



Parental Decisions Child Mental Health Problems

Joshua Eli*

Department of Psychology, City University of Seattle in Canada, Edmonton, Canada

Abstract

When a household is investigated for maltreatment, workers use a list of safety risks to decide whether or not a child can stay there and how safe they are. Substance abuse and mental health issues among parents are well-known risk factors for placement outside the home. However, the majority of child welfare providers in the United States use a safety threat inventory that takes into account both substance abuse and parental mental health issues as distinct safety threats. Instead, safety decisions need to be accounted for by recording observable parent behaviors that immediately pose a threat to the safety of the child. It is essential that we determine which threats workers are documenting as evidence that these children are unsafe in the home because children of parents who struggle with mental health issues or substance abuse are more likely to be placed outside of their homes.

Keywords: Child mental health problems

Introduction

According to Westad & McConnell and Azar, the theoretical and empirical literatures offer clues as to the safety concerns that may be at stake in these households, such as inadequate living conditions, unmet essential needs, and excessive discipline. These potential mediating factors, with the exception of our previous study, which was blinded for review, remain relatively unexplored. To that end, we present a new study that looks at the safety threats that explain unsafe decisions when parents have mental health issues or use drugs or alcohol. This population's service planning may be influenced by the findings to lessen the likelihood of reoccurrence of abuse.

According to the U.S. Department of Health and Human Services' Administration for Children and Families, Administration on Children, Youth, and Families, and Children's Bureau in 2021, 8.9 out of every 1,000 children are the victims of substantiated maltreatment. Over 91% of these cases are committed by parents. Every year, 18% of parents in the general population suffer from a mental illness, and parental mental illness raises the likelihood of involvement in all facets of the child welfare system, including substantiated allegations of child abuse, in-home preventive services for child abuse, child removal, ongoing child welfare services, and court-ordered protection applications. Major depression affects 72% of mentally ill mothers involved in child welfare, and anxiety disorders affect 58%; there are fewer psychotic disorders.

The relationship between mental illness and child abuse by parents is influenced by chronicity and comorbidity. Child welfare involvement is linked to more severe chronic mental illness; According to one study (Hollingsworth, 2004), the probability of losing custody increased by 8% for each additional inpatient psychiatric admission. 18% of adults with mental illness also use drugs or alcohol (Center for Behavioral Health Statistics and Quality & Substance Abuse and Mental Health Services Administration, 2016), but this number is probably too low. Substance abuse by parents is itself a risk factor for neglect and other forms of abuse, such as physical and sexual abuse; Co-occurring parental mental illness and substance abuse have been linked to a higher risk of removal than either condition alone (blinded for review), according to Walsh, MacMillan, and Jamieson (2003) [1-5].

Discussion

Child protection workers use an actuarial decision-making tool based on a fundamental principle to conduct in-home assessments of

child safety in more than 30 states, including California: Documentation of the observable parent behaviors that put a child's immediate safety at risk should be used to make decisions about removing the child. An inventory of safety threats, including signs of physical abuse, unsafe living conditions, and unmet basic needs, is included in the assessment to standardize this documentation. Safety threats are the primary evidence a worker uses to explain decisions involving child safety, despite the fact that this assessment is not the sole factor in determining child safety. Importantly, this ubiquitous safety threat inventory does not include substance abuse or mental illness among parents; In fact, they cannot be used as evidence of an immediate threat to child safety under the investigative procedure. Instead, decisions about a child's safety are influenced by a parent's mental illness and substance use because their direct consequences pose immediate dangers to the child. However, studies of parental mental illness and abuse rarely examine safety threat assessment. Instead, such studies frequently make a broad connection between parental mental illness and child removal, which resulted in the perception that parental mental illness posed a threat to child safety as a whole—a regrettable omission in terms of the stigma associated with mental health.

A focus on safety assessment may be able to better explain why children of parents with mental health issues are more likely to be deemed unsafe in the home, according to theory and empirical evidence. Mental health issues, according to social information processing theorists, hinder a parent's capacity to alter cognitive schemas that fuel unrealistic expectations of a child's behavior. Parents may be more likely to punish their children excessively when they fail to live up to these expectations. These processes at the family level are nested within the larger context of socioeconomic marginalization in ecological models of abuse. According to Westad & McConnell (2012), parents with mental illness are also more likely to experience unemployment, financial hardship, and social isolation, all of which have been linked to

*Corresponding author: Joshua Eli, Department of Psychology, City University of Seattle in Canada, Edmonton, Canada, E-mail: Sehgal.shevet27@gmail.com

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the risk of child abuse. This suggests that, in addition to harsh discipline, children of parents with mental health issues may be removed because of unmet essential needs or unstable or hazardous living conditions.

This theory is partially supported by our previous research. blinded for review discovered that specific safety threats, specifically that parents were unable to meet their children's immediate basic needs, that they made threats of harm to the child, and that their illness severely impaired their ability to safely supervise or care for the child, explained the majority of the association between parental mental illness and the decision about child safety. The presence of a child who had been exposed to drugs further supported co-occurring substance abuse. But the study didn't find any evidence that harsh discipline or unsafe living conditions were a mediator.

Additionally, the analysis was constrained by a number of factors. Because indicators of substance abuse and mental health issues were recorded following the safety threat assessment and safety decision, causal interpretations of the results were unclear. Also developed multiple mediator models by stepwise incorporating significant mediators from single models, which is contrary to best practices for multiple mediation modelling [6-10].

Conclusion

The current study attempts to more precisely isolate the safety threats that account for unsafe decisions involving parents with mental health issues and substance use by addressing each of the aforementioned limitations. We include two measures of mental health issues to address the problem of temporal precedence: chronic (during the previous year) and current (during the past year). Preacher and Hayes' (2008) more stringent structural equation modeling (SEM)

standards are also used to measure multiple mediation models. In order to measure each mediator's contribution to the total indirect effect with greater precision, we specifically develop multiple parallel mediation models that simultaneously measure indirect effects and mediator covariances.

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