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|  | **Lower** | **Range of behaviours** | **Higher** |
| **Symptom severity** | Infrequent, low intensity and some manageable distress | Symptoms may be regular and cause distress but not distorting or causing unmanageable distress. There may be some periods of dysregulation or excessive rumination, but this is not constant or resulting in highly disturbed or risky behavior.  | Frequent or constant, intense distress and/or distortion of thinking, requiring intermittent hospitalization. Manifesting aggressive or severely dysregulated behavior, suicidality and/or serious self harm.  |
| **Chronicity** | Single/first episode | Episodes might be short but frequent or intense, or symptoms may never quite remit but fluctuate over time with some periods of relative relief.  | Early onset/long standing and chronic with no periods of remission |
| **Co-morbidity** | No co-morbid mental health conditions, substance misuse or learning disability | Other related co-morbid conditions that compound difficulties but do not severely affect functioning or access to treatment.  | Several co-morbid conditions including substance misuse and/or learning disability |
| **Functioning** | Able to continue with daily activities work, housework, socializing, self-care, taking children to school on time with good level of care.  | Able to manage most days but some days functioning is limited or manages basic tasks most of the time but this is a struggle, impact may be loss of employment, long periods off sick, limited self-care and withdrawal from social relationships. Care of children inconsistent, some lateness at school.  | All aspects of functioning affected, or some areas affected very severely (e.g. unable to leave the house, no self-care), at risk of self-neglect, homelessness or other serious consequences without remission of symptoms or unable to relate to others or maintain relationships in any way. Children have poor attendance and neglect of the home and basic needs are evident.  |
| **Access to treatment** | Engaged with appropriate multidisciplinary team and/or appropriate therapy service, GP regularly reviews medication | Some brief therapy services, or time limited CMHT support available during times of difficulty | No appropriate services available in borough, does not meet criteria |
| **Engagement with treatment** | Takes medication regularly, manages repeat prescriptions and reviews effectively, attends and engages meaningfully in all therapy sessions  | Or takes medication, but refuses therapy, or attends therapy but patchy attendance or superficial/reluctant engagement  | Non-compliant with medication, refuses to attend any therapy or reviews with CMHT, overtly hostile and defensive to treatment |
| **Response to treatment** | Invested in own recovery, seeking out new opportunities for further treatment, able to respond to crises with new coping strategies, evidence of new thinking and insight, generalizing skills to new situations. | Symptom relief and some improvement in functioning but fragile to crises or not yet tested in crisis, still can default to old coping mechanisms, needs support to generalize skills to new situations.  | No change in presentation, remains hostile to treatment and unwilling to accept there is a problem or has engaged with a great deal of treatment but no discernable change in mental state, insight or coping skills.  |
| **Insight** | Full insight into nature and degree of own illness, triggers and need for treatment. Also has insight into how this affects others including the child.  | Accepts has a difficulty but denies any impact on themselves or their child, may feel they don’t need treatment and can manage by themselves. Understands they have a difficulty and there is some impact on the child but feels it is under control or is unrealistic about prognosis.  | Does not believe they have a problem, does not feel they need treatment and does not make links between their own mental state and their children’s wellbeing.  |
| **Impact on parent-child interaction** | Warm and attuned interactions noted, attachment behaviours in child indicate security.  | Inconsistent or restricted affect, lower involvement, capacity for attunement but at times intrusive or withdrawn. Own emotional states can spill over in front of the child and at times some poor boundaries around sharing.  | Consistently poor interactions, low involvement/warmth, intrusive/withdrawn, negative/critical, creates anxiety in the child, draws child into own difficulties. Intermittent bizarre or hostile interactions with child.  |
| **Developmental impact** | Onset later in child’s development and/or very brief and mild episodes.  | Onset may have been earlier but episodes more brief or mild, or more severe difficulties with later onset in child’s life.  | Onset of illness during early developmental phase and continuous throughout.  |
| **Child resilience** | Child has good coping skills, a secure attachment to at least one caregiver, has an understanding of their parents’ difficulties and will seek out support when needed.  | Child has some superficial resilience but may be carrying latent vulnerability or be burdened by parentification, some ability to cope and seek help but also concerns of unhelpful coping or holding in difficult emotions at times.  | Infant or older child with limited coping resources or developmental disability or already seriously impacted by neglect or abuse. Child’s behavior is challenging and likely to place additional stress on parent.  |
| **Social support** | Well functioning and committed partner who understands illness and is attuned to child, good network of family and friends to offer respite to parent and child and support child to understand parents’ difficulties.  | Limited social support, or partner with some moderate difficulties of their own, perhaps a family context that can be supportive but also lacks insight or can be conflictual at times.  | Isolated, no supports or mentally unwell or abusive partner or substance misusing partner or social network is predominantly antisocial or substance using with high exposure to conflict and risk.  |

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| **Opportunities for intervention – ‘solvable problems’** |

*N.B. This is a tool to help organise your thinking and critically review evidence in cases where parents have mental health difficulties. It is not designed to be a prescriptive or definitive measure of risk and should be used in the context of your overall structured professional judgement, in conjunction with the broader evidence in the case.*

***Important****: This tool/ guidance (remove as appropriate) has been developed from existing evidence base and research, however is not a validated tool. The tool should be used to inform the assessment and analysis and is not a replacement for the professional judgement of the practitioner.*

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