

# Parent mental health

## Key insights

- Most Victorian parents reported good mental health, but two-fifths had experienced symptoms of depression, anxiety or substance addiction since becoming a parent. Over a quarter indicated moderate to serious levels of current psychological distress.
- Being female, un-partnered, not in paid work and having lower education and family income were related to poorer parent mental health.
- Understanding and support from a partner or the child's other parent, and being satisfied with the way parenting duties were shared were protective factors related to better parent mental health.
- Poorer mental health was associated with lower parenting confidence. These parents reported less confidence in supporting their children in education, felt more negative about their interactions with their children and played/exercised with them less often.
- Parents experiencing mental health concerns were less likely to say they turn to family first for support.

## What factors are related to parents' poor mental health, and how does parent mental health influence parents' help- and information-seeking, and parenting practices?

This Research Brief derives from the 2016 Parenting Today in Victoria Study conducted and analysed by the Parenting Research Centre, and funded by the Victorian Department of Education and Training.

## Context

Parents' mental health difficulties affect their parenting and hence their children. Mental health difficulties can make it harder for parents to care for their children and can also affect their relationships with their children.<sup>1</sup> When parents are experiencing high levels of psychological distress, the children's own mental health is impacted<sup>2,3</sup>, as is the children's academic and social functioning.<sup>4</sup> Parental mental illness can be a significant factor in child protection cases.<sup>5</sup>

Just how much a child is put at risk by their parent's mental health difficulties depends on the individual family and how much support it has.<sup>1</sup> Therefore, we used results from the population-representative Parenting Today in Victoria survey of 2600 mothers and fathers to look at information relating to parents with mental health difficulties. We explored the characteristics of these parents and identified potentially modifiable factors that may be useful in informing policy and practice related to families where parents have mental health challenges.

## Findings

### What mental health difficulties were reported?

Overall, the mental health picture of Victorian parents is positive. Most (72%) reported low levels of current psychological distress. Only 4% had serious levels of current psychological distress.

Despite a generally positive picture of parent mental health, nearly 25% indicated a moderate level of current psychological distress, and 40% had experienced

1 Reupert, A.E., Maybery, D.J., & Kowalenko, N.M. (2013). Children whose parents have a mental illness: Prevalence, need and treatment. *The Medical Journal of Australia*, 199(3), 7-9.

2 Weissman, M.M., Wickramaratne, P., Nomura, Y., Warner, V., Pilowsky, D., & Verdelli, H. (2006). Offspring of depressed parents: 20 years later. *American Journal of Psychiatry*, 163, 1001-1008.

3 McLaughlin, K.A., Gadermann, A.M., Hwang, I., Sampson, N.A., Al-Hamzawi, A., Andrade, L.H., ... & Kessler, R. C. (2012). Parent psychopathology and offspring mental disorders: Results from the WHO World Mental Health Surveys. *The British Journal of Psychiatry*, 200(4), 290-299.

4 Mensah, F.K., & Kiernan, K.E. (2010). Parents' mental health and children's cognitive and social development. *Social Psychiatry and Psychiatric Epidemiology*, 45(11), 1023-1035.

5 O'Donnell, M., Maclean, M.J., Sims, S., Morgan, V., Leonard, H., & Stanley, F. (2015). Maternal mental health and risk of child protection involvement: Mental health diagnoses associated with increased risk. *Journal of Epidemiology and Community Health*, 69(12), 1175-1183.

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symptoms of depression, anxiety or substance addiction since becoming a parent. Most of these parents said they had experienced depression (28%) and anxiety 28%. Very few reported past substance addiction (3%).

### What were the characteristics of parents reporting mental health difficulties?

We looked at which characteristics were more likely in parents with mental health difficulties. To do this, we first divided parents into two categories based on mental health status: *poorer mental health* and *better mental health*. Our categorisation depended on parents' current psychological distress combined with their reports of depression, anxiety or substance addiction problems since having children.<sup>1</sup>

Parents with poorer mental health were more likely to have certain personal and family characteristics. Parent gender was a strong predictor of mental health. Mothers were more likely than fathers to have serious current psychological distress (5% compared with 3%). Also, 34% of mothers had experienced depression since having children, and a similar proportion had experienced anxiety. By comparison 18% of fathers had experienced depression and 19% had experienced anxiety since having children (see Figure 1). Of those who had experienced depression since becoming a parent, 9% of fathers and 60% of mothers said this included post-natal depression.

