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Parental mental health and substance use disorders: supporting the wellbeing of children and adolescents

NRF Clinical Practice Guidelines™

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Introduction

Mental health and substance use disorders constitute a substantial burden for individuals, families and society. In Finland, approximately 77 percent of women and 70 percent of men receive a diagnosis of a mental, behavioural, or neurodevelopmental disorder during their lifetime[1]. Although alcohol consumption has decreased to an extent[2], experimentation with and use of illicit drugs has become increasingly common[3]. Mental health and substance use disorders remain strongly associated with stigma, which complicates the process of seeking and receiving help[4]. Therefore, it is important that health and social care professionals recognise their own attitudes to provide professional and non-stigmatising support.

In Finland, approximately one in five children lives in a family in which at least one parent has a psychiatric diagnosis[5]. Parental mental health or substance use disorders pose a risk to the wellbeing, physical health, and mental health of children and adolescents both during childhood and adolescence, and later in adulthood[6,7]. Parental mental health and substance use disorders may also reduce parenting capacity[8]. Supporting both the wellbeing of the child or adolescent and parenting is important to prevent the intergenerational transfer of mental health and/or substance use disorders[9]. Various operating models have been developed for this purpose; however, their implementation varies considerably between organisations[10].

The identification of mental health and substance use disorder, as well as the provision of support and treatment, are not limited solely to specialised mental health and substance use services; rather, competence is required broadly across health and social care services, with care emphasised at the primary care level[11]. The Health Care Act (1326/2010)[12], the Social Welfare Act (1301/2014)[13], the Act on Welfare for Substance Abusers (41/1986)[14], and the Child Welfare Act (417/2007)[15] define the responsibilities that all health and social care professionals have, regardless of workplace, in safeguarding the wellbeing of children and adolescents.

Child welfare notification

Professionals in health and social care, early childhood education and care as well as education and youth work have a statutory and personal duty to submit a child welfare notification. The notification must be submitted without delay when a professional becomes aware of, or has concerns about, a child whose care, upbringing, living conditions, or behaviour endangers or may endanger the child's health or development.

A suspicion or concern alone forms sufficient grounds for submitting a notification. The underlying reasons may include, among others:

- neglect of the child's needs
- deficiencies in care or upbringing
- substance use or mental health disorders of the child's guardian, exhaustion, or neglect of the guardian's own treatment
- lack of support networks in everyday life, if this endangers the child's wellbeing
- serious interaction problems between the parent and child
- disproportionate responsibility borne by the child for the family's everyday life, for example due to parent's illness

The duty to notify is personal and untransferable. A notification cannot be omitted, for example, due to concerns over preserving the care relationship or jeopardising trust. The obligation overrides the duty of confidentiality. The notification should primarily be submitted to the wellbeing services county of the child's municipality of residence. More detailed instructions and contact details are available on the wellbeing services county's website.[16]

Purpose, aim, and target groups of the guideline

Purpose and aim of the guideline

The purpose of this clinical practice guideline is to provide research evidence based on critically assessed systematic reviews and to issue recommendations based on this evidence for supporting the wellbeing of children and adolescents in health and social care services in situations where a parent has a mental health or substance use disorder.

The aim of this clinical practice guideline is to harmonise the competence of health and social care professionals in supporting the wellbeing of children and adolescents in situations where a parent has a mental health or substance use disorder. In practice, supporting the wellbeing of children and adolescents often requires working in collaboration with parents (biological or foster parents), and therefore, supporting parenting and the family.

Target groups

This clinical practice guideline has been prepared for all health and social care professionals who, in their work, encounter parents with children or adolescents under the age of 18 and who are identified, or have previously been identified, as having mental health or substance use disorders. Regardless of the service setting or operating environment, it is important that these children and adolescents are identified, that they are offered support as needed to promote their wellbeing, and that support is provided for their parents' parenting capacity. Postnatal depression and psychosis in the parent have been excluded from the scope of the guideline; consequently, the guideline does not include information concerning infants. This delimitation was made because another NRF Clinical Practice Guideline® on the topic is currently in preparation. The guideline can be used in all health and social care services and operating environments: in addition, it can be utilised as learning material in vocational basic education and continuing professional education.

