

Parental ill-health:

Many parents & carers experience mental ill-health e.g. eating disorders, depression, anxiety & psychotic illness & will provide a safe, secure, supportive family environment for children.

However, mental ill-health can sometimes blunt emotions & make a person unresponsive or behave in bizarre or violent ways.

Parents & carers may neglect their own & their children's physical, emotional & social needs & their children may become 'young carers'.

Stigma can prevent people from asking for support & children may feel responsible or secretive.

Other issues such as domestic abuse, drug or alcohol misuse & social isolation can increase the risks.

Consider nature of parent mental illness itself:

- Frequency & length of episodes of illness
- Emotional & practical impact of its severity
- If long term medication or the illness itself leads to cognitive and/or personality changes
- The symptoms & their likely impact
- The age, exposure and understanding of the child at the onset of the illness
- Are there periods of wellness with a good return of skills and abilities between episodes?
- Is a care plan in place which take account of the needs of the child as well as the parent?
- Are specialist services accessible for the family at key times of need?

Parental mental ill-health - settings should:

- Ensure they are educating all pupils about mental health with assemblies, PHSE etc.
- Work with the whole family wherever possible
- Share information with all involved agencies
- Consult involved adult mental health professionals & invite to all relevant multi-agency meetings
- Jointly assess & plan with the family & involved services e.g. the Family Common Assessment Framework or Child In Need processes
- Ensure child is supported as a 'young carer'

If you feel that the child is at risk of significant harm, refer your concerns immediately to the Sheffield Safeguarding Hub tel. 0114 2734855

For further national and local resource information go to: [Mental Ill-Health, Safeguarding Sheffield Children website](#)

Children & young people's mental ill-health:

- Can be an indicator of abuse or neglect
- Only trained professionals should diagnose

Includes:

- Not looking after their emotional or physical needs
- Direct self-harm & depression
- Staying in an abusive relationship
- Taking risks too easily
- Eating distress & addiction

Children with disability may find it more difficult to express their thoughts & feelings.

Staff should:

- Be aware of the impact of abuse, neglect & trauma on a child's mental health, behaviour & education
- Observe & identify worrying behaviour & speak to DSL/D immediately
- Always take self-harm/suicidal thoughts seriously
- Be supportive, respectful, understanding & non-judgmental

Children requiring mental health support:

- Governing bodies/proprietors should ensure there are processes in place to identify mental health problems, support, referral & accountability
- Settings should seek advice from specialist agencies about support & positive health, wellbeing and resilience resources

Children with suicidal thoughts - ask:

- Check if they have taken any substances or injured themselves & if so should receive urgent medical attention even if they appear well
- What is troubling them, the extent any self-harm is likely or planned, help required

Information sharing:

Informed consent should be sought if the young person is competent unless:

- The situation is urgent and there is no time
- Seeking consent is likely to cause serious harm or linked to serious crime

If consent is refused/not sought, share information if:

- Likely to cause serious harm/link to serious crime
- Risk greatly outweighs harm caused by sharing
- There is a pressing need to share the information

A competent young person can limit the information shared with parents/carers if there is no risk of serious harm or link to serious crime.

A young person who threatens/self-harms & is caring for a child or pregnant, must be referred to Children's Social Care for the child/unborn baby.

Parental ill-health - protective factors

The child has:

- Support of family, friends, teachers others
- Good self-esteem, security, worth, confidence, developing age-appropriate independence
- Understanding of own strengths and limitations
- At least one secure relationship
- Positive education & community experiences
- Good attendance & achieves as expected
- Opportunity to read & play alone & with others
- Appropriate information about the parent or carers illness, related events & interventions
- Contact details for professionals & others in the event of a crisis
- Social skills, coping strategies, intelligence, problem solving abilities
- Regular medical and dental checks

The parent or carer has:

- Ill-health which is mild, short-lived, stable
- Another parent, carer, friend or family member who can help
- No other family difficulties
- Complied well with treatment & advice
- Modelled appropriate emotion and interaction
- Provided appropriate guidance & boundaries
- Supported the child's individuality, race, religion, gender, sexuality and disability
- Provided appropriate dress, hygiene, care
- Accepted support when needed from friends, family and services

The family home provides:

- Stability & attachment to the primary carers
- A positive daily routine for the child
- Satisfying, healthy relationships with wider family, friends & community
- A place for the child to invite friends to
- Sufficient income and good physical standards
- Supportive siblings, family members and friends

Safeguarding Adults:

If concerned about an adult inform your DSL/D immediately - they can seek advice from:

- **Adult Safeguarding tel. 0114 2736870**
- **Adult Access Team tel. 0114 2734908**
- **South Yorkshire Police tel. 101**

Ring 999 in an emergency

Parental ill-health - indicators of risk

Children who are:

- Featured in parent/carers harmful thoughts, delusions, obsessive behaviours, suicidal plans
- Targets of parent/carers aggression or rejection
- Profoundly neglected
- Un/new-born infants of mother with a severe mental illness or personality disorder
- Age-inappropriate young carers
- Witnessing harmful adult behaviours
- Having unsupervised contact with a mentally ill parent or carer
- Socially isolated
- Unable to explain what's happening at home
- Feeling unloved & with poor attachments
- Feeling frightened, inhibited, anxious
- Bed-wetting, self-harming, emotional problems
- Thinks they will be mentally ill in later life
- Embarrassed by parent/carers behaviour/beliefs
- Going missing from home or education
- Becoming involved in criminal behaviour
- Misusing alcohol or drugs
- Using online media unsafely

Is the parent or carer:

- Experiencing undiagnosed or untreated illness
- Unaware of the child's emotional needs
- Emotionally inappropriate or unavailable
- Affecting child's development & understanding
- Violent, unpredictable or chaotic
- Expressing negative views/rejection to the child
- Over-protective/has unreasonable expectations
- Unable to provide basic care for the child due to financial issues relating to their ill-health
- Experiencing or has a history of domestic abuse
- Non-compliant with services & treatment
- Misusing drugs, alcohol and/or medication
- Exhibiting severe eating disorders or self-harm
- Demonstrating a lack of insight into their illness and the impact on the child
- Having compulsory admissions to hospital
- Experiencing relationship difficulties, social isolation, poor support
- Involved in criminal offending