Parents with poorer mental health were also more likely to have lower educational achievement, lower family income, and not be in paid work. For example, Figure 2 shows how the proportion of parents with better mental health increases with parent education level attained.

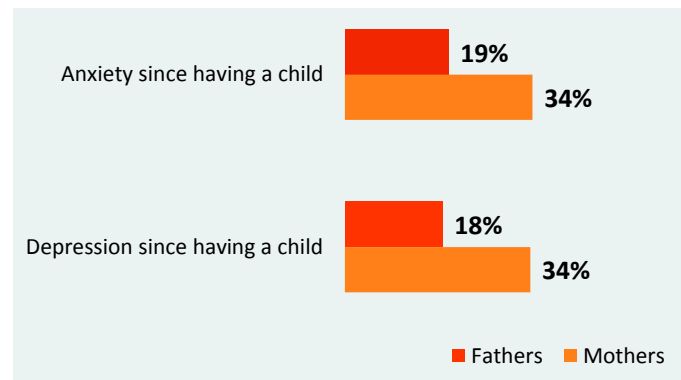


Figure 1. Proportions of fathers and mothers who have experienced depression or anxiety since becoming a parent.

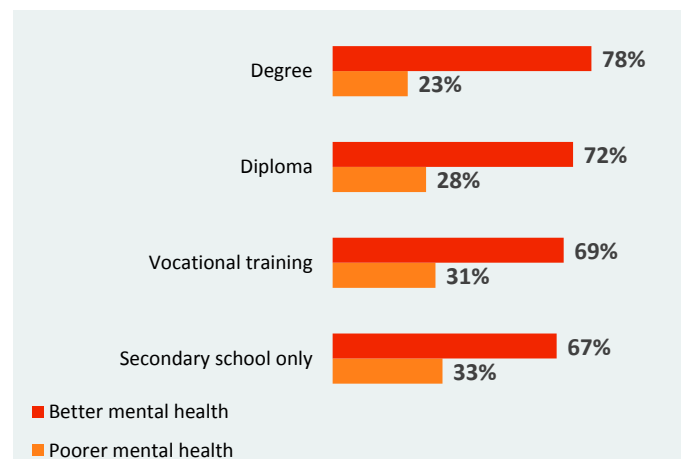


Figure 2. Proportions of parents with better and poorer mental health by education level attained.

Parents with partners reported better mental health than non-partnered parents. Nine percent of non-partnered parents had serious current psychological distress

<sup>1</sup> This classification of parents as either having 'better' or 'poorer' mental health was created by splitting the sample of all parents into three groups based on their K6 scores (serious, moderate or low psychological distress), then combining the K6 groups with history of any past problem. The 'poorer' mental health group represented those with serious or moderate distress scores on the K6, regardless of past problems. The 'better' mental health group represented those with moderate K6 plus no past problems or those with low distress scores on the K6, regardless of past problems. This classification resulted in 29% of the sample having 'poorer mental health' and 71% having 'better mental health'. Reference: Kessler, R., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S.-L. T., ... Zaslavsky, A. M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32, 959-976.

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compared with 3% of partnered parents. Similarly, non-partnered parents were more likely to have experienced depression and anxiety since having children than partnered parents.

We asked parents about their physical health, and 13% reported fair or poor physical health. These parents were much more likely to say they had mental health difficulties than other parents. For example, 19% of the parents with fair or poor physical health had serious current psychological distress, over 50% said they had experienced depression, and over 40% said they had experienced anxiety since having children.

Parents with a child with a medical condition or learning difficulty were more likely to have poorer mental health. More of these parents said they had experienced depression (40%) and anxiety (38%) since having children and they were more likely to be experiencing serious current psychological distress (9%).

### What factors are associated with poor parent mental health?

The previous section identified the characteristics of parents with poor mental health. But we wanted to look at each characteristic while taking into account all of the other relevant characteristics, so we used modelling analyses. This told us which of the parent characteristics were most strongly associated with a parent being in the category *poorer* or *better* mental health.

As well as testing how parent mental health is influenced by demographic characteristics such as parent gender, being partnered, education level, household income, partner support (all or most of time vs rarely or never), and satisfaction with how parenting is shared (all or most of the time vs rarely or never), we also included a measure of parenting self-efficacy in the prediction model. Parenting self-efficacy was measured by the Me as a Parent scale (MaaPs).<sup>1</sup> High scores on the MaaPs indicate parents feel more confident and effective in their role as parents.

