



## A BRIEFING FOR SUBSTANCE MISUSE AND MENTAL HEALTH WORKERS

*Poor maternal mental health, parental substance misuse and family violence are well-known risk factors for early starting behavioural problems in children. These problems should always be taken seriously; they damage children's life chances, compromise their welfare and affect parents' mental health and wellbeing. Good quality parenting programmes can make a real difference, but most children and families at risk don't get the help they need.*

### How many children are affected?

Behavioural problems which start early in childhood have a strong tendency to persist into adolescence and beyond and can be very damaging to a child's life chances. About 5% of children aged 5-10 display problems which are sufficiently severe to justify diagnosis as a mental health condition (conduct

disorder), while a further 15-20% have difficulties which fall short of this threshold but still carry an increased risk of poorer outcomes in later life. Conduct disorder is twice as common among boys as girls and is also more common among children from disadvantaged backgrounds.

### Why are early behavioural problems important?

Children with early behavioural problems are at increased risk of a range of distressing, damaging and costly outcomes, both in childhood and in later life. Compared with their peers, they are:

- more likely to end up on child protection caseloads and in care
- **more likely to have childhood and adult physical health difficulties and lower life expectancy**
- more likely to be excluded from school and to leave school without educational qualifications
- **more likely to be smokers and alcohol dependent**
- **they are four times more likely to become dependent on drugs**

- more likely to become teenage parents
- three times more likely to commit suicide
- more likely to experience every type of adult mental illness
- **around 20 times as likely to end up in prison.**

These children tend to be heavy users of services across their lifetime and cost the public purse ten times more than average by the age of 28.

For details, see our report that accompanies these briefings, *Building a Better Future*. **Get the report at:** <http://www.centreformentalhealth.org.uk/parenting>

### Why are they important to adult mental health and substance misuse services?

Around a third of people with mental ill health and who are receiving treatment for substance misuse problems have dependent children living with them. A recent Ofsted and Care Quality Commission report (see <http://www.ofsted.gov.uk/resources/exclusion-school-of-children-aged-four-seven>) called for improved attention by adult mental health services and drug and alcohol services to the needs of children when parents experience mental ill health and drug or alcohol problems.

Workers in adult mental health services, in substance misuse services and in Improving Access to Psychological Therapies services are ideally placed to help parents link up with effective help before children's behavioural problems become entrenched.

This paper provides some guidance on what you can do.

## Identifying high risk families and children

The signs of severe behavioural problems broadly vary according to age:

**3 to 7 years:** persistent defiance, angry outbursts and tantrums, provoking others, physical aggression to siblings/peers, destruction of property, blaming.

**8 to 11 years:** many of the above but also swearing, lying, stealing, rule-breaking, physical fights, bullying, cruelty to animals or peers, fire-setting.

**12 to 17 years:** many of the above but also assault/violence, robbery, vandalism, burglary, running away, driving under age, substance misuse, persistent truancy, early sexual activity (particularly for girls), teenage pregnancy.

The Strengths and Difficulties Questionnaire (SDQ) is an easy-to-use screening tool if parents are uncertain about whether their child's behaviour falls outside healthy ranges. It is reliable from 3-16 years of age and can be administered by any practitioner. It is completed by parents (or teachers) for children; children aged 11-16 can complete their own version. **The SDQ tool can be found here: <http://www.sdqinfo.com>.**

## What can be done?

For most children with or at risk of behavioural problems, simple low-cost parenting programmes such as Triple P and Incredible Years result in a range of improvements in behaviour. These programmes also reduce stress in the family and improve parents' mental health.

**For more information on parenting programmes, see: <http://www.triplep.net> and <http://incredibleyears.com>**

Parenting programmes are usually delivered in a group and run for between 8 and 20 sessions. Groups are led by trained facilitators and are highly interactive, collaborative and non-judgemental. They improve children's behaviour helping parents pick up practical behaviour management techniques and build a positive relationship with their child.

**The NICE guidance on conduct disorder is here: <http://guidance.nice.org.uk/CG158>**

Many types of parents, including those with mental health problems, have been shown to engage well with and benefit from these programmes but some children whose parents have severe and enduring mental illness may need more intensive support. Attending a basic parenting programme can help assess the level of support required.

