



**AlcoholAction**  
Ireland

**Study overview:  
Understanding the views of  
professionals of the impact  
of parental problem  
alcohol use on clients.**

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This study is a collaboration between AAI and Applied Psychology, UCC, and explores, through the findings of a survey, the awareness, attitudes, knowledge and training that a broad range of mental health (MH) professionals have in relation to working with clients who have experienced Parental Problem Alcohol Use (PPAU). To the best of our knowledge, this was the first investigation into the awareness, knowledge, understanding and training that mental health professionals have on PPAU in Ireland.

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The full report with references is available [here](#).

## Introduction

Parental problem alcohol use (PPAU) is recognised as an Adverse Childhood Experience that can have lifelong impacts on children who grow up with it. In short, a wealth of research demonstrates that there are a wide range of psychosocial, academic, occupational problems that some adults experience as a result of experiencing PPAU.

Research has indicated that adversity can be found even when the parental alcohol use does not meet the threshold of dependency (McGovern et al., 2018) and that the quantity of alcohol consumed is less significant than that of the pattern of use, the motivation for use and its consequences (Kroll, 2003).

Despite the large numbers of people – children and adults, affected by this issue in Ireland, very little research has been carried out on how best to tackle the problem and most professionals do not receive any training on how to recognise and deal with it.

## Survey findings

This was an explorative study utilising a purpose- built survey. The data includes a total of 132 survey responses to a 26-item questionnaire from a broad range of mental health professionals in Ireland.

In response to the survey it was found that:

- 70.16% of MH professionals reported that they had not received any PPAU specific training.
- The occupations which had the least amount of professionals reporting they are trained in PPAU were psychiatrists, psychiatric nurses and vocational support trainers. Furthermore, only 2 out of 12 Clinical Psychologists, 1 out of 10 Cognitive behavioural therapists, 3 out of 11 mental health nurses and 3 out of 8 counsellors had received training specific to PPAU.
- 92.11% of participants reported that they would be supportive of all MH professionals being trained to a minimum degree to identify children who experience PPAU.
- 96.63% said they would be supportive of the anonymous data collection of the number of clients impacted by PPAU through reporting to a central database such as the Health Research Board.
- Roughly one quarter of MH professionals (24.19%) reported that they routinely ask their clients if they have experienced PPAU regardless of their presenting issue. The most frequent occupation found within this theme of universal screening were those who worked in addiction, where two thirds of them, such as addiction counsellors, drugs workers and addiction outreach workers stated they would ask about it in initial assessment.

## Analysis/commentary

This study confirms previous studies which demonstrate the significant level of co-occurring ACE's this population faces ([Velleman & Templeton, 2007](#)) ([Cleaver, 2008](#)) ([AAI, 2021](#)). The results show mental health problems, neglect, domestic violence, separation and abuse to be co-occurring issues. This confirms the notion of a particular harmful of clustering risk factors known as the 'trigger trio' including PPAU, mental health problems and domestic violence ([ADCS, 2021](#)). Other co-occurring risk factors highlighted in this study, in descending order of frequency were low socioeconomic status, impaired education, relationship issues emotional and behavioural issues, poor self-esteem, a lack of external supports, impaired parenting and ill health. This once again confirms that growing up with problem alcohol use in a 'gateway' ACE, meaning that it is often present with, or leads to other adversities.

This study found that professionals working in clinical settings such as hospitals and outpatient services had very low levels of PPAU training. The occupations which had the least amount of professionals reporting they are trained in PPAU were psychiatrists, psychiatric nurses and vocational support trainers. Furthermore, only 2 out of 12 clinical psychologists; 1 out of 10 cognitive behavioural therapists; 3 out of 11 mental health nurses and 3 out of 8 counsellors had received training specific to PPAU. This means that people with the most serious mental health needs do not have access to services that are specifically trained to deal with their experiences of PPAU.

This is concerning given the high prevalence of PPAU in clients with moderate to severe mental health issues such as depression ([Anda et al., 2002](#); [Klostermann et al., 2011](#)). Indeed, detection of a mental health diagnosis did not significantly influence an enquiry into PPAU. This approach contradicts with previous literature that suggests mental health diagnosis are very common in this population ([Raitasalo et al., 2018](#)).

Such findings demonstrate an increase of PPAU training in clinical settings is required. Further research is required to understand why there is a lack of training for clinically focused mental health professionals and determine if there are any existing barriers to accessing it.

## Recommendations

The results demonstrate a significant need and want for an increase in training related to parental problem alcohol use within mental health sectors in Ireland. It also very clearly highlighted the need and want for data collection on this subject, with 97% of professionals stating they would support anonymous data collection of the number of clients impacted by PPAU through reporting to a central database such as the Health Research Board.

The risk and protective factors identified in this study highlight areas where interventions and programmes are most needed to reduce the impact of PPAU. Specific needs were found in relation to supports outside the family home that are accessible to children. These included a trauma- informed and engaging educational environment that can connect children to counselling services, accessible social activities and relationship building initiatives.