

Parents with a mental health problem: learning from case reviews

Summary of key issues and learning for improved practice around parental mental health and child welfare

April 2023

Introduction

Mental health is a broad term that covers many complex diagnoses and symptoms. Parental mental health problems are not in themselves a child safeguarding concern. However, a parent with poor mental health can sometimes struggle with providing safe and loving care for their children without the right support.

In the Department of Education's (DfE's) Learning for the future: final analysis of serious case reviews, 2017 to 2019, parental mental health problems (including mothers, fathers, and male partners) were noted in 55% of serious case reviews (Dickens, 2022).¹ Yet, in the case reviews considered for this briefing, professionals sometimes lacked knowledge about mental health. They were not always aware of

¹ Dickens et al (2022) [Learning for the future: final analysis of serious case reviews, 2017 to 2019 \(PDF\)](#) [London]: Department for Education (DfE)

parents' mental health concerns or did not fully understand how poor mental health was affecting parenting capacity. This meant that the impact on children went unrecognised, and potential safeguarding issues were not identified.

Learning from case reviews highlights the need for adult and children's services to work better together to safeguard children when there is indication that a parent's mental ill-health is impacting on their ability to look after their children safely.

➤ [Read our summary of DfE analysis of serious case reviews 2017-2019](#)

Reasons case reviews were commissioned

This briefing is based on case reviews published between 2016 and 2022, 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:

- physical and emotional neglect as a result of parents being unable to provide care that met their children's needs.
- killed or seriously injured by a parent suffering from depressive mental illness or a severe psychotic episode

Key issues

Lack of understanding about mental health and diagnosis

Professionals did not always have the training or support to fully understand the complexities around mental health. This meant that safeguarding concerns were sometimes minimised or missed.

- Practitioners sometimes relied too much on parents to provide information about their own mental health or diagnosis and did not verify this information with mental health professionals.

- Professionals didn't always recognise concerning behaviour as a sign of a potential mental health concern if it was linked to external stress factors such as bereavement. This meant parents weren't always encouraged to seek the support they needed.
- Professionals were not always fully aware of the resources available for mental health support. This meant that sometimes unrealistic support plans were made or opportunities for intervention were missed.
- Perinatal mental health problems sometimes went unrecognised or untreated. This was partly due to a lack of knowledge and confidence around mental health amongst professionals working with parents during pregnancy and post-birth. Parents sometimes felt reluctant to talk to professionals about their mental health in case they were judged as "unfit" parents. This meant parents didn't get the support they needed, and potential safeguarding concerns were not considered.
- In some circumstances, professionals did not fully understand the potential risk to the child when a parent with a serious mental illness relapsed.

Responding to disclosures of thoughts or threats to harm

A parent or carer who talks about hurting themselves or others should be taken seriously. While in some instances, practitioners worked proactively and sensitively to assess needs and risks, in some other situations practitioners were too optimistic about a caregiver's capacity to safely look after their child.

- Professionals did not always give proper weight to a parent's threats to harm themselves or others. The threats were sometimes perceived by professionals as a form of controlling behaviour, and not recognised as significant risks.
- Practitioners did not always fully explore the impact that upsetting or significant life events, such as a relationship breakdown or a new pregnancy, may have on parental mental health. Disclosures or threats made during such times were sometimes incorrectly attributed to the emotions around the life event, and not the mental health of the parent.
- Professionals were not always aware of, or did not refer back to, documents containing information about a parent's mental health, such as patient health questionnaires. Chances to evaluate risks associated with mental health and wellbeing were then missed.

Not considering mental health in context with other issues

Practitioners did not always explore or understand the relationship between a parent's mental health and other stress factors or risks in a family's life. This meant that practitioners were not always aware of the challenges that may arise as a result of additional stress factors.

