

World Mental Health Day 2022



Forum about young carers supporting parents with mental illness

We will be starting at 1pm

- Please ensure your microphone is on mute
- The session will be recorded

@YCAAlliance

@ourtimecharity

@CaringTogether

Housekeeping

- Ensure microphones are on mute
- We are recording the session
- Introduce yourself and make use of the chat (we will be sharing the chat with attendees)
- Any questions will be followed up after the event if not answered in the chat
- Join in the conversation on Twitter –
@YcAlliance @ourtimecharity @CaringTogether
#WorldMentalHealthDay



Setting the scene

- **1 in 3 young people in the UK have a parent reporting symptoms of anxiety or depression (Children living with parents in emotional distress: March 2021 update, Public Health England, 2021)**
- More than 1 in 10 children in England live with an adult with a severe mental illness (Estimating the prevalence of the 'toxic trio', – evidence from the adult psychiatric morbidity survey, Office of the Children's Commissioner for England, 2018)
- **Parental mental ill-health featured in 28% of incidents where a child is seriously harmed or dies (Child Safeguarding Practice Review Panel, 2021)**
- Children of a parent with poor mental health were 3 times more likely to have a mental disorder themselves (Mental Health of Children and Young People in England, NHS Digital 2017)

[Hear it from those who have been there...](#)

Our Time

Setting the scene



What about the children?

Joint working between adult and children's services when parents or carers have mental ill health and/or drug and alcohol problems

This thematic inspection by Ofsted and the Care Quality Commission explored how well adult mental health services and drug and alcohol services considered the impact on children when their parents or carers had mental ill health and/or drug and alcohol problems; and how effectively adult and children's services worked together to ensure that children affected by their parents' or carers' difficulties were supported and safe. The report draws on evidence from cases in nine local authorities and partner agencies and from the views of parents, carers, children, practitioners and managers. Please note that where references are made to 'children' in general terms in this report, this refers to children and young people up to the age

*“C NHS Foundation Trust
only provides mental
health services for
adults aged 18+. Please
contact B Mental Health
Trust and T
Foundation Trust.”*

Our Time

**“I’m not just picking up
the child, I’m picking
up the family”**

The experiences of
school staff working
with children of
parents with mental
health difficulties.

Dr Emily Brees



Children's & Parents' Views

Parents

- Information to support child's understanding
- Advice on how to talk to their children
- Additional sources of support

Children

- Information to support own understanding
- Uncertainty and fear
- Need for support from trusted others
- Concerns about coping with demands of school
- Impact of home environment feels unrecognised

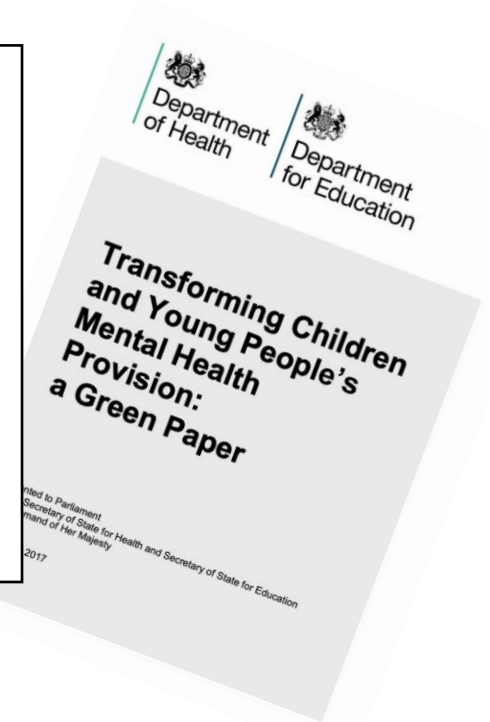
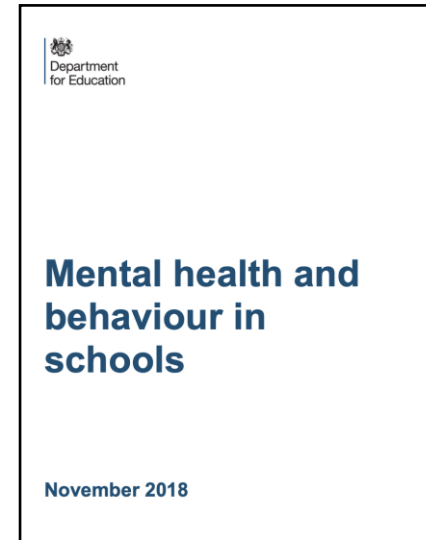
Legislative and Professional Contexts

Role for Schools

- Mental Health Support Teams
- Designated Senior Leads for Mental Health
- Whole-school approaches to mental well-being

Role for EPs

- Promoting psychological wellbeing
- Understanding factors that impact on development and functioning
- Working systemically with those who care for & work with children



Research Study

Aims

To gain an understanding of the experiences of school staff in the UK

Research Question

How do Pastoral Support Leads in primary school settings experience working with children living with parents who are known to have mental health difficulties?