### Specialist programmes

There are a number of more specialist programmes with a positive record of supporting change in families affected by severe and complex mental health needs or substance dependence. Not all programmes will be available in every locality but any gap between need and

availability of support should be evidenced and raised with local commissioners.

**Triple P Level 5:** this programme is specifically designed for families with more complex substance and mental health needs. It is well tested and acts as a booster for those who have already completed standard Triple P groups, targeting partner relationships and communication, coping strategies for high stress situations and other positive parenting techniques.

Two promising home-visiting programmes are also currently being piloted in the UK by the National Society for the Prevention of Cruelty to Children.

- **Parents Under Pressure:** is a time-limited home visiting intervention for parents with drug and alcohol problems
- **Minding the Baby:** is an intensive home-visiting programme helping high-risk first time mothers (such as those with mental health or substance related difficulties) develop positive relationships with their baby.

**Effective programmes for adolescents with behavioural problems:** some children with behavioural problems get missed early on, while others develop problems for the first time as teenagers.

A number of interventions, such as Multi-Systemic Therapy and Functional Family Therapy, have a good record of turning around problematic behaviour during teenage years. These programmes are delivered by highly trained therapists and tend to be more resource intensive, working with families for up to six months, usually focusing on the many systems impacting on these children's lives (e.g. school, peers, employment).

## Engaging and motivating parents

Parents can often feel confused, embarrassed or defensive about their children's behavioural problems. The use of appropriate language is therefore crucial in promoting engagement with support programmes.

Key messages which improve parents' chances of taking up help include:

- Focus on the many benefits for their child if they attend a programme rather than on the problematic behaviour.
- Stress that every child is different; some are more challenging to parent than others. Children don't come with a manual and everyone can pick up useful tips that make life easier. Simple 'positive parenting' techniques can make a real difference.

- Emphasise the practical and supportive feel of a parenting group. Parents value not being judged and being given common sense practical tips and strategies. They also value a better understanding of their child's behaviour and how to manage it. Parenting programmes have been shown to really improve parents' wellbeing, as well as reducing broader stress in the family.

It might be useful to show parents this video so that they can get a sense of how the group feels. It was made by parents for parents. **You can see the video at: <http://youtu.be/1K8eXup19TM>.**

## Referral to parenting programmes

Parenting programmes may be provided by a variety of agencies and funded from a variety of budgets. Some parenting programmes are provided by local authority parenting teams, some by Improving Access to Psychological Therapies trained staff, some by schools and some by Child and Adolescent Mental Health Services (CAMHS). These questions may help to assess what is available locally:

**Do you have a central gateway for all child and family referrals?** Some areas have established a central gateway for all referrals for vulnerable children and their families. This simplifies the referral process and it is important to ensure that parents know how to refer themselves using it.

**Does your area have a local coordinator of parenting or family work?** Most do; but they are not always easy to track down. This strategic lead is usually located in Children's Services and plans and coordinates what is available. It may be useful to link up and get a copy of this parenting or family plan.

**Does your service have a joint working protocol in place with Children's Services and a Safeguarding protocol with the Local Safeguarding Board?** This can provide a sustainable foundation for an improved 'Think Child, Think Parent, Think Family' approach supporting joint working between adult and child sectors.