Overall, the model was found to be a good one to explain factors that may lead to good mental health (94% of cases successfully predicted). But the model was not as good at predicting poorer mental health (23% of cases successfully predicted).

Mothers were 1.6 times more likely than fathers to have poor mental health, while higher levels of education and income, having support, shared parenting duties and good sense of parenting self-efficacy all appeared to be protective factors.

When parents felt understood and supported by the child's other parent, and when they were happy with the way parenting duties were shared, the odds of them reporting poorer mental health halved. Weaker predictors were higher education and income levels and higher scores on parenting self-efficacy. These factors only reduced the odds of poorer mental health very slightly. While most parents reported good support from the other parent, there were clear differences in perceptions of parent with poorer mental health compared with those with better mental health (see Figure 3).

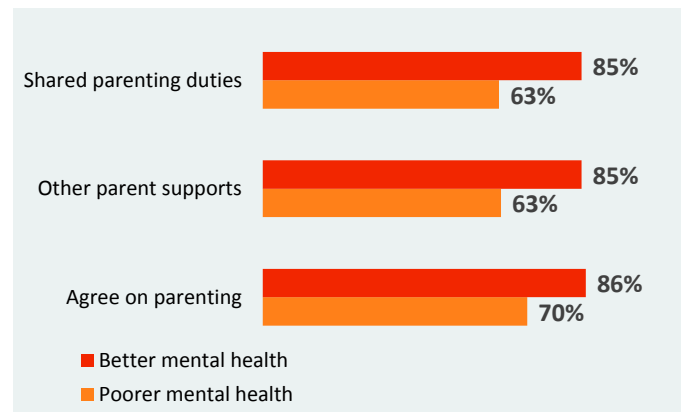


Figure 3. Proportions of parents reporting the degree of support received from a parenting partner by mental health status.

<sup>1</sup> Hamilton, V. E., Matthews, J. M., & Crawford, S. B. (2014). Development and preliminary validation of a parenting self-regulation scale: "Me as a Parent". *Journal of Child and Family Studies*, 24, 2853-2864.

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### How is a parent's mental health related to their help- and information-seeking?

We wanted to know if parents had someone they trust for advice if they were having problems in their lives. There wasn't a great difference between parents in the poorer and better mental health categories: 88% of parents with poorer mental health agreed they did have someone compared with 93% of parents with better mental health. The difference was greater for parents with current psychological distress. Only 79% of those with serious current psychological distress agreed or strongly agreed that they had someone to talk to if they had problems in their lives, compared with 93% of parents with low levels of distress.

Those with poorer mental health were slightly more likely (92% compared with 85%) to have obtained information and advice about their child from professionals such as general practitioners, speech pathologists and psychologists. However, they were less likely to have obtained information and advice about raising their child from family members, including their own partners (73% compared with 87%). Only 66% of parents with serious levels of current psychological distress said they turned to family first when looking for help and support to raise their children. This compares with 86% of parents reporting low levels of current distress.

As well as help from health professionals and information and advice from family, parents used a range of other information sources about raising their children, with few differences between parents with poorer and better mental health. Figure 4 shows that parents with poorer mental health were somewhat more likely to seek information from most sources, with the exception of community groups. For all parents,

online information was well-accessed, and is likely to be increasingly used with the growth of readily accessible and reliable information available in digital formats.

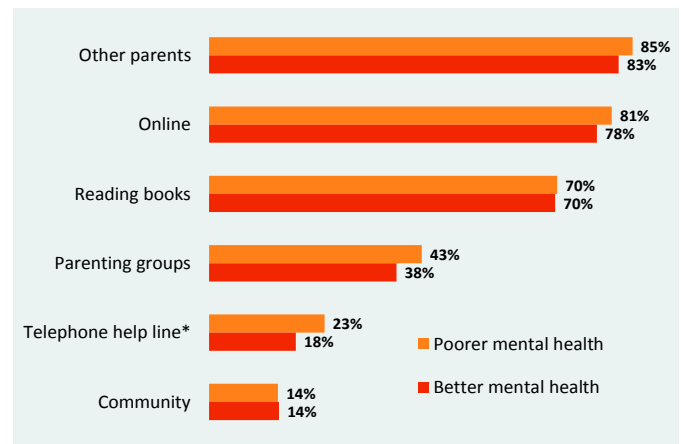


Figure 4. Proportions of parents with better and poorer mental health reporting use of information sources on raising children. (\*only telephone help line showed significant differences between poorer and better mental health groups,  $p < .001$ ).