Data Collection

Individual, semi-structured interviews



Theme 1:
Compelled to Care

Perceived Impact on Children
Compelled to Provide Safety
Advocating for a Shared Understanding

Theme 2:
Journeying
with Families

Challenges Working with Parents
Efforts to Build Trust

Theme 3:
Expectation to
Find Solutions

Overwhelming Demands
Weight of Responsibility

Theme 4:
Frustrated, Fearful
and Fighting Alone

Hopeless and Powerless
Uncontained Emotions
Fighting Alone
Need for Coping Strategies

Theme 1:
Compelled to Care

Perceived Impact on Children
Compelled to Provide Safety
Advocating for a Shared Understanding

“We really had to deal with a shift in thinking, in culture, you know there was a massive culture of just, ‘This child is naughty, move him on’”

“they’re little people trying to fix...lives of grownups”

“they need to have that understanding that if that child is coming to school...they might not be ready to learn, and it’s having that understanding that every day is different”

“I think this is what people think, that that child is going to demonstrate a bad behaviour it's not always like that...there could be a change certain days of the week...it could be anything, it doesn't have to be what you automatically assume is, that that child is going to be angry...”

Theme 2:
**Journeying
with Families**

Challenges Working with Parents
Efforts to Build Trust

“You have to just listen, sometimes that's all parents want. They just want you to listen”

“Mum's not in the best state of mind to be able to support her at home”

“that doesn't happen overnight and you need...to work at it”

“there's only so much that we can do at school”

“I think just...them knowing that you're...erm, supporting and not, you know, judging is really important”

“It's quite difficult because if you're working...like in different kind of capacities so you can't necessarily be the person who's going to be their support in school and also be the person who's on their back all the time, and chasing them about attendance and coming to meetings”

Theme 3:
**Expectation to
Find Solutions**

Overwhelming Demands
Weight of Responsibility

“we're here to educate the children, you know that's kind of our prime aim, but we all know that if they're not happy and safe they're not going to learn anyway”

“that's one of the main...emotions constantly that am I missing something?”

“schools are...fighting to try and...stay afloat with managing these parents and the needs of these parents and children...”

“we need to crack her, because we need to break this mould of whatever this family cycle that she seems to be caught up in”

“the impact of what you're doing for the family is taking it away from the time with the children”

“the children are, you know our first concern but obviously if they're living in a family that's experiencing, difficulties or someone with mental health problems, that's going to have a huge impact on them”

Theme 4:
**Frustrated, Fearful
and Fighting Alone**

Hopeless and Powerless
Uncontained Emotions
Fighting Alone
Need for Coping Strategies

I can't fix the system, I can just work within the system and try and find as many ways round the system"

"you can't fix everything for everybody"

"I don't think you think about yourself until you're sitting down and realise how tired you are"

"I'm on my own here with this"

"you're not necessarily working from a base of, you know maybe having clinical knowledge of what to do in that situation, so you're working a lot on your instinct"

"myself and my team are catching as many people as we can"

Summary of Implications

- 1) Working with a family-focussed, systemic approach
- 2) Creating policies to reduce stigma and enable a shared understanding
- 3) Developing the mental health literacy and confidence of school staff
- 4) Providing containment for school staff working with families in distress

Conclusions

Limitations

Future
Research

- National Level
- School Level
- EP Level



CHILDREN OF PARENTS WITH PSYCHOSIS

How does parental psychosis impact children and families?

Jessica Radley, DPhil Student

CHILDREN LIVING WITH PARENTAL PSYCHOSIS

23.2%

of UK children live with maternal mental illness (Abel et al. 2019)

Children with maternal psychosis are:

5.2x

more likely to experience a behavioural or emotional difficulty between 0-6 years old (Davidsen et al. 2021)

Children with parental psychosis are:

8x

more likely than other children to develop psychosis (Rasic et al. 2014)

47%

chance of developing any mental health condition during their lifetime (Rasic et al. 2014)

PARENTS WITH PSYCHOSIS

38.8%

of people with
psychosis are parents
(Radley et al. 2022)

Positive symptoms

Cognitive symptoms

Negative symptoms and
antipsychotic side-effects

Indirect effects of poverty,
unemployment etc...

Parents' ability to
provide responsive care

Children

- Burden and parentification
- Confusion
- Emotional and behavioural difficulties
- Resilience and empathy

