

Working alongside young people whose parent/s have mental health issues

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Objectives

- Increase your understanding of the prevalence and impact of parental dual diagnosis (PDD)
- Be aware of additional supports for families affected by parental mental illness/substance misuse
- Stimulate your interest to learn more about the topic!

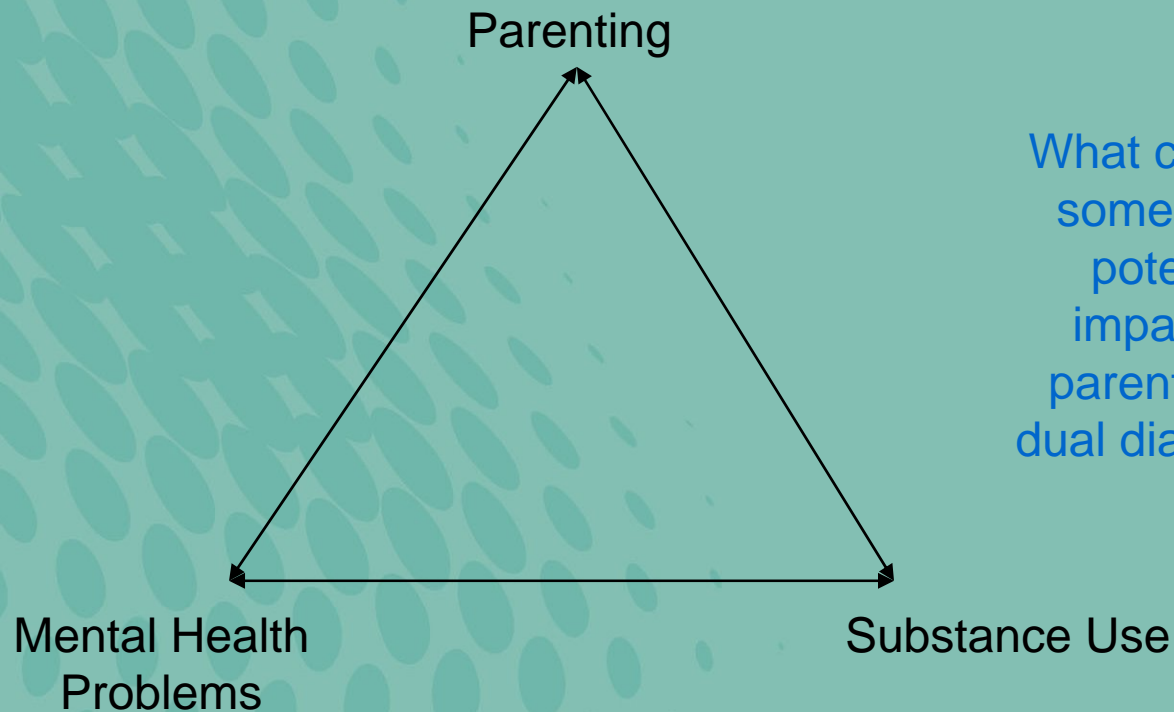
Did You Know....

- A survey of Queensland mental health clients found that **35 per cent were parents**, of whom half had children under the age of 16 years, although less than half of these clients were residing with their children at the time (Hearle et al, 1999).
- It has been estimated there are over **one million children** in Australian households where at least one parent has a mental illness (Mayberry, Reupert, Patrick, Goodyear & Crase, 2005)
- ANCD report (2007) identified that for **children under 12 years**:
 - 13.2% at risk of exposure to binge drinking by at least one adult
 - 2.3% live in household containing at least one daily cannabis user
 - 0.8% live with an adult who uses methamphetamine at least monthly in the home
- The Queensland Health Dual Diagnosis Policy (2008) outlines as a responsibility of both MH and ATODS staff to
 - “provide screening, assessment and treatment planning to those adult clients who are parents, and facilitating with them a discussion of the reciprocal relationship between their health problem/s and capacity to provide care and protection to their children”.



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Interaction between Parenting and Dual Diagnosis



What could be some of the potential impacts of parenting on dual diagnosis?



