COPMI GEMS
Keeping families in mind
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Gateway to Evidence that MatterS

Quick Facts

- There is lack of research on children whose parents have a Dual Diagnosis (DD).
- It is estimated that 23% of Australian children live in households where at least one parent has had a mental illness, 13% are exposed to a regular binge drinker, 2.3% live with a daily cannabis user, and 0.8% live with a monthly amphetamine user.
- Parents with a DD may experience other problems such as domestic violence, relationship breakdown, social isolation, poverty, and housing instability.
- Compared to other children in the community, children whose parents have a DD are at higher risk of abuse and neglect, being placed in care, and developing their own mental health, behavioural and substance use problems.
- Parents with a DD face multiple barriers in accessing services such as exclusion, fear of child removal, and lack of childcare and family-focused programs.
- Services are rarely offered directly to children, while existing family focused services in the adult treatment sectors are geographically patchy.
- Comprehensive, flexible and integrated treatment and support services are required for both parents and children in multi-problem families. Available evidence suggests that interventions should focus on parent-child relationships, worker engagement, and parent support that is tailored, goal focused and strengths based.

Children of parents with dual diagnosis

Dual Diagnosis (DD) commonly refers to the co-existence of a psychiatric and a substance use disorder in an individual[1]. DD is not uncommon, with up to 80% of people accessing drug treatment services also having a mental health disorder and around 30% of people accessing mental health services thought to have a substance use problem[2]. Among Australian children it is estimated that:

- 23% live in households where one parent has had a mental illness[3]
- 13% (under 13 years) are regularly exposed to a binge drinker
- 2.3% live with a daily cannabis user, and
- 0.8% live with a monthly amphetamine user[4]

In Victoria's child protection system, it is estimated that 33% of substantiated cases of neglect or abuse involve drug misuse, 31% alcohol misuse, and 19% mental health problems[5]. As a consequence of child protection involvement, children from multi-problem families are at higher risk of entering care earlier and staying in care longer[6]. However, the experience and impact of a DD varies considerably depending upon the severity and chronicity of the mental illness and the amount and regularity of alcohol or drug use.

Parenting with a DD and the impact on children

Those with a DD may also experience other issues including poorer coping

strategies, domestic violence, higher rates of offending and imprisonment, isolation, poverty, and housing instability[7]. Together, these issues can impact on a parent's capacity to respond to their children's physical and emotional needs, reducing availability for adequate supervision and parenting sensitivity - factors important for the development of secure attachment[8]. In addition to any in-utero exposure to substances[9], having a parent with a DD appears to have a cumulative effect on children, increasing the risk of birth complications, developmental delays, school failure, acting out, depression, suicide and a child's own substance use problem[7, 10].

Promising interventions

Evidence of how best to reduce the impact of parental DD on children remains unclear. Common but untested strategies include:

- Reducing DD itself through community prevention and better co-ordinated treatment[11]
- Mainstream family support programs
- Targeted approaches aimed at reducing drug or alcohol, and mental health problems among parents

Interventions designed for children whose parents have a DD aim to decrease the multiple risk factors associated with their families while enhancing the protective factors necessary to strengthen children's resilience and coping skills[10]. Promising interventions are intensive, holistic, home--based and family focused, running concurrently with parental treatment. Such programs, with small case loads and appropriate funding, have recorded short-term reductions in drug use and the risk of child maltreatment, and improvements in maternal psychopathology, problem solving and communication[12, 13].

Unfortunately, outcome studies for generic family home-visiting or parenting programs typically exclude DD, while those that have targeted

References

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substance misusing families have found no or minimal improvements in parenting, and no or minimal reduction in the risk to their children[8]. Evidence does suggest that adult focused parenting or treatment-only approaches have their greatest impact on children under about 8 years of age[8].

Barriers to service access

Unfortunately, along with the complexity of the DD and its effects, parents with a DD are less likely to access treatment due to:

- Problems often being chronic and prone to relapse
- Lack of childcare or family focused programs,
- Fear of stigma and the removal of children
- Parental secrecy around drug use, especially illicit drug use[9]

While a few services across Australia do offer support to parents with either a mental health or a drug or alcohol problem, they are rarely well integrated with each other and tend to be geographically patchy[4]. Few offer support directly to children whose parent has a DD[14]. To be effective in reducing the impact of parental DD on children, treatment services need to be systematically funded and integrated to offer family-focused treatments that are flexible (accommodating periods of wellness and relapse) and focused on both the adult's parenting and treatment needs, and the safety and developmental needs of their children[15].

Limitations

There is a clear gap in the evidence and practice regarding children whose parents have a DD[10]. None of the interventions described in the literature report rigorous outcome studies. Consequently, conclusions drawn here are based on a simple integration of the separate literatures on either substance dependency or mental illness and should be viewed as hypotheses at this stage.

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The Children of Parents with a Mental Illness [COPMI] initiative is funded by the Australian Government.
Further resources and information about the initiative can be found at www.copmi.net.au |