

Slide 1.

PARENTAL MENTAL HEALTH ISSUES AND CHILD DEVELOPMENT (0-5 YEARS)

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SLIDE 2. INTRODUCTION: CRITICAL FRAMEWORK

This presentation will examine how parental mental health is an Adverse Childhood Experience (ACE) and its impact on children between the ages of 0 and 5 years. This is particularly important because the brain develops rapidly during this period, and childhood experiences can have long-term effects (Felitti et al., 1998; Shonkoff et al., 2021). The presentation is critical, exploring ACEs and Attachment Theory, while also paying attention to cultural differences and trauma-informed practice. In particular, consequences are not predetermined, and protective resources and early intervention can help children follow better developmental trajectories (Mesman et al., 2018; Masten and Barnes, 2018).

SLIDE 3. WHY EARLY CHILDHOOD MATTERS

The significance of early childhood is that the foundations of the brain are built in the first five years of life, which later determine learning, behaviour, and health (Center on the Developing Child, 2020). Challenges over the years help the child build a foundation in emotional regulation, social relationships, and stress coping. Young children are unable to cope with stress on their own because their prefrontal cortex and emotional regulation processes are immature; thus, they need co-regulation from attentive caregivers. The stress response systems of children develop healthy activation and recovery systems when caregivers are regularly present and responsive (Shonkoff et al., 2021).

SLIDE 4. WHAT ARE PARENTAL MENTAL HEALTH ISSUES

Mental health problems in the parents include depression, anxiety disorders, postnatal depression, bipolar disorder, PTSD, and substance use disorders (NICE, 2020). Prevalence statistics show that 15-20 percent of mothers develop postnatal depression, and 5-10 percent of fathers develop perinatal mental health problems (Slomian et al., 2019). However, not all cases are diagnosed due to stigma, absence of screening, or access to services (Hogg, 2019). Parents can also develop chronic stress, emotional exhaustion, or subsyndromic symptoms that affect parenting ability due to mental health being on a scale (WHO, 2022).

SLIDE 5. PREVALENCE AND PUBLIC HEALTH SIGNIFICANCE

Mental health problems are a prevalent occurrence rather than a rare exception in terms of the number of men and women who encounter them at one point or another (WHO, 2022). Mothers in the UK have 10-15% chances of having mental issues during the perinatal period, whereas fathers have 5-10% chances (NICE, 2020).

These rates are particularly high during the COVID-19 pandemic, in which up to 40% of parents reported mental health problems during lockdown due to heightened stress levels, isolation, lack of economic security, and support systems (Pierce et al., 2020). Since young children rely solely on their caregivers to survive emotionally and physically, mental health within a parent should be acknowledged as a system-wide issue that demands systemic intervention instead of individual responsibility (DHSC, 2018; Hogg, 2019).

SLIDE 6. ATTACHMENT THEORY: CONTEMPORARY CRITICAL UNDERSTANDING

The theory of attachment, developed by Bowlby (1969) and extended by Ainsworth and others (1978/2015), describes how children develop expectations for relationships based on caregivers' behavior. Secure attachment forms when caregivers are loving, caring, attentive, and consistent, which makes children feel secure and helps them eventually manage their emotions (Goodman et al., 2020). However, when caregivers experience mental health problems such as depression or trauma, they might become emotionally drained or numb and provide inconsistent caregiving and increase the likelihood of emotional and behavioral problems in adulthood (Goodman et al., 2020). The theory relies predominantly on the Western context and is criticized because, in most cultures, more than one caregiver may be involved, which also contributes to healthy growth (Mesman et al., 2018; Fritz et al., 2018).

SLIDE 7. ADVERSE CHILDHOOD EXPERIENCES (ACEs) AND TOXIC STRESS

ACEs is based on a systematic review of the Adverse Childhood Experiences study by Felitti et al. (1998); it connects ten types of childhood adversity, such as the presence of a parent with mental illness, substance abuse, or domestic violence.