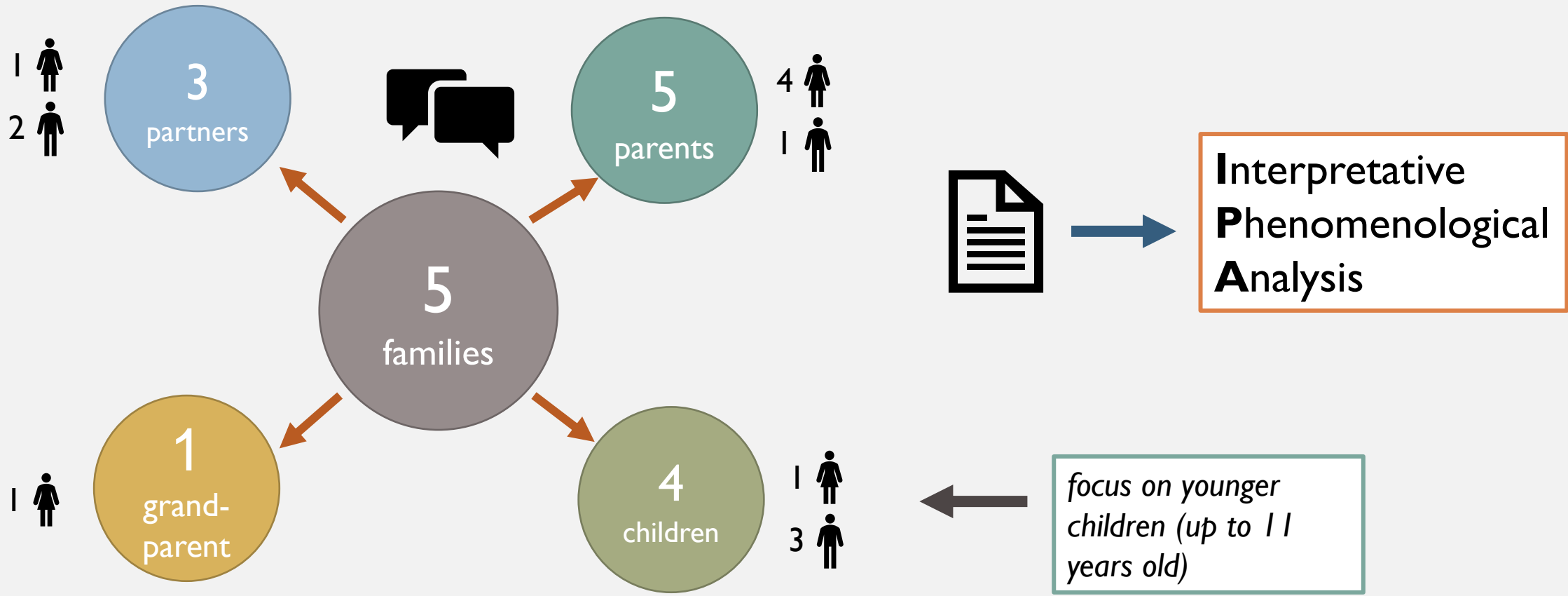
Parents

- Guilt and shame
- Stress sensitivity
- Emotional and behavioural difficulties of their children

CHILDREN LIVING WITH PARENTAL PSYCHOSIS

1. What are families' **experiences** of parental psychosis?
2. What **parenting interventions** might help parents with psychosis and their children?

HOW IS AN EPISODE OF PSYCHOSIS IN A PARENT EXPERIENCED BY FAMILIES?

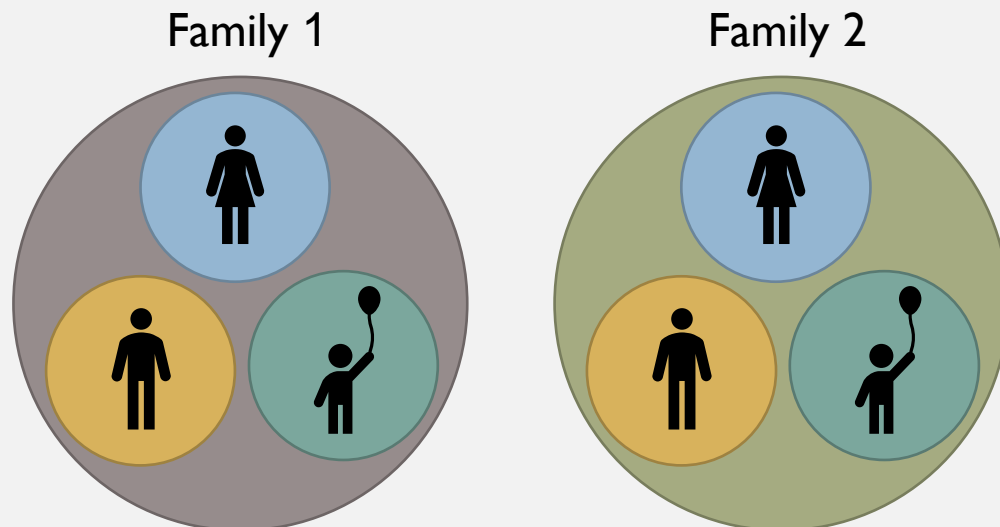


MULTI-PERSPECTIVAL IPA

(LARKIN ET AL. 2019)

- How does the participant make sense of the world?
- What meanings do particular experiences hold?
- What is your interpretation of the data?

1. Code each participant's data
2. Develop participant-level themes
3. Repeat for each individual within a family
4. Develop family-level themes
5. Repeat for each family
6. Develop superordinate themes by comparing family-level themes



HOW IS AN EPISODE OF PSYCHOSIS IN A PARENT EXPERIENCED BY FAMILIES?

Parental psychosis impacts the whole family

Psychosis and my role as a parent

Pressures and vulnerabilities within the family system

Secrecy and concealment surrounding parental psychosis

Parental psychosis impacts the whole family

Impact on the parent with psychosis: terrifying symptoms and hospitalisation



“My worst when I was unwell was being in seclusion. I didn’t really like it. Cos that time I felt like I’m in a grave... that’s the only thing I could remember cos I felt like I’m dead.”

