

CHILDREN OF MENTALLY ILL PARENTS - A HIGH RISK POPULATION

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SUMMARY

The scientific and clinical interest in children with mentally ill parents increased in the last years. Those children belong to a high risk population so that prevention is urgently indicated. Due to genetic influences and partly to an impairment of the parent-child interaction because of the parent's illness there exists a higher risk for child abuse.

They show a three to five time increased risk to develop mental problems which require treatment over the course of their lives. They show abnormalities in social, cognitive and emotional areas.

Untreated mental disorders and associated behavioral problems in children often chronify and lead to permanent impairment of the emotional, social and also intellectual development. Early detection and treatment are indicated and of high relevance.

Key words: *mentally ill parents – prevention – resilience - vulnerability*

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INTRODUCTION

About 3 million minors in Germany live with one or two mentally ill parents (including addiction to alcohol and/or drugs) which accords to about 22% of the population (Mattejat 2013). The same number is also known from Switzerland and can be estimated in other countries in Europe and USA. It can be assumed that in post-war societies like Bosnia and Herzegovina (BH) the situation is even worse. Because of the stigmatization in all societies the estimated number of not reported cases is certainly high.

Studies have found that up to one half of children and adolescents who use psychiatric services live with a mentally ill parent (Mattejat & Remschmidt 2008).

On the other hand several international studies showed concordantly that 20-23% of patients in psychiatric hospitals with severe mental disorders are parents of minors. American studies showed that more than half of the mentally ill women are mothers (Lenz 2012). In spite of these findings in psychiatric hospitals adult patients are mostly not asked if they have children and if so, where they stay during the inpatient treatment and who takes care of them.

THE SITUATION OF CHILDREN WITH MENTALLY ILL PARENTS - THE SUBJECTIVE DIMENSION

Children of mentally ill parents have to fulfill great demands such as early autonomy and growing-up, the take-over of parental duties, the attempt to keep up appearances and therefore to ignore own needs (Schone & Wagenblass 2010). Their main conflicts are:

- feeling of shame and guilt (the children assume that it is their guilt causing their parents' mental problems:

"Mum is sad/confused/sick because I was bad/did not help her enough/did not do good grades at school etc.");

- helplessness (whatever they do it doesn't help);
- uncertainty and disorientation (the children are anxious and confused because they cannot classify or understand their parents' behavior);
- social isolation because of stigmatization (neighbors and family-members stay away because of the "curious" behavior of the mother/father);
- high loyalty towards the family and therefore inability to communicate (the children have the (mostly correct) impression that they are not allowed to speak about their parent's problems with anyone for not revealing that the parents are doing something "bad") (Mattejat 2005).

When children and adolescents of mentally ill parents are asked what would help them most they name at first to answer honestly and openly to their questions and speak about the disease and the reasons (it is a disease and not guilt, infection, punishment of god etc.). Also former affected children who are adults now tell that the main load was that nobody spoke to them about the disease of the parent(s), the taboo of the issue, the push down of their own needs and the fear of stigmatization (Mattejat 2005)

The bio-psycho-social (vulnerability-stress) model

Additionally to genetic reasons for the risk among the children of mentally ill parents it may be that the parents' behavior toward the child is adversely affected by the disease. Multiple studies on this subject have concordantly shown that the interaction between depressed mothers and their children is severely impaired

(Beardslee 2003, Kahn 2004). Depression reduces maternal empathy and emotional availability. The mother's ability to perceive the child's signals, interpret them correctly, and respond promptly and appropriately is limited. Maternal eye contact, smiling, speaking, imitating, cuddling, and interactive games are all reduced compared to the normal situation (Vostanis 2006). So genetic and environmental stress interacts with one another and leads to depression (Caspi et al. 2003).

Increased psychosocial stress

Psychosocial stressors which increase a child's risk of mental illness are overrepresented in families with a mentally ill parent. So the trait "mental illness in a parent" is positively correlated with many other psychosocial stress factors (Ihle 2001):

- Socioeconomic and sociocultural risk factors such as poverty, inadequate housing, marginal social status, and cultural discrimination of the family;
- Low educational and occupational status of the parents, including possible unemployment;
- Loss of persons to whom the child is emotionally close, particularly a parent;
- A two to five times higher risk of neglect and physical and sexual abuse.

Resilience

Resilience means a mental capacity of resistance towards biological, psychological and psycho-social developmental risks. The concept therefore covers a highly complex interaction of characteristic traits of the child and its environment. On the base of those resources human beings differ in their capacity to handle with stresses and strain (Wustmann 2008, Lenz 2008). As an example: The lifetime risk of developing schizophrenia is about 1% in the general population, but more than ten times higher if a parent suffers from the disease. If both parents are schizophrenic, the lifetime risk of schizophrenia in the children is about 40% (Mattejat & Remschmidt 2008). The fact that more than half of those children stay healthy shows the impact of resilience factors in interaction with reduction of stressors (Schlüter-Müller 2008, 2010, 2012).

Prevention

Preventive strategies for the children are to primarily reduce the psychosocial stressors as well as to reinforce individual and societal protective factors in order to enable normal development. As there are several studies about resilience-factors (Wustmann 2008, Lenz 2008) we have to establish different preventive strategies for different age groups which include this knowledge. Resilience-factors are:

- Capacity in solving problems;
- Belief in self-efficacy;

- Self-confidence;
- Self-esteem;
- Secure attachment;
- Social Competence;
- Confident attitude towards life;
- Creativity.

Preventive offers for different age groups

The basis of all preventive strategies is an effective treatment of the parental illness by qualified professionals. The mental abnormalities of the children can be reduced if the parental illness is successfully treated (Beardslee 2013).

- For infants and small children: to attend and supervise the mother-child-interaction.
- For children in elementary school and younger adolescents there is a preventive program available that was developed particularly for families with a mentally ill parent (Beardslee 2002, 2003, 2013). This program can be adapted for use with pre-school children.
- In general for all affected children and adolescents: group therapy with other affected adolescents to make the experience that they are not alone and that it is possible to speak about it. Moreover, age-appropriate psychoeducation regarding the parental disease is urgently needed.

Teachers play an especially important role (therefore further education is important what indications can be seen, how to react etc.), as they often are the first to notice that the child has a problem. With the parents' permission they can arrange further help to be provided.

CONCLUSION

Children of mentally ill parents are at high risk to be ignored until they themselves develop symptoms. We must support them before they show own psychic problems to prevent the recurrence of mental disorders in families and the risk of neglect and physical and sexual abuse. Results of research of resilience factors help us to develop prevention programs.

The bio-psycho-social model for the explanation of mental disorders are explicitly seen in those children who suffer from genetic vulnerability combined with psychological problems (parentification and stigmatization) and social problems (poverty of mentally ill parents, isolation, lack of friendships etc.)

Research of resilience factors gives us important information about resources and coping-strategies which can be used clinically. It therefore complements the research of vulnerability in a clinical relevant way.

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