Key concepts

Child and adolescent

In this guideline, the terms ‘child’ and ‘adolescent’ refer to a minor, that is, a child or an adolescent under 18 years of age. The definition of adolescent differs, for example, from the one used in the Child Welfare Act, according to which a child is a person under 18 years of age, and an adolescent is a person aged 18–22 years[15]. However, the age of majority is considered to be 18 years in all European countries, with the exception of Scotland,[17] and the UN Convention on the Rights of the Child also describes persons under 18 years of age as minors[18]; therefore, the age limit of 18 years was adopted in this guideline.

The wellbeing of children and adolescents and supporting wellbeing

The perspective of this guideline is the wellbeing of children and adolescents and supporting that wellbeing. Children and adolescents under 18 years of age are a particularly vulnerable group because they are the responsibility of their guardians and do not have full decision-making authority in all matters[15,19].

In Finnish, the concept of *wellbeing* refers to wellbeing at both individual and community levels, with its components described in terms of health, material and perceived wellbeing, and quality of life[20,21]. The Ministry of Social Affairs and Health[20] uses the model described by the Stiglitz Commission to describe the dimensions of wellbeing. In this model, wellbeing consists of the following dimensions: health, education, daily work and leisure activities, political voice, social connections and relationships, physical living standards, environment, and feelings of safety. In particular, social relationships, self-expression, happiness, and social capital are described as components of individual wellbeing[20,21].

UNICEF[22] describes child wellbeing through the ecological model of child development[23] which, in addition to the individual perspective, emphasises community. The model describes child wellbeing in terms of activities, relationships, networks, resources, policy, and context.[22] In accordance with this model, support for a child’s wellbeing may be provided by many different actors and in several different contexts, including outside health and social care.

Children themselves have described wellbeing as the result of material and economic factors, physical health, activity, physical environment, adversity, and social responsibility, as well as emotional and relational wellbeing. This emotional and relational wellbeing includes a sense of safety, a positive sense of self, and the feeling of being able to influence matters that concern oneself.[24] Children and adolescents understand and process their experiences and the information they receive in accordance with their age, developmental stage, and individual capacities; consequently, support for wellbeing should be individually tailored and adapted to the developmental stage[25].

Overall, the concept of wellbeing has been found to be difficult to define, particularly in relation to children and adolescents[26]. For this reason, various synonyms were utilised to identify a broad range of studies related to the topic.

Parental mental health or substance use disorder

In this guideline, parental mental health or substance use disorder refers to either a diagnosed or undiagnosed mental health or substance use disorder in the parent of a child or an adolescent. In this guideline, undiagnosed refers to a mental health or substance use disorder that has been recognised by the person themselves or by someone else, irrespective of whether the person is receiving health and social care services for this reason. In Finland, the ICD-10 diagnostic classification is utilised in the diagnosis of mental health and substance use disorders[27].

The most common mental health disorders are anxiety and mood disorders[1]. A mental health disorder and a substance use disorder may occur simultaneously, in which case the term dual diagnosis is applied. Conversely, a mental health disorder may be a reason for problematic substance use, and substance use may, in turn, cause mental health disorders[28]. It is important for health and social care professionals to recognise that mental health and substance use disorders ─ either together or separately ─ manifest individually in different ways. At the same time, they continue to be strongly associated with stigma, which may complicate the process of seeking and receiving help[4]. However, despite mental health and substance use disorders often occurring simultaneously as described above, this is not the case for everyone. Therefore, the guideline uses the expression ‘mental health or substance use disorder’ to avoid the impression that the wellbeing of children and adolescent should be supported only in situations where a parent has co-occurring mental health and substance use disorders.

Recommendations

1. The situation of the child and adolescent in the family

Assess whether a client with a mental health or substance use disorder has minor children and the children's situation, because

there is strong evidence of

- **a parent's mental health disorder potentially increasing the child's risk of developing mental health disorders.[29] (A)**

- **a parent's substance use disorder causing negative emotions and experiences for the child or adolescent, impairing their wellbeing.[30] (A)**