Impact on the other adults in the family: witnessing frightening behaviour and getting hurt



“The police had to restrain her because she was hitting people, she was hitting me. Mostly she was hitting me. I don’t know why.”

“She was sort of very upset. In her mind, everything that was wrong with her life or our life was because of [my job]. So, I was to blame for everything.”

Impact on the children: confusion and separation



“I was wondering what she was doing and what time my dad would come back.”

Psychosis and my role as a parent

Being a parent as a source of hope



“I want her to be different in a way that I couldn’t do as a result of my mental health. I want her to go and achieve”

Psychotic symptoms centred on parenting



“Because I’m a full-time mum, I’ve not got a good balance in my life. All of me is to do with my children. So anything that goes wrong with them, it’s personal.”

Psychosis as a threat to my role as a parent



“I didn’t think it was a good thing. She was really confused. She doesn’t even remember me visiting.”



“They shouldn’t stop me seeing my daughter because I thought ‘these people who are after me maybe they’re after my family because I’m not there.’”

Pressures and vulnerabilities
within the family system

Ruptures within the family
as a source of stress for
parents

Mental health knowledge
meaning quicker access to
support

Burden on the children



“I started to get a bit better I think because I started to settle down and my husband came home.”



“I will suggest to them I think the medication says this or why can’t you try that medication?”

“She kept complaining that she was hearing voices but I didn’t really believe her if I’m honest.”



“Mummy have you taken your medication.”

“Mum was just not enough.”

Secrecy and concealment surrounding parental psychosis

Secrecy and uncertainty between partners



“She doesn’t know that bit. I never told her.”



“cos sometimes I feel like why am I on antipsychotics if it was just I was not sleeping.”

Parents shielding their children



“It was a very hard point in their life and I don’t want to hurt them anymore than they’ve already been hurt by it.”



“If in the future it happened again, or we talk about it later on, you know, when they’re older.”

Children knowing half the picture



“She wasn’t really sleeping a lot. She didn’t really like the hospital. She didn’t really think it was safe there for some reason. And [pause] I think she had a cold.”

“I don’t really know. I don’t think [my mum] hears [voices].”

Children also keeping the secret



“I don’t know because it will just get in my head again and then I’ll be like upset and that.”

“Because it doesn’t bother me that much really. If I was able to talk about it, I wouldn’t mind but in my opinion, I’m not bothered.”

COMMUNICATION ABOUT PARENTAL MENTAL ILLNESS

Parents' needs

- Recovery
- Normality
- Protection of their children



Children's needs

- Knowledge and understanding

Knowledge is protective for children

- Recognise mental health symptoms
- Reduce self-blame and enhance self-compassion
- Discover ways to cope with their own emotions
- Encourage help-seeking

CONCLUSIONS



- Children of parents with psychosis have a high risk of developing their own mental health difficulties in childhood and adulthood



- Parents with psychosis want to protect their children, which can lead to children not understanding what is happening at home



- Knowledge is protective for these children and will hopefully lead to help-seeking and better coping

Department of
Psychiatry



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THANK YOU

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Breaking the cycle

The economic cost of poor parental mental health

Jon Franklin, October 2022





Pro Bono Economics uses economics to empower the social sector and to increase wellbeing across the UK.

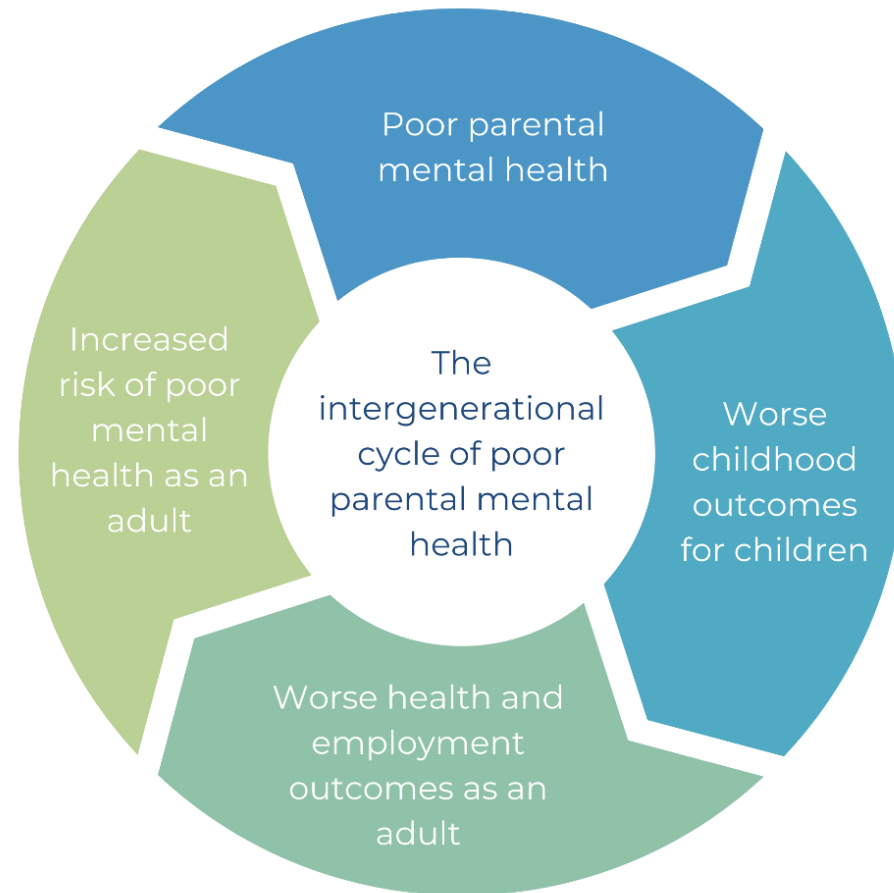
We combine project work for individual charities and social enterprises with policy research that can drive systemic change. We have helped over 500 charities and worked with over 400 volunteers since our inception in 2009.

