

Parental mental health: A ‘double-storied’ approach

TRAVIS GIBSON, JACQUIE LEE AND DANIEL MOSS

Key messages

- Intergenerational mental illness and adversity can cause significant disruptions to the parent-child relationship and to children’s mental health and wellbeing.
- Parents experiencing mental illness and adversity are motivated to make change by their desire for change in their children’s lives.
- Enquiring about the ‘double story’ of adversity and the parental skills and know-how that have helped parents to overcome these challenges can pave the way for parenting changes that benefit children’s social and emotional wellbeing.
- By helping adults to take an active role in developing the next chapter of their parenting story, practitioners can support plans which seek to provide children with new and nurturing opportunities.

Who is this resource for?

This resource is for any practitioner who works with parents affected by mental illness. It identifies ways to support parents to examine ‘double stories’, which include their histories of adversity and challenges as well as their resilience, hopes and know-how (Dulwich Centre, 2008).

These ‘double stories’ can help parents to reflect on their own experiences of being parented, bringing to the fore considerations of their own ethics as they relate to raising children. In turn, these considerations can support adults to make plans for how they want to parent in the future, and how they can provide their children with consistent experiences of safety, nurturing and care.



Introduction

Almost half (45%) of all Australian adults experience mental illness in their lifetime and 23% of Australian children have at least one parent with a mental illness (Patrick, Reupert, & McLean, 2019). While it is important to recognise that not all mental health issues are associated with disadvantage, a lack of resources, connection and opportunity can commonly be passed down through two or more generations, negatively affecting wellbeing and mental health (Chicote, 2018).

Intergenerational mental illness can be exacerbated by adverse childhood experiences (ACES), such as family and domestic violence, poverty, housing insecurity and substance use. These adversities can get in the way of safe and consistent parenting (Laslett, et al., 2015; Humphreys & Campo, 2017; Maybery & Reupert, 2018).

Without support, mental illness can dominate adult self-identity, causing a strong sense of hopelessness and shame about perceived parenting failures. This sense of failure can continue a dominant negative narrative that most often begins in childhood, particularly in parents affected by intergenerational disadvantage and mental illness (Salveron, 2019).

The ability to enquire about aspects of the parent's knowledge, skills or values as an alternative to this dominant failure story is often a necessary entry point for successful engagement. This may involve an examination of the socio-political contexts of their adversity and the obstacles they have had to face. If a practitioner uses an intergenerational lens, they may become immediately interested in looking back to the parent's own childhood experiences.

Unpacking a parent's childhood experiences of adversity and resilience can help you to understand the parent's story and contribute to effective family-focused recovery (Price-Robertson, Olsen, Francis, Obradovic & Morgan, 2016). This does not involve ignoring the current problems that affect their children's mental health and wellbeing. Rather, a double-storied approach helps you to focus on the stories of both adversity and resilience that all parents bring with them to professional services.

“

We judge somebody off what they do, but never hear the story behind it. There's always a story behind each person, no matter how bad or good that is of a story ... if you understand that story, you understand that person a whole lot more.

Enquiring about parenting stories

Every parent derives a strong sense of identity from their relationship with their children. This can provide a significant sense of pride and joy to parents, or give rise to feelings of shame and regret (White, 2005).

Shame can make parents less likely to share their concerns about their children, due to a fear of being judged. Adult-focused practitioners can move beyond a parent's initial hesitancy, by using an intergenerational lens to explore every aspect of the adult's parenting story: how they were parented as a child; how they currently parent their own children; and how they prefer to parent in the future.

A parent's description of their own parenting story is an opportunity for them to consider their current approaches to parenting, what they would like to provide for their children, and what happens when adversity gets in the way. The onus becomes less on the practitioner to 'fix' poor parenting, and the parent becomes active in finding practical solutions to issues that affect their children. For those parents with mental illness, this is a chance to become active in designing strategies to ensure they can parent in their preferred way, even during tough times.

Many Emerging Minds child and family partners (parents) with a family history of mental illness describe feeling a strong sense of relief when asked by a practitioner about their relationship with their children. Enquiring about parental stories is an important part of normalising the subject of parenting, and increases the parent's comfort in sharing information.