Parental mental health is viewed as an ACE as it may develop an unpredictable or unsafe environment, and parents may turn out to be emotionally unavailable or even frightening. ACEs build up, and the larger the number, the greater the chances of developing problems such as depression, anxiety, substance abuse, and chronic illnesses- a trend referred to as a dose-response relationship (Felitti et al., 1998).

These effects can be attributed to toxic stress; it is an effect of high levels of stress that last longer without the support of adults, unlike the tolerable stress or short-term stress. Nevertheless, ACEs are also used with caution because they can lead to deterministic assumptions and fail to account for resilience (SAMHSA, 2023).

SLIDE 8. EMOTIONAL AND BEHAVIORAL EFFECTS (0-5 YEARS)

Newborn babies through five years old are unable to articulate their distress or grasp possible mental health complications of their parents since their linguistic and cognitive capabilities are underdeveloped. They express distress through behaviour and physical symptoms. Other children exhibit higher levels of anxiety, including excessive crying, clinging, separation distress, or stranger fear. Others might turn away, playing less, showing social withdrawal, being depressed, and developing regressively. The challenges related to emotional regulation are also frequent, and they can comprise tantrums, aggressive behaviors, issues with transitional difficulties, and frustration intolerance. These are not intended to misbehave. They are dynamic responses to stress, unpredictable, and emotionally inaccessible in the child's environment (Goodman et al., 2020). However, if such trends are not mitigated over time, they may persist and increase a person's risk of future emotional and behavioural problems (NICE, 2020).

SLIDE 9. LONG-TERM EFFECTS AND DEVELOPMENTAL TRAJECTORIES

Parental mental health issues early in life are risk factors due to the development of underlying neurobiological, psychological, and social capabilities. Children whose parents have mental issues experience a 2-3 fold higher risk of anxiety disorder and depression, as well as behavioral issues, which are demonstrated by longitudinal studies (Goodman et al., 2020). There is a biological embedding of stress, the acquisition of responding under emotion regulation strategy, disrupted attachment patterns that influence the relationship template, and the high probability of subsequent misfortune (Shonkoff et al., 2021). This can also influence educational outcomes, leading to increased school difficulties and poor academic results (Melhuish et al., 2019). Active adaptation takes place in many kids, even in cases of parental mental illness, due to protective factors, resilience procedures, and the freedom of development (Masten and Barnes, 2018; Fritz et al., 2018).

SLIDE 10. PROTECTIVE FACTORS, RESILIENCE, AND HOPE

Resilience refers to the capacity to grow positively even in the face of adversity, demonstrating that adversity is not necessarily bad (Masten and Barnes, 2018). There are a lot of children who perform well even in cases where the parent has mental health issues, particularly where there are protective factors. A stable, caring adult presence in childhood is one of the most critical protective factors. It may be the other parent, a grandparent, a teacher, or any other regular person who makes the child feel safe and supported (Fritz et al., 2018). It is also done through high-quality early childhood education. In good nurseries and preschools, routine, responsive relationships are ensured, and there is a chance to learn and develop emotionally (Melhuish et al., 2019).

The wider community support also matters. This can be used to relieve isolation and stress among parents and children through social networks, peer support, and extended family. Moreover, parents are likely to experience positive mental health outcomes when they are well-treated, which enhances parenting and child outcomes (Cuijpers et al., 2023). Since these protective factors are strengthen able and modifiable, early intervention can modify developmental pathways. This shows how a supportive component is significant and conveys a message of hope rather than fatalism (Masten and Barnes, 2018).

SLIDE 11. EVIDENCE-BASED INTERVENTIONS AND STRATEGIES

Families with mental health issues in their parents need multi-level interventions since one intervention is not always enough. Parent-infant psychotherapy at the individual and relationship levels helps mothers understand their feelings and practice attentive caregiving, which supports attachment (Slade et al., 2020). Video Interaction Guidance assists the parents in becoming more aware of positive interactions (Barlow et al., 2020). Parenting and child behavior are also supported by programs such as Triple P, Incredible Years, and home visiting services (Juffer et al., 2018; Tabb et al., 2022). It is crucial that universal screening tools, such as the Edinburgh Postnatal Depression Scale, identify the problem early. Poverty, housing, childcare, and parental leave entail integrated and other services and policies that facilitate long-term well-being (NICE, 2020; Melhuish et al., 2019).

