

STRESS, MENTAL HEALTH & SUICIDE: PEOPLE WITH DEPENDENT CHILDREN

Issue/Problem	The mental health and emotional wellbeing of people with dependent children
Evidence Base (Equality & Inequalities Report)	<p>In the 2001 NI Health and Social Wellbeing Survey more people with dependent children reported a great deal of stress than those without dependent children (16% and 10% respectively). People with dependent children were also more likely to be prone to psychological morbidity than their counterparts with no dependent children.</p> <p><i>Ref: NI Health and Social Wellbeing Survey 2001 cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:69)</i></p>
Evidence Base (Literature Review)	<p>People with dependent children are not a homogeneous group. They can, for example, be biological parents, adoptive parents, step parents, foster and kinship carers. They may be single parents, teenage parents, disabled parents or parents going through the process of separation or divorce. The stress and anxiety that people with dependents experience may be as a direct result of from the strain of caring for children but it can also result from a range of other factors such as low income, poor housing, social isolation etc.</p> <p>The responsibility of caring for a child or young person can be both rewarding and challenging. Every family will experience at some time, difficulties in looking after dependent children. The "Troubles" in Northern Ireland have had a significant impact upon the lives of both children and parents, especially those who have suffered trauma or bereavement. All parents/carers can become stressed or concerned about a wide range of issues in relation to their child including the availability and quality of childcare, children's safety, the affects of domestic abuse, drug and alcohol use, bullying etc¹.</p> <p>However, specific groups of parents/carers often experience particular problems for which specific interventions may be necessary:</p> <p>Lone Mothers – low income, poor housing conditions, social isolation and lack of access to childcare and transport have a negative impact upon the lives of lone mothers (this also applies to other people with dependant children who survive on low incomes).</p>

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Dependence on prescription drugs for depression and a lack of awareness and availability of counselling and other mental health services (especially in rural areas)² exacerbate the difficulties faced by lone mothers.

Lone Fathers – lack access to support services in that they tend to remain on the periphery of mainstream statutory and community based initiatives and programmes aimed at parents and children (e.g. playgroups, family centres)³.

Teenage Parents – negative public attitudes and stereotyping, lack of social networks, poor housing conditions, economic deprivation, lack of access to employment and childcare, inadequate diet, all contribute to mental ill-health and stress amongst teenage parents.

Parents with Disabilities (e.g. parents with chronic illnesses, physical and/or sensory impairments, those with learning difficulties etc) – the lack of access to information, resources and services to support parents with disabilities in their parenting role has been highlighted⁴.

Foster Carers – concerns have been expressed over the level of financial assistance given to foster carers and in the need for greater investment in fostering services in order to provide better support for foster carers.

Kinship Carers⁵ – very little is known about kinship carers or their health and support needs. Research indicates that carers in kinship care arrangements tend to receive less support, less services and less resources than those in foster care arrangements⁶

Carers of Teenagers – an increase in family breakdown and the rise in the number of stepfamilies has added to the challenge of parenting adolescents. Studies of divorce and separation have shown that children of separated families are at an increased risk of behavioural problems (e.g. aggressive behaviour, family conflict). Research suggests that there are a lack of support services to help parents cope with adolescents with problems⁷.

Carers of Children with Disabilities –lack of knowledge about the nature of the disability, social ignorance and prejudice, parental relationship strain and family breakdown, social isolation, additional financial costs resulting from the disability, the struggle to access appropriate services, can be a strain for parents and carers of children and young people with disabilities⁸.

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Is the issue/problem being addressed by current or proposed strategies and policies? On what level?

