increasingly being linked to long-term adverse social, behavioural and cognitive outcomes for children.
- There is substantial evidence that the co-occurrence of parental substance misuse and other mental health disorders is associated with a significantly heightened risk of child maltreatment.

Research shows that diagnosis, severity, chronicity, and compliance with treatment all significantly affect the level of vulnerability of children of mentally ill parents.

### Useful websites

Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA) – [www.aicafmha.net.au](http://www.aicafmha.net.au)

The Australian Network for Promotion, Prevention and Early Intervention for Mental Health – [www.auseinet.com](http://www.auseinet.com)

The Children of Parents with a Mental Illness Resource Centre (COPMI) – [www.copmi.net.au](http://www.copmi.net.au)

COMIC (Children of Mentally Ill Consumers) – [www.howstat.com/comic/](http://www.howstat.com/comic/)

NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) – [www.swsahs.nsw.gov.au/areaser/startts](http://www.swsahs.nsw.gov.au/areaser/startts)

### Further reading

*Parental mental health and its impact on children*, NSW Department of Community Services, 2008.

## Endnotes

- 1 McDermott, F. & Carter, J. (eds). (1995). *Mental disorders: Prevention and Human Services Research*, Issues for Research no. 4, Commonwealth Department of Human Services and Health, AGPS, Canberra.
- 2 Australian Health Ministers, (1998). Australian Health Ministers, second national mental health plan, Commonwealth Department of Health and Family Services, Mental Health Branch, Canberra.
- 3 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 Mental Health and Wellbeing Unit.
- 4 Sheppard, M. (1997). Double jeopardy: the link between child abuse and maternal depression in child and family social work, *Child & Family Social Work*, 2, 2, 91-107.
- 5 Connell, A. M. & Goodman, S. H. (2002). The Association between psychopathology in fathers versus mothers and children's internalizing and externalising behavior problems: A Meta-analysis, *Psychological Bulletin*, 128, 5, 746-773.
- 6 Zeskind, P. S. & Stephens, L. E. (2004). Maternal selective serotonin reuptake inhibitor use during pregnancy and newborn neurobehavior, *Pediatrics*, 113, 368-375.
- 7 Cleaver, H., Unell, I. & Aldgate, J. (2001). Children's needs – parenting capacity: The impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development, Norwich, UK: The Stationery Office.
- 8 Beardslee, W. R., Versage, E. M. & Gladstone, T. R. G. (1998). Children of affectively ill parents: A review of the past 10 years, *Journal of the American Academy of Child and Adolescent Psychiatry*, 37, 11, 1134-1140.
- 9 Preski, S. & Shelton, D. (2001). The role of contextual, child and parent factors in predicting criminal outcomes in adolescence, *Issues in Mental Health Nursing*, 22, 197-205.
- 10 Cohn, J. F., Matias, R., Tronick, E. Z., Connell, D. & Lyons-Ruth, K. (1986). Face-to-face interactions of depressed mothers with their infants, *New Directions for Child Development*, 34, 31-45.
- 11 Beardslee, W. R., Benporad, J., Keller, M. D. & Klerman, G. L. (1983). Children of parents with major affective disorder: a review, *American Journal of Psychiatry*, 140, 825-832.
- 12 Boros, S. J., Ophoven, J. P., Anderson, R. & Brubaker, L. C. (1995). Munchausen syndrome by proxy: a profile for medical child abuse, *Australian Family Physician*, 24, 5, 768-9, 772-3.
- 13 Aldridge, J. (2006). The experiences of children living with and caring for parents with mental illness, *Child Abuse Review*, 15, 79-88.
- 14 Barnet, B., Duggan, A. K., Devoe, M. & Burrell, L. (2004). The effect of volunteer home visitation for adolescent mothers on parenting and mental health outcomes: a randomised trial, *Archives of Pediatric Adolescent Medicine*, 156, 12, 1216-22.
- 15 Milgrom, J., Negri, L., Gemmill, A. W., McNeil, M. & Martin, P. R. (2005). A randomised controlled trial of psychological interventions for post natal depression, *British Journal of Clinical Psychology*, 44, 4, 529-542.

Research-to-Practice Note prepared by Kate Furst

*The DoCS Research to Practice program aims to promote and inform evidence-based policy and practice in community services.*

### Produced by

Centre for Parenting and Research  
NSW Department of Community Services  
4-6 Cavill Avenue  
Ashfield NSW 2131  
02 9716 2222

[www.community.nsw.gov.au](http://www.community.nsw.gov.au)  
[researchtopractice@community.nsw.gov.au](mailto:researchtopractice@community.nsw.gov.au)

ISBN 1 741 900 964