SLIDE 12. TRAUMA-INFORMED PRACTICE: PRINCIPLES AND APPLICATION

Since mental health challenges in parents may result in Adverse Childhood Experiences in children, practice must always be trauma-friendly. Trauma-informed care acknowledges that traumas are widespread and can influence behaviour and relationships, and is based on recovery as opposed to blame. It puts stress upon safety, trust, collaboration, empowerment, and cultural humility (SAMHSA, 2023). In practice, this entails establishing physically and emotionally secure environments, guided by predictable, well-defined routines and clear communication. Professionals are expected to be stable and reliable, collaborate with families, and help parents to make and control decisions. Re-traumatisation should also be avoided. Evaluations and treatment may be unpleasant in themselves, so professionals must avoid narrating painful moments, clarify procedures, and promote families' awareness of their rights and how to obtain the help they need (SAMHSA, 2023).

SLIDE 13. CULTURAL SENSITIVITY AND CRITICAL REFLEXIVITY

Since most research is based on WEIRD (Henrich et al., 2010) societies, practitioners ought to treat families with cultural humility rather than expecting people to adhere to Western models that are not applicable to all (Mesman et al., 2018). Cultural humility involves cultivating cultural openness to beliefs, values, and caregiving practices. The ways families perceive mental health, seek help, and arrange care are different. There are cultures that value family or community services over professional care, and the idea of extended or shared caregiving should not be seen as a problem but as a strength. Concepts of good parenting also vary: Western societies emphasize independence, while collectivist societies prioritize interdependence. Cultural sensitivity also involves appreciating structural inequalities. Stress and deteriorated mental health challenges may be augmented by racism, discrimination, poverty, and social exclusion. Additional challenges that minoritised communities may experience are discrimination or being traumatised by immigration, and, instead of laying blame on families, the practice should consider such broader issues (Sue et al., 2019).

SLIDE 14. ETHICAL CONSIDERATIONS IN PRACTICE

Ethical issues are significant when working with families of mentally ill parents. It is the duty of professionals to strike a balance between child protection and acknowledging that parents are usually the best way to ensure children's safety. Removal of children should be the last resort since separation may be a traumatic experience. Confidentiality is important, as parents should feel safe expressing difficulties without being judged or automatically intervened in. Effective communication regarding information sharing is, thus, necessary. Professionals must not implicate parents, as mental health challenges are often due to traumatic experiences, poverty, inadequate support, and structural disparities. Generally speaking, ethical practice implies collaboration with families, rather than doing things for them (Hogg, 2019; NICE, 2020).

SLIDE 15. CONCLUSION: SYNTHESIS AND IMPLICATIONS

The health status of parents has a strong impact on child development during the initial five years of childhood due to the fact that these children are at a stage that relies on caregivers to regulate their emotions and to provide them with safety and support. Mental illness in parents is considered an Adverse Childhood Experience, and continued complications have the potential to form toxic stress, which influences attachment, emotion regulation, and subsequent development (Felitti et al., 1998; Shonkoff et al., 2021). But consequences are not

predetermined. The developmental trajectories can be modified by protective factors, resilience, and early childhood interventions to have a positive effect on children (Masten and Barnes, 2018; Fritz et al., 2018).

Trauma-informed practice does not blame but prioritizes understanding experience over evaluating the family (SAMHSA, 2023). Moreover, external influences, including poverty, racism, and the absence of social support, are the causes of parental mental health problems, which implies that individual treatment cannot be effective. Addressing the mental health of parents is a population health concern.

Slide 16.