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Impact of PDD on Parenting

- Problems **interacting and communicating** with their children, including attachment difficulties and poor emotional regulation.
- **Chaotic lifestyles** associated with obtaining drugs, intoxication, drug withdrawal and a disordered mental state may mean that **finances** become redirected from family responsibilities or a parent has reduced capacity to support their child's access to schooling and other prosocial activities.
- Higher risk of **transient accommodation or homelessness**, thus jeopardising the health and welfare of children.
- Memory and consciousness may be affected by intoxication, withdrawal. Medication and/or the mental illness itself, increasing the risk that children and young people may be left unsupervised or with unsuitable carers. Children may be **exposed to illegal activity and drug taking behaviours**, increasing their **risk of abuse and neglect**.
- Lack of support or **difficulty accessing services** for people with a dual diagnosis can affect parenting and help provided to families. Parents may fear that asking for help for themselves or their children could mean that they have their **children removed from their care**.

Meet Julie



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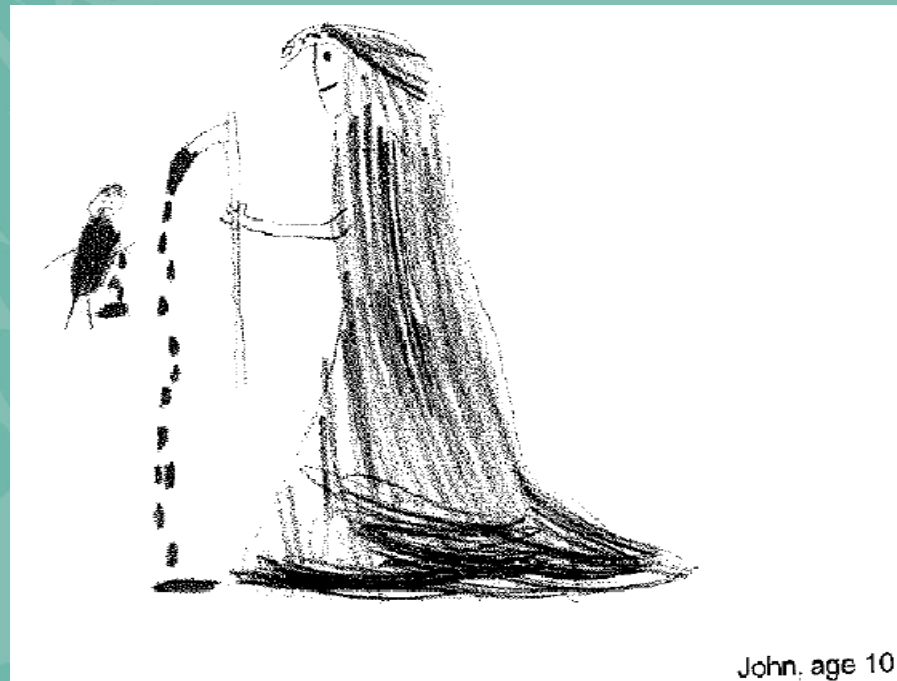
Child Protection Issues

Victorian Department of Human Service reported that of parents involved in substantiated child abuse or neglect in 2000-01:

- 31% had significant alcohol abuse
- 33% had substance abuse
- 19% had psychiatric disability
- 52% experienced family violence
- 62% of parents with psychiatric disability also had a substance abuse problem

The *Nobody's Client* Project Odyssey Institute of Studies, 2004

Prevention & early intervention program for 4 -13 year old children whose parents were in treatment for their drug or alcohol dependence



The *Nobody's Client* Project Odyssey Institute of Studies, 2004

"When not using (drugs) I'm a super-mum. I have more time for him. I set boundaries. We have good communication. We play a lot. When using, he becomes the parent. He gets out pre-prepared food from the freezer, he misses school, he gets bored, he gets worried about me ... chaotic routine of mum being sick. I snap at him, yell, I have no patience. There's not much affection or supervision. I feel a lot of guilt. I tried to protect him from it"

Cathy, 28 year old mother of Travis (aged 7)



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The *Nobody's Client* Project Odyssey Institute of Studies, 2004

Phone call made to the home of Cathy and Travis after lunch on a school day

Project worker: Hi, is that Travis? It's **** here.

Travis: Oh, Hi **** !

Project worker: You didn't go to school today?

Travis: Mum forgot to take me.

Project worker: Where's mum?

Travis: Sleepyhead's in bed again.

Project worker: So what have you been doing?

Travis: Just watching TV and scrounging for food... and guess what, our video just disappeared and we don't know where it is!