If parents can describe their hopes for their child, or share stories of love and compassion, it becomes easier for them to describe the problems that get in the way of safe and consistent parenting. In this way, parents can share a double-storied account of their relationship with their children, describing both their love and concerns for their child, and the ways that current adversities get in the way of addressing these concerns (Dulwich Centre, 2008).

“

Being asked about my strengths as a mother and being able to talk about what I did that was positive for my children and their wellbeing, like activities or routines that I kept in place despite our situation, would've been important. It would've given me more confidence in myself and more confidence to speak about the situation the children and I were facing. It would've helped me feel empowered and not be so fearful of losing the children and would've led us to getting some extra support.

Reflection questions

- What helps you to regularly enquire if an adult is a parent, in your own practice?
- How do you help adults to describe their parenting story?
- How do you allow for double stories that focus both on the parent's hopes and preferences and on the effects of adversities on children?
- What have you found challenging around this, and how might you overcome these challenges?

The history of parenting stories

Many adults who experience mental illness have long histories of dealing with adversity, beginning with their own adverse experiences (ACEs) as children. They may have developed coping strategies that kept them safe or protected a parent or siblings from harm.

When a parent describes their childhood experiences of adversity, they may take a strong stance towards the actions of an adult during that time. They may even have made a conscious decision that they would parent in a completely different way to their father or mother, or step-parent. These statements become part of their parenting story; a set of preferences for the kind of parent they want to be. If a mother's own childhood was affected negatively by a mum who was chaotic or irresponsible, she may make certain commitments to provide her child with the safety and consistency that she missed in her own childhood.

Many people who experience unsafe or inconsistent parenting develop significant resilience and self-reliance in parenthood, and a desire to 'break the cycle of adversity' for their own children. Emphasising these aims as a parenting strength can motivate parents to continue to reinforce their own parenting values and preferences (Patrick, Reupert & McLean, 2019).

Some parents may be parenting in ways that conflict with the commitments they made, particularly when adversity is at its most acute. If parents can notice the contradictions between their parenting commitments and actions, they are demonstrating a perspective that can help them to make change. Even in cases of inconsistent parenting, if small skills or knowledges can be uncovered and replicated, a blueprint for safe and nurturing care can be developed. These stories can contain rich descriptions of how parents have overcome adversity throughout their lives, and they may begin to feel less trapped in their current circumstances (Moss & Dolman, 2018).

An understanding of the parent's ecology and their intergenerational context can help to inform which elements they aspire to change (Isobel, Goodyear, Furness & Foster, 2019). Helping to build the parent's understanding of their own situation can begin to produce small, positive changes for both parent and child. Once parents can clearly see the intergenerational influences at play, it will feel more natural to shift the focus to how the current environment and circumstances are affecting their own children.

As the parent begins to understand their parenting preferences and the negative effects of adversity, they can start to make plans for a more stable and predictable home environment (Patrick, Reupert & McLean, 2019).



“

I think highlighting why sharing stuff about how you were parented [with a practitioner] is actually going to help the situation, not hinder [it] ... So how, why sharing that information can help; and actually be able to assist the parent about where that information sits.

“

I am exactly like my mum. I thought that I was doing everything different ... and here I am five, six years later ... and I was just my mum. You know, because it was so ingrained in me, I was just doing it without even becoming aware of it until I could be out of the situation and see it for what it was ... and I was just like, “Yup, I’ve got that trait, I’ve got that trait, I’ve got this trait”, you know. I just knew no different.

Reflection questions

- How do you help parents who experience mental illness to describe both the adversities they're currently facing, and the ways they have responded successfully to adversities in the past?
- What questions do you ask parents to examine their own stories of being parented, in ways that bring to the fore examples of hope and resilience?
- How would you begin to help parents plan for their children's safety and wellbeing, as they get clearer about their stories?

Overcoming practice challenges

Generalist practitioners are often the first point of contact for parents experiencing long-term mental illness and adversity. These parents may have been avoiding seeking professional support due to a fear of being seen in a negative light; or in more serious cases, the fear that sharing their experiences could jeopardise the custody of their children (Bromfield et al., 2010; Centre for Community Child Health, 2010; McDonald, 2018).

Practitioners themselves may seek to avoid sensitive topics out of fear of what they may uncover or how the parent might respond, or they may begin to draw assumptions about, or assign labels to the parent, based solely on their stories (Mayers & Agnew, 2019). In addition, practitioners who have not been specifically trained for child-focused conversations may feel uncomfortable, or that they are not able to adequately support parents.