One in three children have a parent with poor mental health



This is the equivalent of more than **4 million** children in the UK

This can create an intergenerational cycle leading to worse outcomes



What is the cost of failing to break this cycle?

Step 1: Impact on childhood outcomes

Use Clark et al (2021) estimate of the impact that having a parent with experience of poor mental health has on childhood Strengths and Difficulty Questionnaire scores



Step 2: Long-term economic impact

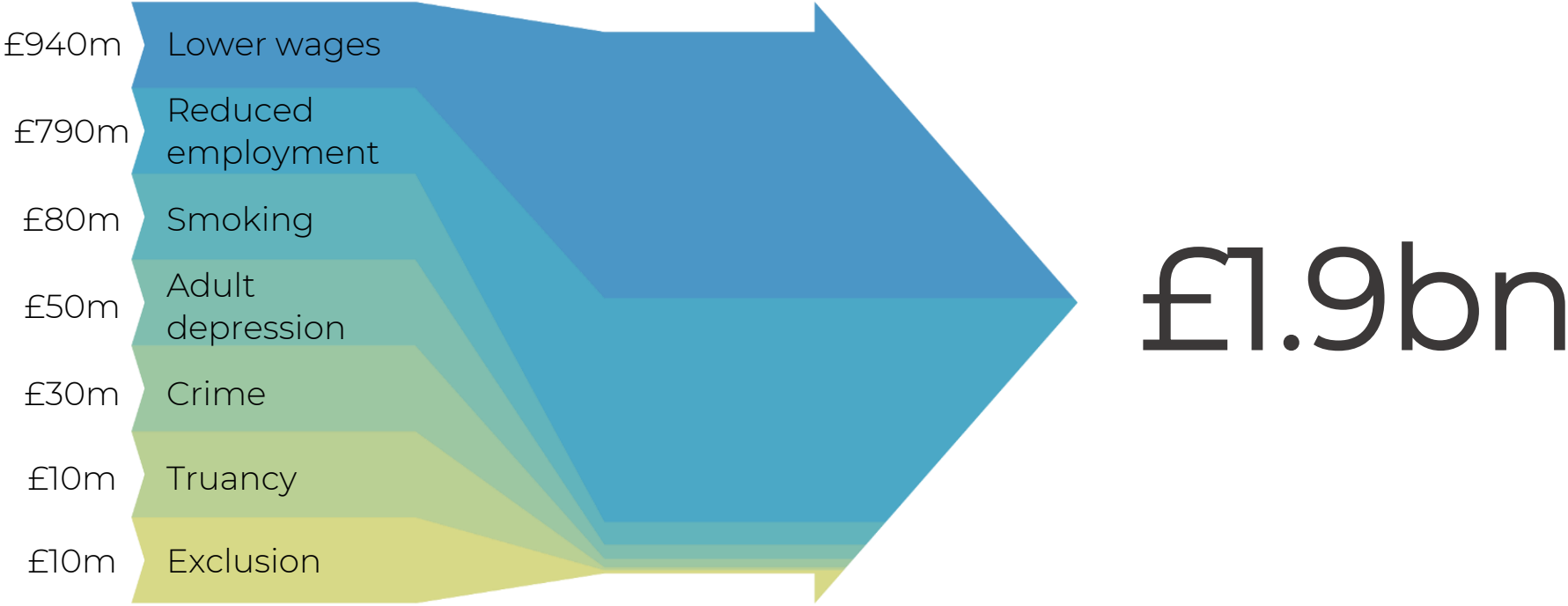
Use Paull & Xu (2017) to estimate cost of a reduction in childhood SDQ on range of later outcomes



Step 3: Total cost for a cohort of children leaving primary school

Multiply cost per individual by population of children in a single cohort

A failure to break this cycle could cost the UK economy £ billions



What can we conclude from this?