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INTRODUCTION

ADVERSE CHILDHOOD EXPERIENCES INCLUDE:



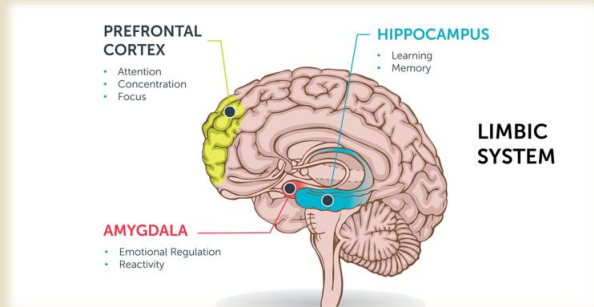
- Parental mental health is an Adverse Childhood Experience (ACE) and its impact on children aged 0–5 years.
- This age period is important because the brain develops rapidly.
- The presentation takes a critical approach to ACEs and Attachment Theory.
- It also considers cultural differences and the importance of trauma-informed practice.
- Early intervention can support more positive developmental trajectories.

(Felitti et al., 1998; Mesman et al., 2018; Masten & Barnes, 2018; Shonkoff et al., 2021)



- The significance of early childhood is that the foundations of the brain are built in the first five years of life.
- Experiences during these early years help children develop the basis for emotional regulation.
- Young children are not able to cope with stress on their own.
- Children therefore require co-regulation from attentive and responsive caregivers.
- When caregivers are consistently present and responsive, children's stress response systems develop healthy patterns.

Why early childhood is important



(Center on the Developing Child, 2020; Shonkoff et al., 2021)



- Mental health problems in parents.
- 15–20 % of mothers experience postnatal depression.
- 5–10 % of fathers experience perinatal mental health problems.
- Many cases remain undiagnosed because of stigma.
- Parents may also experience chronic stress.
- These difficulties can affect parenting capacity.



What are parental mental health issues

(Hogg, 2019; NICE, 2020; Sloman et al., 2019; WHO, 2022)



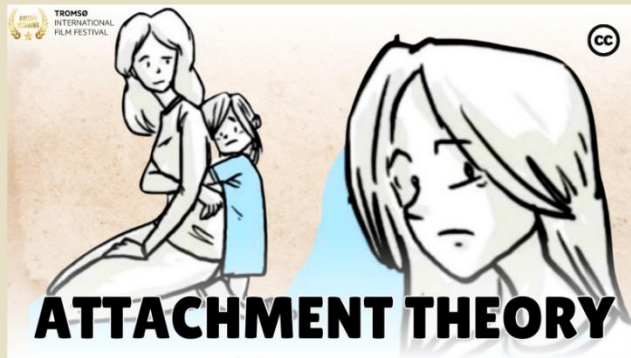
- Mental health problems are a common experience rather than a rare exception.
- In the UK, 10–15% of mothers experience mental health difficulties during the perinatal period.
- Around 5–10% of fathers also experience perinatal mental health problems.
- These rates increased significantly during the COVID-19 pandemic, with up to 40%.

How common is the problem



(WHO, 2022; NICE, 2020; Pierce et al., 2020; DHSC, 2018; Hogg, 2019)

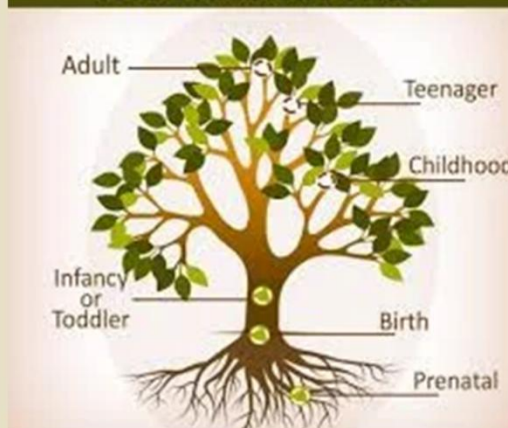




- Attachment theory, developed by Bowlby and later extended by Ainsworth.
- Secure attachment develops when caregivers are loving, attentive, and consistent.
- Caregivers experience mental health difficulties
- Inconsistent or emotionally unavailable caregiving can increase the risk of emotional and behavioural difficulties later in life.
- Attachment theory has been criticised for its strong Western focus