- Children and adolescents whose parent has a substance use disorder have expressed mental health disorders, sadness, depression, fear, anxiety, worry, guilt, insecurity and anger.[30]
- Children and young people have expressed how the stigma and shame caused by a parent's substance use disorder have led them to conceal and deny the parent's substance use. Once the parent's substance use became known, children and adolescents faced bullying and discrimination.[30]
- The experience that one's own family is not like others, or that the parents' behaviour is abnormal, has caused children and adolescents stress, uncertainty, shame, and fear of being treated unfairly, judged or rejected.[30]

2. Understandable and age-appropriate information

Ensure that the child or adolescent receives understandable information about the parent's mental health disorder that is appropriate to their developmental stage, because

- **there is strong evidence that children's understanding of a parent's mental health disorder varies.[31,32] (A)**
  - Information can be used to help the child or adolescent manage difficult emotions and understand the parent's mental health disorder[32].
  - The child's developmental stage, family practices, and willingness to seek information about the parent's illness influence access to and understanding of information. Children have expressed that they had not been told about the parent's mental health disorder.[31]
  - Children and adolescents may feel dissatisfied with health care professionals if they have not had sufficient opportunities to discuss matters with them. In addition, dissatisfaction is caused by the experience of being excluded from the parent's care plan and by the experience that children and adolescents are not respected.[31]





Age-appropriate and clear information about the parent's mental health or substance use disorder supports the child's sense of safety, reduces fears, and prevents misunderstandings, such as feelings of guilt experienced by the child.

Information should be provided continuously, adapted to the child's developmental stage, and based on the child's questions and needs. Open, repeated discussion strengthens trust and helps the child rationalise the family situation.

When providing age-appropriate information, it is important to consider the developmental stage:

- *Early childhood (approximately 0–6 years):* The child is given simple and concrete information about visible changes (e.g. 'mother is tired/ill at the moment'). The predictability of everyday life and who will care for the child are emphasised.
- *School age (approximately 7–12 years):* The basic nature of the mental health or substance use disorder and its effects on everyday life can be explained to the child. Misunderstandings are actively corrected, and it is emphasised that the child is not to blame for the situation.
- *Adolescence (approximately 13–18 years):* The adolescent benefits from more open and detailed information, including information about the mental health or substance use disorder, treatment, and its effects on the family. The discussion acknowledges the adolescent's individual interpretations, responsibility, and need for support.

Key principles at all developmental stages include:

- honest and understandable communication
- listening to the child's experiences and questions
- supporting the child in naming emotions
- strengthening safety and continuity
- the opportunity to return to the topic repeatedly

The role of the health and social care professional is to support parents in discussions, ensure the child's and adolescent's right to receive information, and supplement and clarify the information provided to the child.[33–37]

Materials intended for different age groups, including those developed by non-governmental organisations, may be used to support discussion. Information and materials are provided, for example, by FinFami[38], the Mannerheim League for Child Welfare[39], Fragile Childhood[40], the Central Union for Child Welfare[41], the Family Federation of Finland[42], MIELI Mental Health Finland[43] and Mentalhub.fi[44].

3. Coping strategies used by children and adolescents

Support children and adolescents whose parent has a mental health or substance use disorder in using protective coping strategies and guide them away from the use of negative coping strategies, because

- **there is strong evidence of children and adolescents using both self-protective and self-harmful coping strategies when a parent has a mental health or substance use disorder.[30,31,45] (A)**

- Protective coping strategies used by children and adolescents include attempting to understand the parent's illness, talking with mental health professionals or teachers, and sharing concerns with other close persons, such as grandparents or friends.[45]
- A negative coping strategy used by children and adolescents may be concealing the family situation when a parent has a mental health disorder. They hide the family situation because they experience shame and sadness and suffer from stigma and bullying.[45]



4. Supporting the child and adolescent

Assess whether the child or adolescent has a safe social network and receives the support they need, because

- **there is moderate evidence that indicates children and adolescents whose parent has a mental health disorder encounter difficulties in their social relationships.[31] (B)**
- **there is strong evidence that indicates children and adolescents whose parent has a mental health disorder need support for coping.[32,45] (A)**
- **there is strong evidence that indicates children and adolescents whose parent has a substance use disorder receive support from various sources.[30] (A)**
    - Children and adolescents have described receiving support from, among others, siblings, a parent who does not use substances, other relatives, friends, and neighbours. In addition, support received in the school environment is important for children and adolescents.[30]

In accordance with their developmental stage, children and adolescents have relationships beyond their parents and family, for example, in early childhood education and care, school, hobbies, or with friends and relatives. Support for the wellbeing of children and young people may, therefore, take place not only at home and in the immediate circle but also in health and social care and in other settings, such as early childhood education and care, school, or leisure activities.[31]

Health and social care organisations complement public services by providing low-threshold, flexible, and free support for families in which a parent suffers from a mental health or substance use disorder. Support is available without referral, often anonymously, and may be provided for children and adolescents, the parent, or the whole family.