- The potential benefits from breaking the cycle could be substantial
- Capturing better data could help build the evidence base
- Coordinated training and support drawing on specialist services such as Our Time's could help to improve the lives of children



Young Carers
Alliance

Break

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@ourtimecharity

Our Time

for children of parents
with a mental illness





Young Carers
Alliance

Policy opportunities to improve identification and support

Andy McGowan
Public Affairs and Policy Officer



Our Time

for children of parents
with a mental illness

National opportunities

- **10-year Mental Health and Wellbeing Plan**
- **Carer's Leave Bill**
- **Children's Social Care Review – Family Help**
- **Health and Care Act 2022**
- **Mental Health Bill**
- **Mental Health Support Teams in schools**
- **Triangle of Care**

Learning from other countries



Local opportunities

- **Family Care Hubs**
- **Integrated Care Systems**
- **Mental Health Services**
- **[‘No wrong doors’: working together to support young carers and their families](#)**
- **School Census**
- **Young Carers Support**



Young people's mental health services:

Short version: If you have a section about issues in young people's lives, please add a tick box or prompt which says 'Supporting or caring for family or friends due to illness, disability, or drug/alcohol issues'



Longer version: If you have more space, please add information and questions like these...

Caring responsibilities: We know there are good things about looking after someone (e.g. family/friends) if they need it, but helping to look after someone can also be hard. The following questions will help us know if you help support someone and how this is affecting you, so we can offer the right support for you.

1. Do you have any responsibilities at home or help to care for anyone due to: (please tick all that apply)

- Long term physical illness
- Physical or learning disability
- Mental Illness
- Issue with drugs / alcohol



2. Please tell us a bit about the care that you provide/your daily routine:

3. How does this affect your mental health?

These can be found on the [resources section of the Young Carers Alliance webpage](#)





Move on Up: meeting the housing and support needs of young adult carers


Lois Gallagher

Move On Up Tenant Support Manager




Move on Up provides two year tenancies to young adult carers aged 18-25 in north and east London

Tenants live in shared houses and pay affordable rent

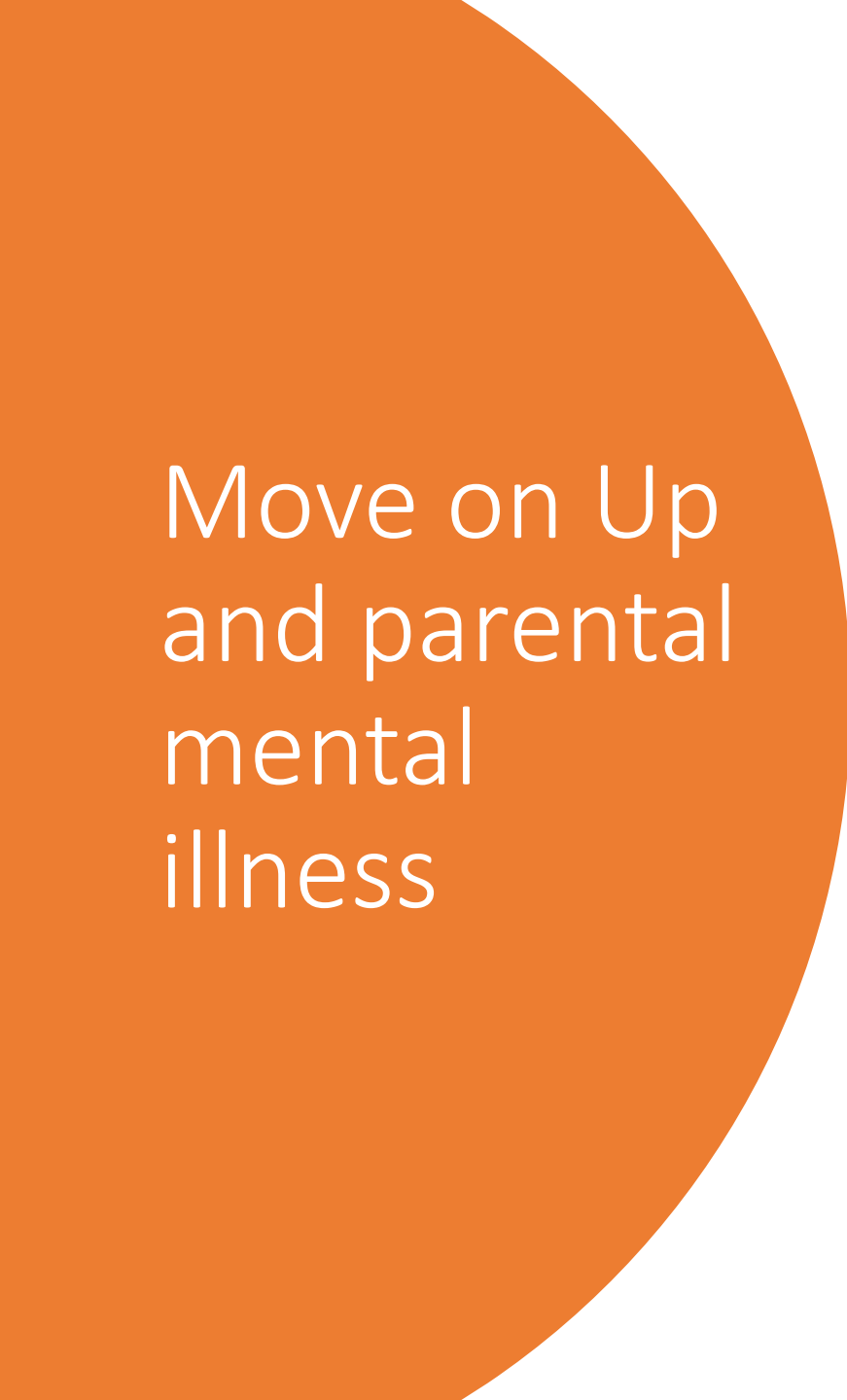


Tenants have the opportunity to experience independence and learn essential skills in house sharing, tenancy and personal development



Each tenant receives tailored personal support from project staff





Move on Up and parental mental illness

The majority of MOU's tenants care or have cared for a parent with mental ill-health

This often co-exists with physical ill-health, substance addiction and poverty

All of the young adults who fit into the category above also experience challenges to their mental health – with low mood, anxiety, PTSD, suicidality and personality disorder

Around half of these experienced abuse or neglect during childhood



Why housing for young adult carers?