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The *Nobody's Client* Project

Odyssey Institute of Studies, 2004

Some Key Findings:

6% children living with both parents, 65% with single parent,
27% with grandparents or other relatives

- Estimated 60,000 children under 15 years of age have a parent attending drug treatment
- Parental drug and alcohol problems account for ~ 50% for all substantiated cases of child abuse or neglect in child protection system in Australia
- 30% parents reported children responded negatively when they found drug using equipment or when parents become unconscious
- 20% of children had accompanied parent during a drug deal



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How Young People See Their Parent's Mental Illness

**16 year old Indigenous Young Person
Divitha**

Mental illness is known as people going “Wongy or Wamba”

Usually other's see those with mental illness shooting up, sniffing paint, smoking pot, sometimes they can be stealing

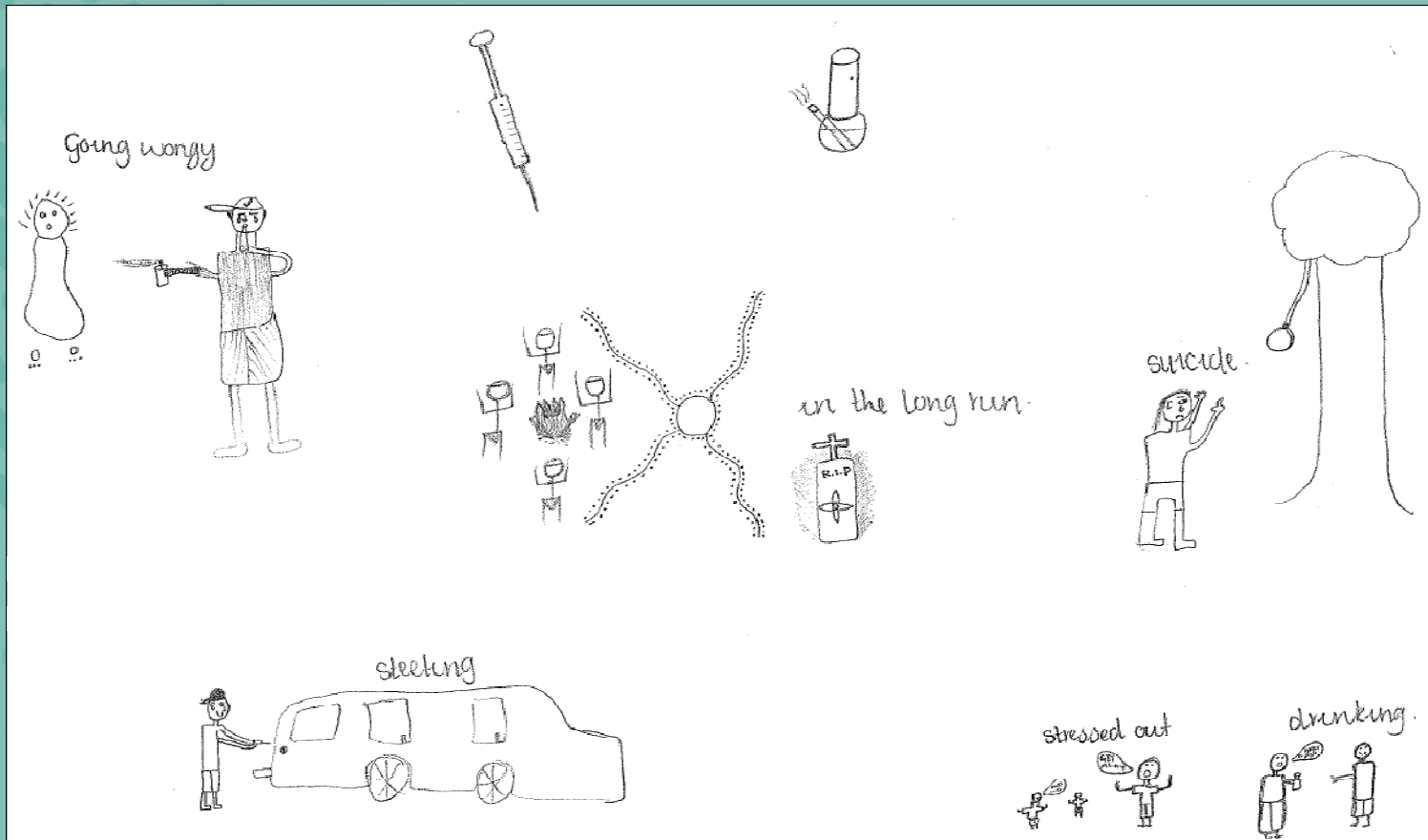
People who are Wongy often get “stressed out”, they also drink alcohol

People who are Wongy also commit suicide eg. Hanging



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How Young People See Their Parent's Mental Illness



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Children Learn Through Observation (1)

A handful of 7 year olds were asked "What do you think of beer" ...