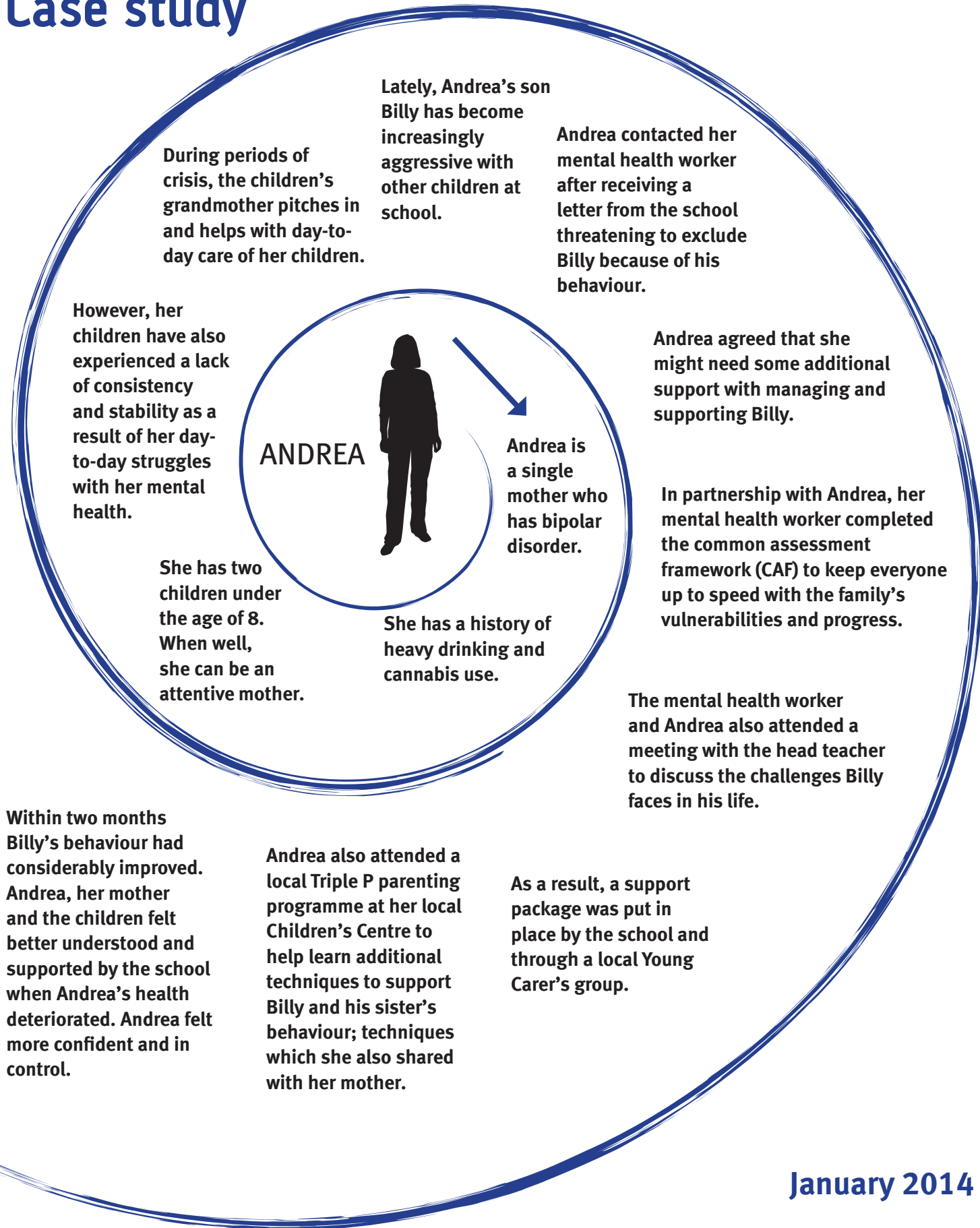
**What happens if programmes are not available in our local area?** Inadequate availability of these parenting programmes is a major commissioning gap and collecting good quality data on the number of parents in your local area with mental health or substance misuse problems will provide critical information for local strategic planning. Substance misuse services currently gather information about children and safeguarding needs through the national drug treatment monitoring system; Ofsted called for adult mental health services to develop similar methods of systematically recording and promoting children's needs. Evidence of any mismatch between local need and provision should be brought to the attention of local Health and Wellbeing Boards.

### Ofsted and the Care Quality Commission, 2013: What about the children?

Summary of key messages for practitioners in mental health and substance misuse services working with adults

- Most adult mental health and drug and alcohol services did not proactively help families access early support, though some drug and alcohol services had begun to improve their focus on families' needs.
- The quality of joint working was generally much stronger between children's social care and drug and alcohol services than between children's social care and adult mental health services.
- Most local authorities did not collect comprehensive and accurate data about children affected by parent or carer mental ill health. Data about children affected by drug and alcohol problems were more readily available, although they were not always used well in planning and evaluation.

# Case study



**More briefings, the video and the accompanying reports on parenting programmes are all available at [www.centreformentalhealth.org.uk/parenting](http://www.centreformentalhealth.org.uk/parenting)**

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