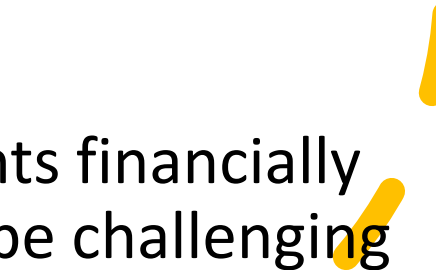
Young adult carers often miss out on typical milestones and opportunities such as gaining qualifications and moving out of the family home

Living with parental mental illness tends to place a strain on family relationships

Physical and psychological separation are harder to achieve for young adult carers



Challenges and outcomes

- Our young adult carers often find it challenging to live together – but many also form strong friendships with each other
 - YACs often need support to learn to identify and meet their own needs
 - Being in a safe space can result in delayed onset adolescence
 - YACs commonly care for their parents financially and prioritising rent payments can be challenging
- 

Case studies

“I can care better for my family after going to my own space and caring for myself”

“Living separately from my Mum has helped me to realise that when my Mum’s in a bad mood, I don’t have to be in a bad mood”

“I want to spend time with my family and they need me, but it’s much better for me to live somewhere else”

Concluding Move on Up

MOU was set up as a seven-year pilot project with Commonwealth Housing Association

It is due to end in summer 2023

Sharing learning and influencing the carers and housing sectors



Triangle of Care and Young Carers

Sharon Spurling

Triangle of Care Programme Lead



A therapeutic alliance between service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing.

Who is it for? And Why?

A therapeutic alliance between service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing.

- The 'Carer relationship' was not recognised.
- Carers were not given key information or involved when important plans are being made.
- Carer's emotional or health needs were not recognised.
- Carer's unique and expert views on the service user can be missed.
- Reduced complaints – builds relationships and confidence

6 key elements (standards) to achieving Triangle of Care:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2. Staff are 'carer aware' and trained in carer engagement strategies.
3. Policy and practice protocols re: confidentiality and sharing information, are in place.
4. Defined post(s) responsible for Carers are in place.
5. A carer introduction to the service is available, with a relevant range of information across the care pathway.
6. A range of carer support services is available

Where do young people who care Fit ?

6 key elements (standards) to achieving Triangle of Care

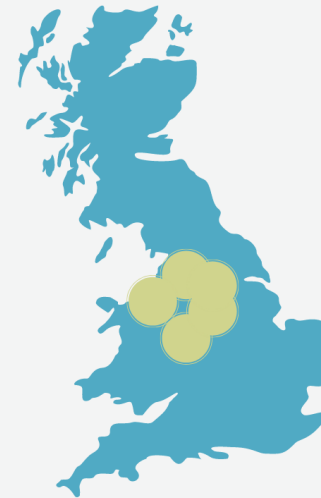
1. Identified
2. Carer Aware
3. Policy and Procedures
4. Defined posts and leads
5. Introducing the service and information
6. A range of support services is available

This affects more children than the total populations of Birmingham, Liverpool, Bristol, Manchester, Sheffield and Leeds combined



1 in 3 children in the UK have a parent with poor mental health. That's

4 million
children



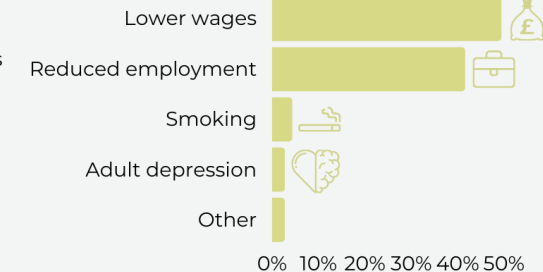
Children with parents who have a mental health condition are



more likely to develop a mental health condition themselves

The potential long-term economic costs for a child with a mother that has experienced depression is

£11,600



We estimate that the long-term costs for failing to support the 160,000 children leaving primary school this year who have a mother who has experienced depression could be as much as

£1.9 billion

The Triangle of Care for Young Carers and Young Adult Carers A Guide for Mental Health Professionals (2015)

- Young people who care are often less visible – we need to check.
- Not many people identify as a carer – ask about what they do, rather than what is their label
- Be flexible
- Be open and honest about conditions and treatment
- Actively Listen – and find safe space to discuss services and care
- Develop age-appropriate information
- Involve support services for young people.

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@carers.trust



Supporting children of
parents with a mental illness

Dympna Cunnane
Chief Executive, Our Time

Our Time

for children of parents
with a mental illness

Who are we?