Secrecy is one of the most significant causes of ongoing social and emotional wellbeing and safety issues for children in Australia. When a generalist practitioner asks an adult about their parenting story, they provide an explicit opportunity to combat this secrecy, and bring the needs of the absent child into the room. This is not an inquisition of the adult's parenting, but rather a genuine curiosity about their parenting story, and an opportunity for the parent to raise concerns they may not have previously had the opportunity to discuss.

Emerging Minds' child and family partners repeatedly describe the importance of being asked about their parenting stories, and the need for practitioners to overcome challenges to ensure these enquiries are a regular part of their practice.

“

In terms of parenting, remembering the guilt and the shame that comes along on that ride ... when I start [showing] the traits of my mum that are unhealthy, my guilt and my shame pops up. The guilt and shame can hold parents back and keep them stuck. It's just not acknowledged enough or spoken about ... it can be so paralysing.

“

This is not something most people talk about openly. We all assume everybody had a great upbringing ... In the context of your parenting now. It's OK to acknowledge that there's a whole story that got you here.

Reflection questions

- How do you overcome your own concerns to enquire about parents' stories?
- What assumptions have you made about parents who are challenged by mental illness, that might prevent you from asking about their parenting story? How do you notice and overcome these assumptions in your work with parents?
- Do you currently conduct regular check-ins with parents? If so, what kind of questions do you ask, and what more might you want to explore? If not, what could these check-ins look like?



The next chapter in the parenting story

Once parents have described their own stories of being parented, and the hopes and challenges they experience as parents themselves, you are well placed to help them plan the next chapter in their story.

As you engage with parents, a more vivid account of their own needs, and the support needs of their children, develops. Using tools such as genograms and eco-maps can help you to discuss the important relationships in the child's life, and how protective factors can be enhanced. Plans can be formed to replicate previously successful factors, and to mitigate risk to a child's safety and social and emotional wellbeing.

Helping parents to develop their next chapter may involve practical solutions such as identifying services, booking appointments for programs or events, and reinforcing key support people in the child's life. Connecting with peers with similar lived experience (through support groups or other services) can improve a parent's confidence and wellbeing, in turn contributing to a foundation of support and positive mental health for their child (Bromfield et al., 2010; Price-Robertson et al., 2016).

“

I think you need tools. So like, getting out paper and mapping my timeline, and working through it. Like, “Who's in your circles? Who's connected to you? How does your world look? And how do you fit children into that? And how do they support your children? How do they support you?”, and you know, “Where do the professionals fit in this?”

“

I need to know that I'm doing the right thing as a parent, that I'm actually doing the age-appropriate stuff. I need someone to check and be my barometer that I'm actually on track with what I should be doing for [my child].

Reflection questions

- How could you use mapping exercises, such as genograms or eco-maps, in your practice? If these exercises are not practical for your work, what strategies could you use to develop an understanding of the parent's context and support networks?
- In the context of your practice, how might you aid parents to connect with important support networks for their children?
- Which support services and community groups are available to families in your area? How might you engage with your colleagues to identify potential supports?

Summary

Strategies that explore a parent's story are a critical element of adult-focused services. Through this process, parents experiencing mental illness may discover important hopes, preferences and values that can help them overcome feelings of stigma or hopelessness. This can be a major motivating factor in creating change in their parenting story and creating plans to parent in their preferred way. The practices described in this paper aim to be both parent and child-focused, moving away from stigmatising and judgmental practice and making room for a double-storied account of the parent's history.

This paper aims to equip practitioners of all kinds with the skills and knowledge needed to engage parents in conversations about parenting and childhood experiences of parental mental illness. Children's mental health is everyone's business, and these strategies can greatly enhance cross-sector prevention and early intervention practices for at-risk children. However, there is also a role for organisations to play in providing opportunities and resources for practitioners to develop their skills and confidence. Advice for managers, practice leaders and other decision-makers can be found in the practice paper, [*Supporting staff to work with children and families with complex needs: A checklist for organisations.*](#)



Acknowledgements

Emerging Minds would like to deeply thank Felicity Kime, President and Peer Support Worker at Family Inclusion Strategies Hunter; Jess; and the other child and family partners who graciously shared their lived experience of strength, resilience and adversity to bring this paper to life. We acknowledge the time and emotional strength required to share these moving words and stories, and would like to highlight the importance of including the lived experience voice in informing practice change. We would also like to thank the practitioners whose wisdom and professional experience guided the strategies presented in this paper.