Initiatives aimed at improving the lives of children and young people are likely to have a positive impact upon the mental health and emotional wellbeing of parents and other carers. The proposed [Strategy for Children and Young People](#), for example, sets out a number of strategic objectives including an objective to ensure that *all families can access timely, effective and appropriate support*. The DHSSPS, HSS Boards and Trusts, have also taken a number of steps to support people in their parenting responsibilities. This includes the publication of a [Safe Parenting Handbook](#) offering information and further contacts on a range of issues such as child protection, health eating and health and safety. It also includes the development of a wide range of strategies aimed at addressing the needs of parents and children. A few examples include the [Children First](#) strategy, the development of a strategy for [Children in Need](#), and proposals for a co-ordinated approach to tackling the problem of [domestic violence](#). Other key developments include the establishment of [Childcare Partnerships](#) in the four Board areas consisting of representatives from statutory and voluntary organisations who work in co-operation to enhance childcare provision in their areas.

Many of the needs of teenage lone parents are currently being addressed through the [Teenage Pregnancy and Parenthood Strategy and Action Plan](#). The strategy and action plan takes a partnership approach to publish local directories offering information on local resources and proposes to continue to facilitate the further development of community based programmes and courses on parent/child communication. The strategy and action plan further states that the Northern Ireland Housing Executive in partnership with HSS Trust and voluntary and community organisations is to continue to work towards housing teenage mothers as close to their families and communities as possible.

Other initiatives likely to have a positive impact upon people with dependents include [Sure Start](#) and [Home Start](#) schemes. The various [Health Action Zones](#) have also developed a number of initiatives aimed at addressing the needs of low income families. Voluntary and community groups in Northern Ireland (e.g. Barnardo's, Gingerbread etc) also make a valuable contribution to providing support services to vulnerable parents/carers and children.

The [Review of Mental Health and Learning Disability](#) is currently in the process of reviewing the law, policy and provisions affecting people with mental health needs in Northern Ireland. The [report](#) of Adult Mental Health Expert Working Committee in particular makes a number of recommendations for enhancing adult mental health services. These recommendations include supporting people with mental health needs in their parenting roles and providing the children of people with mental health needs with appropriate

support, particular during periods of crisis.

The DHSSPS produces an annual "[Priorities for Action](#)" (PfA) document outlining the Department's plans of action under various programmes of care. Key issues identified within the PfA for 2004/05 include [investment in mental health services](#) with an objective to provide a modern and responsive service to people with mental health needs in a greater variety of settings. The PfA documents outline how mental health services should be developed over the medium term.

Is the problem amenable to further intervention by the DHSSPS or other?

In 2003 the Family Policy Unit of the Home Office commissioned review of effective practice in interventions to support parenting. The review highlights interventions which are most effective include⁹:

- *universal interventions* (aimed at primary prevention amongst whole communities) for parenting problems at the less severe end of the spectrum of common parenting difficulties
- *targeted interventions* (aimed at specific populations or individuals deemed at risk for parenting difficulties) to tackle more complex forms of parenting problems
- services which allow *multiple routes* in for families (i.e. which include a variety of referral routes).
- interventions which use *more than one method of delivery*.
- *group work*, whereby parents can benefit from the social aspect of working in groups.
- *individual work*, where problems are severe or entrenched (e.g. home visiting, one-to-one support).
- interventions of *longer duration*, with follow-up/booster sessions for higher risk groups of parents.
- behavioural interventions which concentrate on *parenting skills*.
- *short, low level interventions* which deliver factual information and fact-based advice to parents, increasing knowledge of child development.

Whilst there are interventions which will be successful in addressing the problems of all people with dependent children, there are sub-groups within this category (e.g. lone parents, foster carers, carers of children with disabilities etc) who will require interventions which are tailored to their specific needs.

Lone Parents:

- continue to identify areas of best practice and evidence of effective interventions for lone parents. Ensure that lone parents have access to appropriate counselling and mental health services.

Fathers:

- fathers should be provided with appropriate practical and

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emotional support during and after the birth of their children.