### What are the links between parent mental health and experiences of early childhood education and care and school?

Figure 5 shows how parents with poor and better mental health interacted with education staff around decisions and advice about their children, and how they felt about these interactions. Of note, almost 60% of parents with poorer mental health reported seeking help from these people compared with 43% of parents with better mental health.

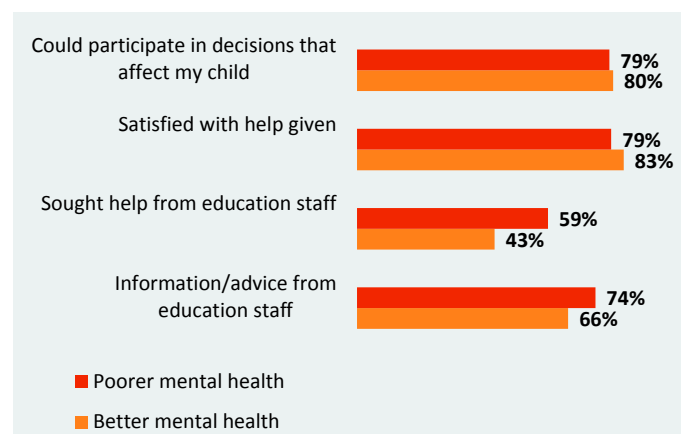


Figure 5. Proportions of parents with better and poorer mental health reporting use of and satisfaction with information, advice and support from their children's educators.

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Overall, parents' level of satisfaction and comfort in communicating with educators was high. However, overall, those with more mental health challenges were slightly less satisfied with their communications with educators. A greater proportion of parents with better mental health agreed they were satisfied (83% compared with 77%). Similarly, a slightly greater proportion of parents with better mental health felt comfortable talking to their child's educator (94% compared with 89%). A smaller proportion of those with serious current psychological distress reported feeling comfortable talking to educators (84%) compared with 94% of parents with a low level of distress.

### Parenting confidence, parenting behaviours and parent mental health: how are they related?

Parents reported on their confidence in parenting (self-efficacy), their activities with their children, their confidence in helping their children in school or early childhood education and care, and aspects of their interactions with their children, including handling misbehaviour.

When the MaaPs parenting self-efficacy scores were categorised as low, moderate, good and very good, we saw that parents with poorer mental health were less likely to feel confident and effective in their role as parents (see Figure 6).

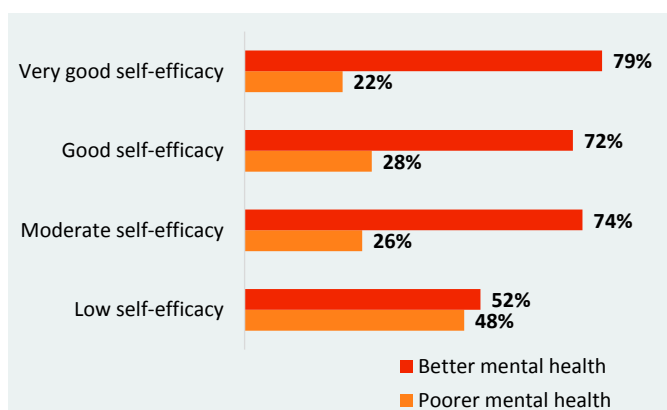


Figure 6. Levels of parenting self-efficacy reported by parents with better and poorer mental health.

Parents with poorer mental health were less likely to agree they knew how to help their children in their education setting (78% compared with 85% of parents with better mental health). Confidence in supporting their children with school transitions was also lower (81% of parents with

poorer mental health compared with 91% of parents with better mental health).

Greater proportions of parents with poorer mental health felt more negatively about the way they interacted with their children when asked about how patient, consistent and critical they were, and how satisfied they were with the amount of time they could give to their children (see Figure 7). Parents with poorer mental health reported smacking and praising their children to about the same the degree as parents with better mental health. However, a greater proportion of parents with poorer mental health said they argued with or yelled at their children about their behaviour or attitude.