Our Time is the **only UK charity** that specifically supports children of parents with a mental illness

- We are a **thought-leader** in parental mental illness, offering a **unique, evidence-based** approach
- We give these children the support they need, in their **families and in their schools**
- **We train professionals to identify and support** these children early on
- We campaign for the government to recognise that these children have **specific needs requiring specific support**



Our approach



1

Knowing you're not alone



2

A good explanation



3

A trusted adult to talk to

How our interventions support the government agenda

- ✓ Work with the whole family
- ✓ Place-based
- ✓ Evidence-led
- ✓ Trauma-informed
- ✓ Systemic practice approach
- ✓ Address the impact of Adverse Childhood Experiences
- ✓ Enable and encourage early identification of needs and support



KidsTime Workshops

Multi-family workshops

Monthly, after-school, for 2.5 hours

Any agency can refer, families can self-refer

Learning through **psycho-education, games and drama**

Young people **de-stress and find their voice**

Delivered by **local teams**, trained by us

Manualised approach, licence for working with **partners**

Community of Practice connects our network of workshops



Our Time

Reach and impact

Supporting over **400 children** (200 families) across 16 locations

Over 50% of families are **single parent households**

32% of parents have **more than one mental health diagnosis**

Over 50% of referrals came from local authorities

Children report: improved **peer relationships** and **social skills**, having **more friends and being less solitary**; **reduced physical symptoms of anxiety and stress** and improved concentration. Parents report **improved confidence** and **reduced stigma and isolation** (SDQ)

Families report **improved relationships** and feeling more able to talk about mental illness together



Meena says...

Age 8

"I normally worry about [Mum] quite a lot. I normally worry quite a lot about things, but coming to KidsTime, it just lets me open myself up, and I don't feel like I can do that anywhere else."



Jorge's story...

Parent

"KidsTime means a lot to me and my daughter. To be able to share in a safe place and not be judged, but to be welcomed and understood by staff and members is a great help."



“Hosting these groups in our Family Hubs is really beneficial. We use our existing sites where people visit frequently so they will be aware of the support on offer, and we can reach more people that way. Locating it with our other services encourages people to engage.”

**Madhu Chauhan, Head of Early Help,
Westminster City Council**



Schools

Whole school approach to parental mental illness

Awareness raising and training for school staff – enables **early identification and support**

PSHE programme for primary and secondary - **improves understanding and tackles stigma**

Work with schools to create a **supportive culture** where these children **feel safe to ask for help** and **staff are empowered** to offer low-level support

Additionally - **School theatre** projects, **Senior Mental Health Lead** training and **ERAMSUS+**



Impact

Example feedback from Y6/7 cohort in East London completing the PSHE lessons:

- 82% learned the difference between mental health and mental illness
- 94% said they would be able to support a friend who is feeling sad or worried
- **20% increase in young carers identification** following the PSHE course at a Plymouth college
- Pastoral Lead, East London Primary School: *“Some children came forward immediately after the first lesson to **identify themselves** to teachers as someone living with an adult who had a mental illness. The lessons helped develop teacher skills, enabling them to be more open and emotionally available to pupils”*

A survey of 10 secondary school staff in Barcelona after attending our awareness raising:

- 80% said they **knew of children in their classroom** who had a parent with a mental illness
- 80% said they were **more confident** supporting these children after completing the training

Year 7 child

“My dad has schizophrenia and he has been suffering from it since before I was born. Sometimes, mostly when he’s stressed, he stops and goes to a separate room and does not talk to anyone and does not do anything. After about an hour he goes back to normal and starts talking. He feels stressed when it is really loud, so we try to keep the noise down. Sometimes, I have to stop what I am doing to help my mum and sometimes when my grandad is around he supports my dad. I help my mum by looking after my sisters and helping with chores. I feel a bit sad knowing that my dad is sad. I have about one or two friends who I have to talk to when I feel a bit stressed with coping with helping my mum and my homework. I now know what my dad feels like... the most important thing for me was when the teacher was explaining what the illness really was and how there were videos to explain what was happening.”

For more information...

Sign up to our newsletter - <https://ourtime.org.uk/>

Download our podcast - <https://ourtime.org.uk/my-family-mental-illness-and-me/>

Check out our free resources: <https://ourtime.org.uk/resource/>

Donate: <https://ourtime.org.uk/donate/>

Get in touch – contact@ourtime.org.uk

Thank You

www.ourtime.org.uk
contact@ourtime.org.uk



@ourtimecharity

Our Time

Registered Charity #1196343



Young Carers
Alliance

Closing Remarks

@YCAAlliance
@ourtimecharity

Our Time

for children of parents
with a mental illness



Thank you for coming

Please give us your feedback

https://www.surveymonkey.co.uk/r/YCA_RPPF

www.youngcarersalliance.org

@YCAAlliance

@ourtimecharity @CaringTogether



Dates for your diary:

Wednesday 2 November, 10am-12pm –
Young Carers and the School Census

Thursday 24 November, 10am-1pm –
Young Carers and Health

Thursday 1 December, 1:30-3pm –
Improving health and wellbeing of
young carers through sport