(Ainsworth et al., 1978/2015; Bowlby, 1969; Goodman et al., 2020; Mesman et al., 2018; Fritz et al., 2018)

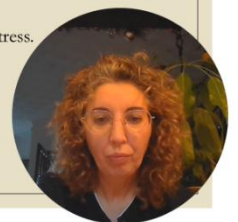
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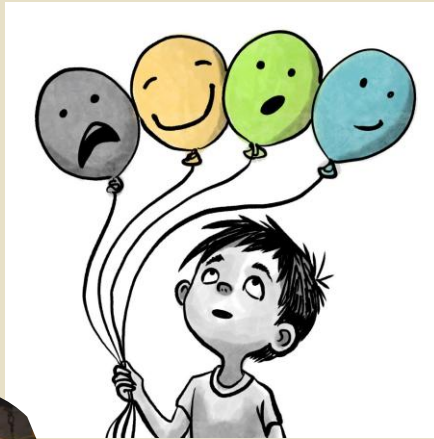


ADVERSE CHILDHOOD EXPERIENCES (ACEs) AND TOXIC STRESS

- The ACEs framework is based on the Adverse Childhood Experiences study by Felitti.
- Parental mental health is considered an ACE because it can create an unpredictable or unsafe environment.
- ACEs tend to accumulate, and a higher number of ACEs is linked to a greater risk of later difficulties.
- This pattern is described as a dose-response relationship.
- These outcomes are often explained by toxic stress.
- ACEs must be used cautiously.

(Felitti et al., 1998; SAMHSA, 2023)

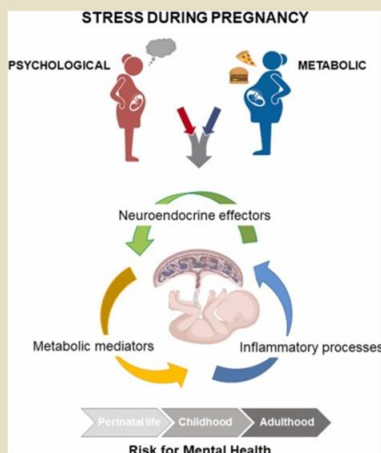




Emotional and behavioural effects

- Newborn babies up to five years old are unable to articulate their distress..
- Instead, distress is expressed through behaviour.
- Some children show increased anxiety but other children may withdraw.
- Difficulties with emotional regulation are also common.
- These behaviours are not deliberate misbehaviour.
- These patterns when not addressed over time, they can become established and increase the risk of later emotional and behavioural difficulties.

(Goodman et al., 2019; NICE, 2020)



LONG-TERM EFFECTS AND DEVELOPMENTAL TRAJECTORIES

- Parental mental health difficulties early in life represent a risk factor for neurobiological, psychological, and social capacities.
- Children of parents with mental health difficulties have a two- to three-fold increased risk of anxiety disorders, depression, and behavioural problems.
- These outcomes are linked to the biological embedding of stress.
- There is also an increased likelihood of further adversity across development.
- Educational outcomes may be affected.
- Despite these risks, many children adapt well.



(Goodman et al., 2020; Fritz et al., 2018; Masten & Barnes, 2018; Melhuish et al., 2019; Shonkoff et al., 2021)

PROTECTIVE FACTORS, RESILIENCE, AND HOPE



- Resilience refers to the ability to develop in a positive way.
- Many children function well even when a parent experiences mental health difficulties.
- One of the most important protective factors is the presence of at least one stable and caring adult.
- High-quality early childhood education also plays a protective role by offering routine.
- Support from the wider community, including social networks, peer support, and extended family, can reduce stress and isolation.
- When parents receive effective mental health treatment, their wellbeing improves.
- Protective factors can be strengthened and modified.