Key forms of support include:

- information and guidance on the mental health or substance use disorder and its impact on the family
- discussion-based support for children, adolescents, and parents
- peer support from others in similar situations
- support for parenting, the relationship between parents, and family interaction
- materials and tools that support coping in everyday life
- recreational activities that provide relief from a burdensome everyday life.

It is important for health and social care professionals to recognise the support provided by non-governmental organisations and to actively refer families to such support as part of holistic care and service guidance.

5. Relationships between family members

Discuss the significance of mental health or substance use disorders for relationships between family members with the family, because

there is strong evidence of

- **parents' mental health or substance use disorders potentially causing changes in relationships, roles, and responsibilities between family members.[30,31,45,46] (A)**
    - The guideline working group notes that families in which a parent suffering from a mental health or substance use disorder may need multiprofessional support, including social work. In these families, children often have to take responsibility for matters that should be the responsibility of parents or of health and social care professionals.
- **children and adolescents whose parent suffers from a substance use disorder attempting to ensure safety within the family in many ways.[30] (A)**
    - The guideline working group notes that discussion with the family, without assigning blame, is important. Consequently, it may mitigate the responsibility carried by children and adolescents but traditionally associated with the adults in the family.



6. Psychosocial methods for supporting the wellbeing of children, adolescents, and the family

Ensure that the child, adolescent, and family receive the preventive support they need when a parent has a mental health or substance use disorder, because

- **there is moderate evidence that indicates preventive psychosocial methods can reduce the child's risk of developing either the same mental disorder as the parent or other mental disorders[47]. (B)**

- **there is moderate evidence that indicates preventive psychosocial interventions can reduce children's internalising and externalising symptoms[47]. (B)**

- **the evidence is inconclusive, but it indicates that preventive programmes targeted at mothers and children may support their interaction[48,49]. (C)**
    - In the systematic review, the effects of the interventions on the interpersonal relationship were generally found to be small. Slightly larger effects were observed in maternal sensitive behaviour and in child behaviour during interaction situations, although the effects on child behaviour were not maintained during follow-up.[48]

- **the evidence is inconclusive, but it indicates that interventions targeted at parents and children have a positive effect on children's mental health[48,49]. (C)**
    - Interventions could reduce children's internalising symptoms in particular. In addition, families found group-based interventions especially positive.[48,49] The topics perceived most positively were those addressing the whole family or discussing mental health[49].

In Finland, evidence-based psychosocial methods are used to support families in situations where a parent has a mental health or substance use disorder. Itsenäisyyden juhlavuoden lasten säätiö (Itla) provides information on the effectiveness and implementation of psychosocial methods[50].

Examples include the methods that form part of the Toimiva lapsi ja perhe programme, for which MIELI ry provides training, maintains materials, and development[51]. These methods are characterised by a child- and family-centred approach; they strengthen understanding, interaction and factors that protect the child's development:

- **Let's Talk about Children (LTC)** method: A brief discussion-based intervention (1–2 meetings) in which the child's everyday life, strengths, and stressors are examined, and parenting and factors that protect the child's development are supported. When needed, the work is complemented by network collaboration.
- **Effective Child & Family (ECF)** family intervention (Family Talk Intervention): A family intervention comprising several meetings, which increases understanding of the parent's illness, supports open interaction, and reduces children's burden by working both separately and together as a family.
- **Vertti group activities**: A group-based method in which children and parents participate simultaneously in their own groups. The aim is peer support, sharing experiences, and strengthening everyday coping strategies.