Resources for practitioners

e-Learning courses:

[Intergenerational mental health](#)

[Parental mental illness and child-aware practice](#)

[Family Talk](#)

Written resources:

[Why is it difficult for parents to talk to practitioners about their children's mental health?](#)

[How to help parents find the right support for them](#)

[Supporting children in families with complex needs:](#)

[Nine tips for practitioners who feel out of their depth](#)

Other resources

[Videos: Looking back: A co-design project with young people](#)

[Podcast: Breaking the cycle of intergenerational disadvantage](#)

[Webinar: Engaging with children and parents with complex needs: A systems approach](#)

[Webinar: Working with parents and children affected by intergenerational disadvantage](#)

[Template: Pathways of care](#)

[Various resources: Australian Childhood Foundation](#)

[Simple guide to eco-maps](#)

Resources to share with parents

[Emerging Minds – Child 360 app](#)

[raisingchildren.net.au – Parent helplines](#)

[raisingchildren.net.au – Parenting support services](#)

References

- Bromfield, L., Lamont, A., Parker, R., & Horsfall, B. (2010). Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse, and mental health problems. *National Child Protection Clearinghouse*, 33. [Available here.](#)
- Centre for Community Child Health. (2010). *Engaging marginalised and vulnerable families* (Policy Brief No. 18). Melbourne: The Royal Children's Hospital Melbourne. [Available here.](#)
- Chicote, K. (2018). *The Long View: Designing a proactive service system to prevent intergenerational disadvantage*. Canberra: Winston Churchill Trust, Department of Communities. [Available here.](#)
- Dulwich Centre. (2008). Children, parents and mental health. *The International Journal of Narrative Therapy*, 4. Adelaide: Dulwich Centre. [Available here.](#)
- Humphreys, C. & Campo, M. (2017). *Fathers who use violence: Options for safe practice where there is ongoing contact with children* (CFCA Paper No. 43). Melbourne: Child Family Community Australia information exchange, Australian Institute of Family Studies. [Available here.](#)
- Isobel, S., Goodyear, M., Furness, T., & Foster, K. (2019). Preventing intergenerational trauma transmission: A critical interpretive synthesis. *Journal of Clinical Nursing*, 28(7-8), 1100-1113. [Available here.](#)
- Laslett, A. M., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). *The hidden harm: Alcohol's impact on children and families*. Canberra: Foundation for Alcohol Research and Education. [Available here.](#)
- Maybery, D., & Reupert, A. E. (2018). The number of parents who are patients attending adult psychiatric services. *Current Opinion in Psychiatry*, 31, 358-62. [Available here.](#)
- Mayers, S., & Agnew, E. (2021). Moving beyond diagnosis: Shifting paradigms in psychology. *Australian Psychological Society*, 41(1). [Available here.](#)
- McDonald, M. (2018). *Why is it difficult for parents to talk to practitioners about their children's mental health?* Adelaide: Emerging Minds. [Available here.](#)
- Moss, D., & Dolman, C. (2018). *Keeping children visible in practice responses to family and domestic violence*. Adelaide: Emerging Minds. [Available here.](#)
- Patrick, P., Reupert, A., & McLean, L. (2019). "We are more than our parents' mental illness": Narratives from adult children. *International Journal of Environmental Research and Public Health*, 16(5), 839. [Available here.](#)
- Price-Robertson, R., Olsen, G., Francis, H., Obradovic, A., & Morgan, B. (2016). *Supporting recovery in families affected by parental mental illness*. Melbourne: Child Family Community Australia Information Exchange, Australian Institute of Family Studies. [Available here.](#)
- Salveron, M., Schuurman, C., Kowalenko, N., & Moss, D. (2019, June). *Working with parents who experienced adverse childhood experiences* [Webinar]. Emerging Minds and Mental Health Practitioners' Network. [Available here.](#)
- White, M. (2005). *Workshop notes*. Adelaide: Dulwich Centre. [Available here.](#)