- Practitioners didn't always consider how the stresses associated with parenting can make it more difficult for parents to cope with mental ill-health.
- Practitioners didn't always explore how poverty can exacerbate the stresses of parenting and further compound mental ill-health.
- Professionals did not always consider the cultural or language barriers some parents faced to accessing mental health services.
- There was a lack of knowledge about how disabilities, such as autism,² can influence parental mental health. Professionals did not always consider how this impact might affect parents' ability to keep their child safe.
- The effect of drugs or alcohol on parents' mental health was not always known or considered. Drug or alcohol misuse, such as prolonged cannabis use, can trigger or intensify mental ill-health and increase the risk of harm or neglect towards children.
- A parent with mental ill-health can depend on the other parent or a partner for care. In some cases, practitioners did not always recognise how this might mask signs of domestic abuse such as coercion and control.
- Professionals did not always consider how difficult interactions with services, such as temporarily removing a child from a parent's care, could impact the long-term mental health and wellbeing of a parent and how it might negatively influence their engagement with services in the future.

Lack of understanding of the impact of parental behaviour on the child

Sometimes practitioners focused exclusively on how a parent's mental ill-health was impacting the parent. This meant that the needs of the child were not given sufficient priority.

² NHS (2022a) [What is autism?](#) [Accessed 14/04/2023]

- Professionals did not always consider or evaluate the impact of mental health or wellbeing on the long-term capacity of a parent to keep their child safe when support was reduced.
- Professionals did not always appreciate the seriousness of abusive behaviour exhibited by a parent with mental ill-health. The focus was on the mental health needs of the parent and not the impact of their behaviour on the child.
- The support needs of children acting as carers for their parents with mental ill-health were sometimes not recognised by professionals.
- Professionals sometimes did not consider the potential impact on the child when withdrawing mental health support for parents.
- In some instances, professionals were overly optimistic when evaluating the impact of parental mental illness on a child and the likelihood of the parent to sustain change.

Learning for improving practice

Recognise how mental health affects parenting capacity

Every mental health issue is different and will affect different people in different ways. Professionals need support and training to focus on parents' short and long-term ability to safely care for children and recognise when poor mental health is impacting this.

- Practitioners should make sure to record any mental health diagnoses accurately so that the needs of the parent can be understood and the potential impact on parenting capacity evaluated.
- Professionals should focus on how a parent's behaviour affects the care they give their child and avoid making assumptions based on the parent's mental health diagnosis. This may help professionals to spot patterns of behaviour and any risks.
- Professionals need to understand and recognise that the child may be at increased risk of serious harm, and even death, when a parent is harming or putting themselves at risk.

Engage with the family's support structure

Other family members or significant adults in a child's life may have normalised, or not fully understood, the impact of a parent's mental illness. Professionals should seek to understand the impact of the mental health concern with the family to gain a fuller picture of any safeguarding concerns.

- Professionals over-estimated the capacity of the 'well' parent to cope with parenting a child and at the same time support an adult with mental ill-health. This impact should be properly assessed and support offered, for example in the form of a Carer's Assessment.³
- Professionals should seek to understand a family's culture and be aware of any additional challenges the family may be experiencing in accessing services.
- It is important that professionals support the wider family (including family friends) to understand their responsibility to share any safeguarding concerns with the local authority.

Understand the lived experience of the child

The complexity of a parent's mental health can feel overwhelming and require a lot of professional attention. Because of this, professionals can lose focus on a child's welfare, development, or any risks to their safety. Where possible, professionals should talk to the child and listen and respond to what they say in a meaningful way.

- A child should not be seen as a "protective factor" in the treatment of a parent with a mental health problem, as this does not sufficiently recognise the child's needs or safety.
- When a child is a young carer for their parent with a mental illness, professionals should recognise the potential for the child's increased vulnerability.
- Practitioners involved in the day-to-day lives of children, such as nursery workers, should be invited to participate in meetings. They often have valuable information about children's experiences, how they present and their behaviour.

³ NHS (2022) [Carer's assessments](#) [Accessed 14/04/2023]

This is particularly important in understanding the lived experience of non or pre-verbal children.

