EXPLORING THE MENTAL HEALTH OF SUBSTANCE-MISUSING PARENTS

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This paper examines the prevalence of mental health and parenting problems among substance-misusing parents and the implications for their children. This is a summary of the paper: the full version can be accessed at nursingtimes.net.

There are disproportionate rates of psychiatric disorders among people who are substance misusers. Menezes et al (1996) reported that about one-third of inner-city patients with a severe mental illness had a substance misuse co-morbidity. A separate study found that 12% of addiction service clients also had severe mental illnesses (Virgo et al, 2001). The implications for children who have parents who are substance misusers may be dire and long term. Recognising the potential mental health problems of parents is extremely important to protect children from poor childcare and possible subsequent damage.

**AIM** To investigate the prevalence of mental health and parenting problems among substance-misusing parents.

**METHOD** Participants Twenty adults were selected randomly from an independent walk-in substance-misuse clinic run by a voluntary agency. The clinic offered basic counselling, support and a prescription service, but did not provide maintenance prescriptions such as methadone. All participants were self-referred and parents. Their age range was 19–47 years (mean 33 years).

There were 11 men and nine women with a total of 38 children – 13 boys and 25 girls.

Ten participants had full-time care of their children, six had part-time care (one of these with only some of his children) and four had no contact. Nineteen of the participants reported a daily substance misuse problem and one reported bi-weekly misuse of substances. Eleven participants were prescribed drugs, of which seven were on methadone and six on psychotropic drugs (some of the participants were prescribed both).

Seven participants reported mental health problems and all of these had some sort of contact with the health service.

The range of duration of substance-misuse problems reported by the participants was from two to 35 years (mean 13.85 years).

**Procedure** All 20 participants were asked to complete three assessments. These were:

- The Millon Clinical Multiaxial Inventory (MCMI-III), which assesses personality and personality disorders;
- The Brief Symptom Inventory (BSI), designed to assess symptom patterns that may bridge psychological and medical arenas;
- The Parenting Satisfaction Scale (PSS), designed to assess parent-child relationships.

**RESULTS** The results for each assessment showed clear common patterns for all participants. The scores for the MCMI-III indicated that the whole group fell into clinically significant ranges when compared with norms for psychiatric patients (in addition to alcohol and drug dependence).

When compared with the normative population, a score of 60 represents the median for all patients, 74 or more indicates the presence of a clinically significant style or syndrome. A score of 84 or more indicates that a particular personality style or syndrome is prominent for the individual (Strack, 1999). All of the participants’ scores followed a similar pattern of being high for all sub-scales except four: desirability, histrionic, narcissistic and compulsive.

The BSI uses nine primary symptom dimensions and three global indices to measure psychological symptom patterns. The operational rule for ‘caseness’ states that the respondent must have a Global Severity Index Score of 63 or above, or scores of 63 or above in any two primary dimensions when compared with the gender-specific adult non-patient norms.

As all of the participants were well above these cut-off points, the current study used adult psychiatric outpatient norms. Using these norms, the mean scores

**BACKGROUND**

- Changes in social policy have contributed to a rise in the number of parents who have mental health problems who are caring for their children. With the closure of large institutions and their replacement with care in the community, the probability of children staying with natural parents who have mental health problems has increased. It has also been reported that these changes have caused a rise in the birth rate among mothers who have severe mental health problems (David and Morgall, 1990).
- The National Treatment Outcome Research Study (Gossop et al, 2000) found that approximately one-third of drug users had mental health problems.
- Children of substance misusers are more likely to have psychological and behavioural problems when compared with children of non-substance-misusing parents (Kolar et al, 1994).
for the three global indices were Global Severity Index 62, Positive Symptom Total 69 and Positive Symptom Distress Index 54.

The mean scores for the Symptom Distress Index appeared lower suggesting that the participants were not as distressed as expected by the range of severe symptoms that they were experiencing. This relatively low mean score may provide evidence that participants were using substances to minimise psychological symptoms.

The mean percentile rank scores for the three dimensions of the PSS, such as parent/child relationship were low.

CONCLUSION
The study provides further evidence of the links between substance misuse and mental health, but provides little more clarity as to the nature or direction of these links. Although all participants demonstrated severe personality pathology and mental health problems, only 40% reported any sort of contact with the health service and 35% that they had mental health problems. It is possible that the participants were using substances to control or ameliorate symptoms.

Initially, the most striking result from the assessments was that the whole group clearly demonstrated severe personality pathology, mental health problems and symptoms. It should be noted that only seven of the 20 participants reported having mental health problems. In a similar vein, eight reported some sort of health service contact, with half of these having only GP contact, mainly for prescriptions. The level of mental health pathology demonstrated by the participants was at least at the levels that would be expected from a group of mental health inpatients.

The data from the MCMI-III and the BSI indicated a wide range of personality pathology and symptoms. This suggests that substance misusers may have needs that would warrant specialist services. But the low scores on the MCMI-III for desirability and histrionic, narcissistic and compulsive behaviour suggest that this group are unlikely to engage easily or conform to therapeutic programmes and unlikely to be concerned how the therapeutic system may view them.

The PSS scores were on the whole very low, confirming the research concerning the negative developmental and care effects for children who have parents with mental health problems.

The lack of health service or indeed any statutory service contact was particularly worrying as the mean scores for the assessments were high even when compared with psychiatric norms, indicating consistently high levels of personality and mental health pathology for the participant group.

When all three assessments are considered, the implications for their children appear very negative from biological, psychological and socioeconomic perspectives. Considerable evidence exists concerning negative effects on children who have parents with mental health problems.

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