'I think beer must be good. My dad says the more beer he drinks the prettier my mom gets.' --Tim, 7 years old

'Beer makes my dad sleepy and we get to watch what we want on television when he is asleep, so beer is nice.'--Mellanie, 7 years old

'My Mom and Dad both like beer. My Mom gets funny when she drinks it an takes her top off at parties, but Dad doesn't think this is very funny. -Grady, 7 years old

"My Mom and Dad talk funny when they drink beer and the more they drink the more they give kisses to each other, which is a good thing.'-Toby, 7 years old



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Children Learn Through Observation (2)

'My Dad gets funny on beer. He is funny. He also wets his pants sometimes, so he shouldn't have too much.--Sarah, 7 years old

'My Dad loves beer. The more he drinks, the better he dances. One time he danced right into the pool.'--Lilly, 7 years old

'I don't like beer very much. Every time Dad drinks it, He burns the sausages on the barbecue and they taste disgusting.'--Ethan, 7 years old

'I give Dad's beer to the dog and he goes to sleep.'--Shirley, 7 years old

'My Mom drinks beer and she says silly things and picks on my father. Whenever she drinks beer she yells at Dad and tells him to go bury his bone down the street again, but that doesn't make any sense.'--Jack, 7 years old

Impact of PDD on Children

- Taking on part or all of the **caregiving role**. This can adversely impact on the child's own **developmental needs**, including completing homework, holding a part-time job or getting adequate sleep or nutrition.
- A **range of emotions** regarding their parent's difficulties, including anger, helplessness, guilt, shame and anxiety. The latter in particular may be due to concern regarding their parent's safety, which may manifest as **school avoidance/refusal** in their attempt to remain at home to monitor the parent.
- **Social isolation** due to feeling that they are the only one going through such experiences, and embarrassment regarding their parent's condition. This may limit their willingness to open up with others, engage in extracurricular activities or have friends stay at the family home.
- **Concern that they may develop their own illness/es** as a result of their parent's.

Meet Chloe



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Impact of PDD on Children

- COPMI are 2-5 times more likely to demonstrate mental health problems (Maybery, Reupert, Goodyear et al., 2009), as well as a range of other psychosocial problems
- ANCD report (2007):
 - Parental alcoholism has been found to be positively associated with high rates of child behaviour problems, diagnosable childhood disorders and physical and psychological problems
 - Parental illicit substance abuse has been associated with elevated rates of behavioural and emotional problems, including oppositional, defiant and non-compliant behaviours and diagnosable psychiatric disorders.
 - It has been suggested that many children exposed to a drug-using lifestyle are misdiagnosed with ADHD when they are actually experiencing a traumatic reaction

Promotion, prevention and early intervention is vital



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Tips for Providing Support (1)

- Facilitate discussion with young people on **contraception** options as appropriate. Family Planning Queensland may be able to assist with information and resources.
- For **expectant young mothers**, discuss the need to wherever possible abstain from substance use, and support their efforts to cut down. Facilitate discussion of the impact of medication on the pregnancy, and help them develop strategies to reduce stress upon the baby's arrival. Thereafter monitor for the emergence of post-natal depression as well as relapses in pre-existing conditions.
- Support children and young people by providing **information, resources and details of support programs** in their community. This may be of use even for those who no longer live with their parent, or who are over the age of 18 years.

For some of the messages from COPMI, see The Coloured Kit available at www.youthcoalition.net/documents/projects/Coloured_Kit/YPBooklet/ColouredKit-Booklet1-YPBooklet.pdf



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Tips for Providing Support (2)

- Support families to write a **family support plan** which outlines actions to take when they are unwell or there is an emergency. Keep a copy in your files for future reference (including regular updating), and encourage parents to provide copies to key supports such as a GP.
- Assist children to identify someone who has an **ongoing positive role** in their life that they can turn to in times of stress, such as a teacher, guidance officer or grandparent.
- Encourage families to **maintain routines and celebrations** like birthdays, religious festivals and special family activities.
- Provide information and refer as appropriate to **specialist programs** that support families affected by a parental mental health and/or substance problem e.g. Koping program.



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Where to From Here?

- **Access more resources**, including via the COPMI website (www.copmi.net.au) and local COPMI programs
- Undertake other **professional development**, including the *COPMI online training* and *NCETA package: A Family-Sensitive Policy and Practice Toolkit*

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