

Rapid Response Report

NPSA/2009/RRR003

From reporting to learning

28 May 2009

Preventing harm to children from parents with mental health needs

Child protection is everybody's business and all NHS mental health services have existing statutory responsibilities for child protection.¹⁻⁴ While mental illness can be compatible with good parenting, some parents with a severe mental illness are at risk of harming their children. Very serious risks may arise if their illness incorporates delusional beliefs about the child, and/or the potential for the parent to harm the child as part of a suicide plan. Staff in adult mental health services caring for a parent must always consider the child's needs and the potential for physical and psychological harm as primary task of the Care Programme Approach (CPA) and as part of multiagency risk assessment processes. Risks should also be considered for service users who are not parents but are in contact with children e.g. service users with child siblings or grandchildren. Concerns about patient confidentiality should never delay acting as soon as a problem, suspicion or concern about children becomes apparent.

The National Confidential Inquiry into Suicides and Homicides (NCISH) reviewed 254 homicide convictions between 1997 and 2004 in England and Wales where children were killed by their biological or step parents.⁵ Of these, 37% (94 out of 254) had a mental disorder including 15% with depressive illness or bipolar affective disorder, 11% with personality disorder, 8% with schizophrenia or other delusional disorders and 5% with substance or alcohol dependence. In the Local Safeguarding Children Boards' evaluation of serious case reviews,⁶ 14 of the 50 cases identified mental illness as a significant factor. A local inquiry into the fatal stabbing of two children by their mother, who had schizophrenia, highlighted a number of safety issues reflected in the actions below.

**For IMMEDIATE ACTION by Chief Executives providing adult mental health services.
The deadline for ACTION COMPLETE is no later than 27 November 2009.**

Mental health organisations, supported by local safeguarding children boards (LSCBs), should ensure:

1. All assessment, CPA monitoring, review, and discharge planning documentation and procedures should prompt staff to consider if the service user is likely to have or resume contact with their own child or other children in their network of family and friends, even when the children are not living with the service user.
2. If the service user has or may resume contact with children, this should trigger an assessment of whether there are any actual or potential risks to the children, including delusional beliefs involving them, and drawing on as many sources of information as possible, including compliance with treatment.
3. Referrals should be made to children's social care services under local safeguarding procedures as soon as a problem, suspicion or concern about a child becomes apparent, or if the child's own needs are not being met. A referral must be made:
 - a) If service users express delusional beliefs involving their child *and/or*
 - b) If service users might harm their child as part of a suicide plan.
4. Staff working in mental health services should be given clear guidance on how to make such referrals, including information sharing,^{7,8} the role of their organisation's designated lead for child protection, and what to do when a concern becomes apparent outside normal office hours.
5. A consultant psychiatrist should be directly involved in all clinical decision making for services users who may pose a risk to children.
6. Safeguarding training¹⁻⁴ that includes the risks posed to children from parents with delusional beliefs involving their children or who might harm their children as part of a suicide plan is an essential requirement for all staff. Attendance, knowledge, and competency levels should be regularly audited, and any lapses urgently acted on.

The NPSA has informed:

NHS organisations, the independent sector, commissioners, regulators and relevant professional bodies in England and Wales.

Further information

More information on this Rapid Response Report, **including full references**, resource links, and a compliance checklist are available at www.npsa.nhs.uk/patientsafety/alerts-and-directives or contact rrr@npsa.nhs.uk or telephone 020 7927 9890.

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