Implementation of the guideline

This clinical practice guideline summarises current research evidence on supporting the well-being of a child or adolescent when a parent has a mental health or substance use disorder. To support the wellbeing of children and adolescents, it is essential to identify the situation of children, adolescents and their parents and to ensure the necessary help and support. Being heard, receiving information, and participation are important from the perspectives of the child, adolescent, parent, and family. Therefore, supporting children and adolescents should be a planned, professional part of health and social care services whenever a parent suffers from a mental health or substance use disorder. In this way, it is possible to ensure the safety of the child's or adolescent's living conditions, influence their wellbeing also in adulthood, and reduce the intergenerational risk of mental health and substance use disorders. Action in accordance with the guideline requires support from the organisation and its management.

The full clinical practice guideline can be downloaded from the Nursing Research Foundation website.

Establishing consistent practices

It is important for organisations to establish consistent practices for working with families so that the situation of minor children in families is assessed, the need for support is evaluated, and support is arranged whenever an adult has a mental health or substance use disorder. This requires management to commit to developing family-centred working practices within the organisation.

Consistent practices can be established, for example, by:

- preparing, on the basis of the guideline, unit-specific practices for working with families, which are available in written form and accessible to everyone in the unit.
- ensuring that everyone working in the unit is familiar with the guidance and applies it in their own work.
- holding regular multiprofessional discussions on the contents of the clinical practice guideline and practices for working with families, for example, on how many assessments have been conducted, what kind of support families have needed, and how support has been arranged.
- including practices based on the clinical practice guideline as part of the orientation of new employees and students.
- preparing a checklist for professionals to verify the following:
    - whether there are children in the family
    - the impact of the mental health or substance use disorder on the family's everyday life

    - the need to submit a child welfare notification
    - information for the child about the parent's illness
    - information for parents about the impact of the illness on children and adolescents
    - assessment of the child's coping strategies
    - support for the child and adolescent
    - discussion of interpersonal relationships between family members
    - preventive or psychosocial support for the family.
- Utilising monitoring data on the implementation of work with families in management, both through checklists and in team meetings where experiences are shared and practices are co-developed.

Benefits for families

Implementation of the clinical practice guideline can support the reduction of negative effects of illness on the family, enhance the wellbeing of children and adolescents, reduce adults' burden as well as illbeing and illness among other family members, and ensure that families within services receive evidence-based support.

Benefits for professionals

Implementation of the clinical practice guideline can ensure that everyone is aware of the shared practices for supporting families with children within the organisation, that the families receive systematic support, and that competence in family-centred work is strengthened.

Use of the guideline in education and training

The clinical practice guideline should be used in the education, training, and orientation of students in health and social care and of professionals already working in the field.

Methods

Information retrieval and selection of information sources

The NRF Clinical Practice Guideline is based on a systematic literature search conducted by a library information specialist on relevant databases in accordance with a search plan prepared by the guideline working group.

The selection of research articles is based on inclusion and exclusion criteria specified in advance by the guideline working group. The guideline working group systematically screens the records in Covidence, first by title and abstract and subsequently by full text. Each record is assessed independently by two members of the guideline working group. Any disagreement is resolved through consensus discussions.

From the selected research articles, the guideline working group identifies the findings that are central to the guideline. Thereafter, researchers at the Nursing Research Foundation produce AI-assisted translations of the findings and prepare methodological descriptions of the studies in accordance with a predefined template.

Critical appraisal

The methodological quality of the selected research articles is appraised using the JBI critical appraisal criteria adapted to each study design. First, two reviewers conduct an independent quality appraisal, after which the final appraisal is reached through a consensus discussion between the reviewers. The clinical practice guideline includes scientific, peer-reviewed systematic reviews and primary studies whose methodological quality is assessed as sufficient: more than 50 percent of the criteria in the relevant JBI critical appraisal checklist must be met, together with all critical criteria.

Preparation of evidence summaries and recommendation statements

For each recommendation statement, and evidence summary is prepared that describes the finding central to the recommendation statement, the methodological conduct of the study, the result of the critical appraisal, and the applicability of the research finding to the guideline. The certainty of the evidence supporting each recommendation statement is determined by the strength and consistency of the evidence provided by the studies included in the evidence summary, acknowledging study quality and other considerations relevant to the certainty of evidence. The evidence summaries are published in Finnish on the website of the Nursing Research Foundation. In addition, the complete handbook for preparing NRF Clinical Practice Guidelines is available in Finnish on the Foundation’s website.

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