(Cuijpers et al., 2023; Fritz et al., 2018; Masten & Barnes, 2018; Melhuish et al., 2019)

EVIDENCE-BASED INTERVENTIONS AND STRATEGIES

- Families affected by parental mental health difficulties require multi-level interventions.
- Parent–infant psychotherapy helps parents understand their emotions.
- Video Interaction Guidance helps parents become more aware.
- Parenting programmes such as Triple P, Incredible Years, and home visiting services support.
- Early identification is important, and universal screening tools such as the Edinburgh Postnatal Depression Scale.
- Social and policy support.



AViGuk
Association for
Video Interaction Guidance uk



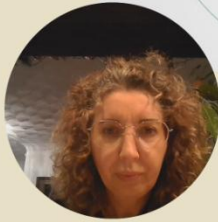
(Barlow et al., 2020; Juffer et al., 2018; Melhuish et al., 2019; NICE, 2020; Slade et al., 2020; Tabb et al., 2022)

ADVERSE CHILDHOOD EXPERIENCES



TRAUMA-INFORMED PRACTICE: PRINCIPLES AND APPLICATION

- Parental mental health challenges can result in Adverse Childhood Experiences.
- Trauma-informed care recognises that trauma is widespread and can influence behaviour and relationships.
- This approach emphasises safety, trust, collaboration, empowerment, and cultural humility.
- In practice, this involves creating physically and emotionally safe environments.
- Professionals are expected to be consistent and reliable.
- Re-traumatisation should be avoided, as assessments and interventions can themselves be distressing.
- Professionals should therefore minimise repeated retelling of painful experiences.



(Substance Abuse and Mental Health Services Administration [SAMHSA], 2023)

CULTURAL SENSITIVITY AND CRITICAL REFLEXIVITY

- Most research is based on WEIRD societies.
- Cultural humility means being open to different beliefs and values.
- Families differ in how they understand mental health, how they seek help, and how care is organised.
- Some cultures prioritise family or community support over professional services.
- Western societies often emphasising independence, while collectivist cultures prioritise interdependence.
- Cultural sensitivity.
- Racism, discrimination, poverty, and social exclusion can increase stress.
- Families from minoritised communities may also experience additional challenges.
- Practice should therefore address these wider structural factors rather than blaming families.

(Mesman et al., 2018; Sue et al., 2019)

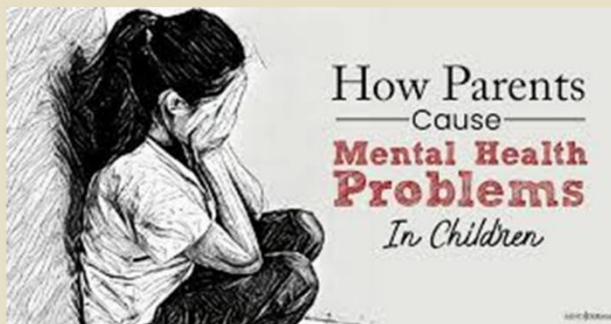


Ethical issues

- Ethical issues are significant when working with families.
- Professionals have a duty to balance child protection with the recognition that supporting parents.
- Removal of children should be a last resort, as separation itself can be a traumatic experience.
- Confidentiality is essential so that parents feel safe to share difficulties without fear of judgement.
- Clear and effective communication.
- Professionals should avoid blaming parents.
- Ethical practice means working in partnership with families rather than doing things to them.



(Hogg, 2019; National Institute for Health and Care Excellence [NICE], 2020)



Conclusion

- Parental mental health strongly influences child development during the first five years
- Parental mental health difficulties are recognised as an Adverse Childhood Experience and can create toxic stress.
- Outcomes are not predetermined.
- Trauma-informed practice focuses on understanding families
- Wider factors such as poverty, racism, and lack of social support contribute to parental mental health difficulties
- Supporting parental mental health should therefore be understood as a public health priority.

(Goodman et al., 2019; Shonkoff et al., 2021)

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