- more effort is required to raise the profile of fathers (especially lone fathers and young fathers) and to provide them with information on a wide range of relevant issues (e.g. childcare, benefits, employment rights, parenting issues). This should be developed in co-operation with other relevant Departments and agencies, including voluntary and community groups.
- additional financial support could be provided to those in the voluntary and community sector who are working, or who wish to work with fathers.
- increased efforts should be made to encourage the inclusion of fathers (especially lone fathers) into programmes such as Sure Start.

Teenage Parents: many interventions necessary for improving the lives of teenage lone parents and their children are currently being addressed through the DHSSPS Teenage Pregnancy and Parenthood Strategy and Action Plan 2002 – 2007. Other interventions could include:

- provision of both health and mental health services in locations which young parent find more comfortable (e.g. their child’s school, local community centre).
- the use of housing services (e.g. NIHE) as a central point for the distribution of information to teenage parents (as many teenage parents tend to be isolated and reluctant to contact formal health services).

Kinship Carers¹⁰:

- Kinship care should be awarded equal status to other forms of care. The profile of kinship care should be raised including the development of a public awareness campaign offering information on kinship care. Kinship carers must be provided with more financial support.

Carers of Teenagers¹¹:

- “normalise” access to family and parenting support in order that accessing support is seen as positive and natural rather than being equated with parental failure.
- any existing services for parents of teenagers need to be better signposted. Support mechanisms such as parent peer education programmes should be developed.
- universally available parenting programmes should be targeted around major transitions in family life such as divorce and separation. Step-families should also be targeted.

Disabled Parents¹²:

- develop a disabled parents handbook which contains signposting to sources of support and information, information on legal entitlements, area based information on specific local resources, support organisations and facilities, information on complaints

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procedures.

- develop a campaign to make professionals and organisations in the family and parent support sector aware of the needs of disabled parents
- establish co-ordinated inter-agency procedures for the systematic early identification of disabled parents with a view to establishing their support needs and in order to respond promptly when family needs change.
- in co-operation with disabled parents and their organisations, prepare service accessible information specifically aimed at parents with chronic illnesses, physical and/or sensory impairments, deaf parents, parents with learning difficulties or mental health needs.

Parents/Carers with disabled children:

- development of an information base for parents and carers of disabled children including information on a wide range of disabilities and impairments.
- improvement in information and support services for parents and carers whose child has been newly diagnosed with a disability or impairment.

¹ DHSSPS (2004) *The Safe Parenting Handbook*. <http://www.dhsspsni.gov.uk/publications/2005/N-Ireland.pdf>

² Derry Well Woman (2003) *Other Borders: Women’s Mental Health and Emotional Wellbeing*.

³ Ghate, D., Shaw, C. & Hazel, N. (2000) *Engaging Fathers in Preventative Services*. York: Joseph Rowntree Foundation.

⁴ Wates, M. (2003) *It shouldn’t be down to luck: Results from a DPN consultation with disabled parents on access to information and services to support parenting*. Disabled Parents Network Handbook Project.

⁵ Kinship care is defined as a child is living away from the parental home with a relative or friend with the knowledge of social services, who would otherwise be with stranger foster carers, in residential care, independent living, or adopted (Broad et al, 2001)

⁶ Lodge, S. (2002) *Kinship Care Workshop Report*. Held on the 4th October 2002. Dartington: Research in Practice.

⁷ Allard, A. (2003) *‘The end of my tether’: the unmet support needs of families with teenagers – a scandalous gap in provision*. London: NCH.

⁸ Monteith, M., McLaughlin, E., Milner, S. & Hamilton, L. (2002) *Is Anyone Listening?: Childhood disability and public services in Northern Ireland*. Belfast: Barnardo’s Northern Ireland.

⁹ Moran, P., Ghate, D. & Van Der Merwe, A. (2004) *What Works in Parenting Support?: A Review of the International Evidence*. Research Report No 574. London: Policy Research Bureau

¹⁰ recommendations extracted from Lodge (2002)

¹¹ recommendations extracted from Allard (2003)

¹² recommendations extracted from Wates (2003)