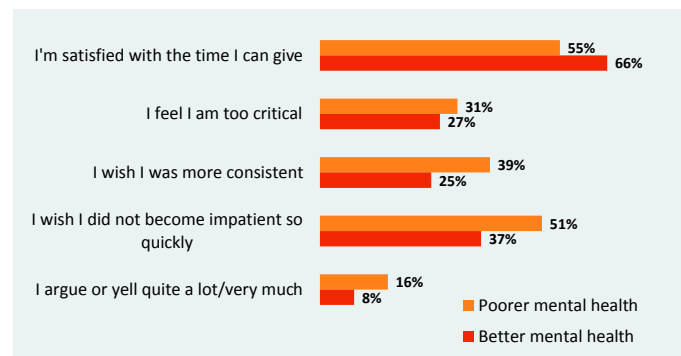


Figure 7. Agreement or strong agreement with statements about parent-child interactions reported by parents with better and poorer mental health.

Parents with poorer mental health were less likely to report playing indoor and outdoor games or exercising with their children. A greater proportion of these parents said they did these things rarely or not at all (22% and 20% respectively, compared with 14% and 14% for those with better mental health).

## Implications for policy

Our survey results have implications for policy and action on three levels: individual parents and families, the service system, and the community.

Our analyses identified potentially modifiable factors associated with poorer and better parental mental health, which – given compelling evidence about the negative impact of parent mental ill-health on children – point to areas for action to ensure today's parents and children are offered the best possible supports and opportunities.

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Compared with parents with better mental health, parents with poorer mental health reported lower general parenting confidence, less confidence knowing how to help their children with their education, and less confidence managing school transitions. Parents with poorer mental health reported less patience and consistency with their children, and higher rates of criticism, arguing and yelling at their children. They were also less satisfied with the amount of time they could give to their children.

By targeting some of these factors, activities undertaken at the individual, service or community level may result in positive outcomes for parents and children.

At an **individual** level it may be possible to raise awareness through communication channels such as print, electronic and social media that mental health and parenting are related, and that there are supports, services and information that can help.

Because those with poorer mental health were less likely to turn to family for help in raising their child, and felt less supported by their partners, this highlights the importance of the role of **services** in responding to parents' needs.

Benefits may be achieved from increased awareness among universal services such as schools and medical professionals about the importance of early identification of parent mental health difficulties and a possible connection with parenting challenges, for fathers as well as mothers. Building on the successful campaigns of agencies like beyondblue<sup>1</sup> and Emerging Minds<sup>2</sup>, there is an opportunity to use existing platforms to promote the importance of attending to the mental health of parents. In particular, it is recommended that greater attention is paid to parents who are not necessarily diagnosed with a mental illness but who may be experiencing symptoms of psychological distress.

The aim would be to encourage parents to seek support and treatment if they are experiencing such difficulties, and to provide appropriate referrals. For these purposes it may be necessary to enhance service providers' understanding of the range of options available, their evidence base, and their potential benefits for children and families in focussing on support and parenting confidence.

In the case of targeted services, a mental health plan that addresses parenting as well as parents' mental health is recommended.

Parents who may be particularly at risk include parents who:

- are single
- are mothers
- have poor physical health
- have children with medical conditions or learning difficulties
- are not in paid work
- have lower educational achievement
- have low household income.

Putting parent mental health on the agenda as part of formal and informal community interactions is another way of supporting parents. At the **community** level this can comprise embedding evidence-based information about parent mental health into the places where parents go for information about their children's wellbeing – websites, webinars, parenting groups, schools, child care and playgroups. This option is supported by our findings that parents with poorer mental health were more likely to use online and phone-based information sources and parenting groups for advice on parenting, pointing to the value of universal and targeted services and support options such as [www.raisingchildren.net.au](http://www.raisingchildren.net.au), maternal and child health services and telephone helplines.

### STUDY DETAILS

The 2016 Parenting Today in Victoria study used computer assisted telephone interviewing, in English, to randomly survey 2600 Victorian parents and carers of children aged 0-18 years. In each family, one parent was interviewed and asked questions about one child (the focus child). The sample was weighted to match Victorian parents in the 2011 Census for the key characteristics of age (sample age was adjusted upwards), education level (sample education was lowered) and residential location (sample was adjusted towards more metro/city dwellers).

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[www.parentingrc.org.au](http://www.parentingrc.org.au)

1 [www.beyondblue.org.au](http://www.beyondblue.org.au)

2 <https://emergingminds.com.au>