

Impacts on Children and Young People of Parental Mental Illness

1. The loss of close intimate contact with a parent

2. Neglect and/or violence, including verbal, physical and/or sexual violence

3. Ambiguous expectations/demands; e.g. one parent making demands that contradict those of the other parent, or contradictory demands from the same parent at different times

4. Invasion of the child's thinking and feelings by exposure to the parent's delusions and hallucinations
5. Fears for the parent's safety
6. Fears for the parent's future as a couple (if there are 2 parents), or for the future of the family, and about who will look after him/her.

7. Contradictory expectations, i.e. that the child be 'grown up' and 'a carer' at home but a child at school

8. Rejection, harassment and/or bullying by other children at school or in the neighbourhood

9. Self-isolation, through stigma and fear of rejection

Other common effects on a child's or young person's life

1. Isolation of the family through stigma
2. Lower standard of living and financial hardship
3. Being separated from parent/s and usual daily routine

4. Experiencing different and potentially confusing care patterns if looked after by others
5. Experiencing separation from other family members, e.g. siblings, if children cannot be cared for together
6. Disruption of education
7. Underachievement in education and reduced life chances as a consequence

Possible responses from the child

1. Attempts to fill the care space left by parents by taking care of parents and/or siblings. (This can sometimes result in a child becoming dictatorial or bullying)
2. Self-blame and taking undue responsibility for the problems in the family or for the parent's illness

3. Confusion about how to interpret the ill parent's behaviour, particularly in respect of the parent's anger.

Confusion about whether it is the illness that causes the anger, or something the child has done

4. Increased compliance in response to the parent's unpredictability

5. Loyalty to the parent, through guilt and fear about the situation

6. Withdrawal and isolation

7. Depression, low self-esteem and/or a fatalistic acceptance of their life situation

8. Violent and/or other self-destructive behaviour

9. Attempts at disassociation from the problem, particularly if another sibling is 'taking control'

10. Copying the parent's symptoms and/or behaviour, particularly in eating disorders

What do children need?

1. To have a frank discussion about their parent's illness so they can think about the situation more objectively, and to have their questions answered honestly and openly
2. To know that there is an adult who will act as their advocate

3. To know that their situation is not uncommon

4. To have access to a place or a group where they can mix with other children and young people who have had similar experiences

5. To be helped to develop their understanding of mental health problems, and for any belief that they are responsible for the illness to be identified and challenged

6. To discuss their fears that they might 'catch' the illness now or develop it later

7. To be helped to develop an understanding of how mental health services are organised and what treatment the parent is receiving
8. To be helped to recognise when their parent is becoming ill, to understand the behavioural signs that show he or she is becoming ill
9. To know how to access help

10. To understand what is and what is not acceptable behaviour from an adult

11. To know that their knowledge and experience of their parent's illness will be listened to and taken into account in terms of care planning

12. To know that their contribution to the care of their parents has been recognised and respected

The Professional's Response

KEY QUESTIONS:

1. Is the ill parent perceived as a threat to the child ?
1. If 'yes' then in whose eyes is this perception held ?

Is the ill parent a threat to the child ?

3. How has this perception developed, and
How does this relate to the child's
perception ?
4. How was the child's point of view
accessed ?
5. How have the goal's of the mental health
team been influenced by the interests of
the child ?

The child's perception of the parent's behaviour

1. How does the child comprehend extreme, irrational, or incomprehensible behaviour on the part of the parent ?
2. What is the child's way of judging what is acceptable behaviour, and how was this developed ?

3. How will the professional learn about the child's perceptions, and how will he/she respond to the child's own explanations and constructions ?

4. In Your locality:

- Who will do this work ? Whose responsibility is it to talk to the child, and to assess the child's perception of the threat posed by the parent's illness ?

- Who will judge whether or not the parent's illness poses a threat to the child ?
- What explanation/s will be offered to the child, when, and by whom ?
- Whom – if anyone – will coordinate the treatment of the parent with the needs of the child ?

Countering the impacts of mental illness on the child

General point:

Adults will often assume that a pre-verbal child, or a child with poorly developed language skills will be little or at least less affected by a parent's mental illness.

In general these are likely to be the most severely affected children.

Protective factors

- Children with well developed language skills are likely to have a measure of protection.
- The presence of supportive sibs, or of a warm but relatively non-involved adult, both offer protection.
- The degree to which the ill parent is able to recognise the potential risks to the child and distance the child from these.

Professional Interventions

- An adequate and understandable explanation of the parent's behaviour.
- Making available a supportive but non-involved adult – but NOT a therapist or counsellor as first choice.
- Young Carer's Groups

- ‘Kidstime’ workshops or similar groups for parents and children.
- Other forms of multi-family groups
- Single family work

AND

Work with the ‘care’ system, when a child has been placed in alternative care.

- Individual therapeutic work for the child

Although this may be needed, and can be useful, there is danger in considering this too readily. The idea of counselling or therapy may be seen as an anathema by the child, and the more immediate need may be for the other forms of intervention.