Explore parental history and background

Professionals should explore the details of parents' and carers' backgrounds, current circumstances, and medical and psychiatric history as appropriate. This will ensure a better assessment of parenting capacity and should be done regardless of whether the parents live together or apart.

- Practitioners should have the confidence to ask adult mental health professionals questions about diagnosis, the effects of medication, the parent's behaviour and chances of recovery. If appropriate to share, this information can be used to make an assessment that takes full account of the risks posed by the parent's mental ill-health.
- Professionals should consider the potential impact of changing circumstances on parents' mental health.
- Practitioners should be trained and supported to understand the issues of loss and bereavement and the impact it can have on mental health and wellbeing and the dynamics within families.

Professional question and challenge

Professionals should seek to have a good understanding of each other's roles and expertise. They should try to build up an accurate picture of a parent's mental ill-health and how it impacts a family. This knowledge and evidence can help give professionals the confidence to pursue safeguarding concerns and challenge decisions which aren't in the best interests of the child.

- Working with a family with complex and emotional issues may impact the decisions and judgments made by professionals. Professionals should be supported by, and be able to discuss the case with, supervisors.
- Practitioners should be aware that parents with a mental illness may not always understand the nature of their illness, or even accept that they have mental ill-health. Professionals should be supported to explore the nature and impact of a parent's mental illness with the parent and, where possible, with the child.

- Practitioners should be curious about mental health information self-reported by parents. This information should be checked with other professionals to help inform knowledge and understanding about potential risks within a family.
- Professionals should not assume that parents and children are registered with the same family GP. When making professional enquiries both parents' GPs should be identified. This will avoid missing potentially significant information.

Assessments and visits

When a parent or carer has a mental illness that is impacting their ability to safely care for their child, professionals should approach an assessment as a shared task between children's social workers and adult mental health practitioners. This sharing of professional expertise can provide a full understanding of how the situation is impacting the child.

- Practitioners need to make sure that child protection plans include an accurate and up-to-date record of a parent's mental health and wellbeing. This should inform assessments of the parent's ability to safely care for their child in the long-term.
- Assessments should be timely, planned and use appropriate frameworks to help identify risks to a child from a parent's mental ill-health.
- Assessments should look at all risk factors that could impact a parent's mental health, wellbeing and ability to care safely for their child - for example if the parent is also misusing substances.
- Long term responses to a parent's mental ill-health should involve regular visits to the child and their family so that any safeguarding concerns or patterns of risk can be identified.

Information recording and sharing

Information sharing and collaboration between professionals can help identify any safeguarding concerns regarding a parent's ability to look after their child. This can help provide a full picture of what support the family needs.

- Adult services should apply a "think family" approach and check whether a patient has children. They should consider the impact any mental health concerns might have on the family and make sure this information is shared with children's services.

- Where possible, it can be helpful to have a practitioner in a key worker role to coordinate work between children's services and adult services.
- Professionals should ensure that when cases involving a parent with a mental illness are transferred or closed, they contain the full details of any incidents that placed a child at risk.

Further reading and resources

A list of the case reviews analysed for this briefing is available on the **NSPCC library catalogue**.

<<http://library.nspcc.org.uk/HeritageScripts/Hapi.dll/retrieve2?SetID=2623B5D0-BDC1-4CD0-80B9-8EA95ADD8B83&DataSetName=LIVEDATA>>

The [national case review repository](http://nspcc.org.uk/repository) makes it easier to access and share learning from published case reviews at local, regional, and national level. You can access the repository via the NSPCC Library.

<nspcc.org.uk/repository>

+ More ways to help you protect children



Take our course on trauma and child brain development training

nspcc.org.uk/training/trauma-child-brain-development



Sign up to our weekly current awareness email newsletter

nspcc.org.uk/caspar



Visit **NSPCC Learning** for more information and resources about parental mental health problems

learning.nspcc.org.uk/children-and-families-at-risk/parental-mental-health-problems