Psychiatria Danubina, 2009; Vol. 21, Suppl. 1, pp 142–145 *Conference paper*

SEVERE MENTAL ILLNESS – PATIENTS' CHILDREN NEEDS

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SUMMARY

Care for families and children of people with severe mental illness is a professionally and politically neglected issue. The majority of countries provide only services for several needs of the patients' families, i.e. treatment, custody and counselling. Management of stress and resolving of common problems are rarely addressed. Children of people with mental illness reflect and call professional attention to this issues. The deficiency of services is to be addressed by multidisciplinary team efforts. In the Slovenian organization of health services coordination could be provided by family physicians.

Key words: *mental illness – children - needs*

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Children's mental health

One tenth of children suffer from one of the mental disorders, and only one fifth of these children receive help in the United States. The continuum of mental health care for children and adolescents includes primary prevention, early intervention, family self-help and support services, treatment of mental disorders and residential care or hospitalization. These services are typically unevenly distributed among communities, depending on their geographical and economical development level. The guidance principles for organizing a comprehensive system of care for children and adolescents includes integration and linkage between agencies and programs. The linkage is needed for adequate service planning, coordination and for smooth transition of patients to the adult service system, when they reach the age of maturity (Marx 2005).

Children of parents with mental illness

Children of parents with mental illness have been identified as vulnerable to experiencing a variety of psychosocial effects arising from the impact of parental mental illness (http://www.contemporarynurse.com/archives/vol/18/issue/1-2/article/624/addressing-the-needs-of-children-of-parents-with-mental-illness). The disability of a family member can be viewed as the »energy sink« that consumes energy for normal development and it may undermine acquisition of basic trust during infancy, the development of peer relationships, academic skills and establishment of a secure sense of identity. The USA National Alliance of the Mentally Ill researched the impact of living with the mentally ill parent in childhood and adolescence and provided reports on disruption of normal development, with scarcity of role models, feelings of grief and loss, stigmatization, risk for »parentification« of children, fear of mental illness, anxiety and depression, family disruption and stress, social isolation, social discomfort and school performance problems of these children, as well as many adulthood problems, for example, low self esteem, problems related to intimacy, care giving and career. More than half of the sample expressed severe obstacles in all cited life aspects and they had to rely on their personal strengths to overcome them (Marsh 2001).

But a parent's mental illness is not a sole predictor of childhood mental illness. When parents are proactive in building their child's protective resources, there is a strong likelihood that the child will grow up healthy and show resilience in the face of adversity. Many children do not experience difficulties as a result of their parent's mental illness and are able to thrive despite what may be an adverse situation. (http://www.healthyplace.com/parenting/parents-with-mental-illness/children-of-parents-with-mental-illness-need-resilience/menu-id-1051/page-2/). Protective factors that can decrease the risk of distress to children are knowledge that their

Paper presented at ISPS Slovenia Meeting, Bled, September 2009

parent(s) is ill and that they are not to blame, help and support from family members, a stable home environment, positive self esteem, and a strong relationship with a healthy adult, positive peer relationships, interest with success at school and psychotherapy.

Parents with mental illness

Mothers with mental illness face stigma and pressure to prove themselves so as not to loose custody over their children. Day-to day parenting stress and dealing with symptoms often provides grounds for uncertainty and guilt. They may, just like other mothers, sacrifice their own well-being to meet the perceived needs of their children. This tendency is particularly apparent in situations involving medication compliance and hospitalizations. The mentally ill women understand that the side effects of medications or overmedication may impair their ability to parent, making them lethargic, when they need to have energy or may make them unable to "think clearly."

Women without resources or plans for child care during hospitalizations may delay obtaining necessary help until a full-blown crisis develops. They may be noncompliant with treatment recommendations or resistant to using services, if their ability to parent is jeopardized as a consequence.

They also want information about how to talk with their children about their illness and treatment. This communication is important because the mothers' acknowledgment of their illness can help their children to cope (Nicholson 1998).

Providing support

Marsh et al. (2001) found out that 80% of respondents (children and siblings of people with mental illness) did not find professionals helpful until reaching adulthood. The younger the children were at the onset of their parents' illness, the greater was the susceptibility to the adverse effects. They coped with the family problem throughout the process with very limited support especially in children. The adaptation nevertheless occurred as a stepwise process, allowing children to develop a sense of mastery, personal growth, compassion, discipline, stability and coping. This was however accompanied with negative consequences and a sense of growing up too quickly. Their most compelling needs were those for satisfactory services for their parents, developing skills to cope, obtaining personal support and being informed. The need for meaningful involvement in treatment was rated at a relatively low place. One third of a sample had psychological problems that needed treatment.

Their suggestions to professionals were to improve their knowledge about experiences and needs of all family members, to avoid blaming and to answer their questions and needs. (Marsh2001).

Since up to 50% of children living with a mentally ill relative express some kind of mental disorder (Worland1987) this group needs special attention. Unfortunately, families, professionals, and society often pay most attention to the mentally ill parent, and ignore the children in the family, often described as "hidden children" (Fudge 2004). In the majority of mental health systems this group is not recognized because of unsatisfactory family follow up in patients with severe mental illness.

An australian study about the needs regarding childcare perceived by patients and their children showed that these agree about the need of external support in the time of crisis. Withdrawal, avoiding and distancing of children in the time of major mental illness episode was anonymously recognized as risk behaviour for future mental health problems. Both groups recognized family and sibling support as a major helping mechanism. The difference among parents and children existed in different perception of the importance of professional support. Children did not find it as helpful as their parents, which might also suggest lacking experience of understanding and empathy that could provide the sense of connectedness needed when feeling insecure and abandoned (Maybery 2005).

Professional implications

Evaluation and treatment implications

Providing more attention and support to the children of a psychiatrically ill parent is an important consideration when treating the parent. Medical, mental health or social service professionals working with mentally ill adults therefore need to inquire about their children, about their mental health and emotional development. If there are serious concerns or questions about a child, it may be helpful to have an evaluation by a qualified mental health professional.

Individual or family psychiatric treatment can help a child toward healthy development, despite the presence of parental psychiatric illness. The child and adolescent psychiatrist can help the family work with the positive elements in the home and the natural strengths of the child. With treatment, the family can learn ways to lessen the effects of the parent's mental illness on the child.

Education implications

The first step should be cognitive restructuring and focusing practice to meet the needs of all family members. This should begin with educational measures. Graduate programs should prepare clinicians to work with family members and the internship should upgrade this knowledge to promote respectful and sensitive collaboration.

The educational needs of relatives of the mentally ill should be met with information about mental illness aetiology, symptoms, prognosis, treatment and rehabilitation, about the family burden, needs and special concerns of children, education on stress, coping and adaptation, behaviour management and on services, providers and resources available (Marsh 2001).

This program corresponds at least in its major part with the educational program developed in Slovenia which followed WHO initiatives (Winkler 2005) which should therefore answer to some educational needs of adult children as family members of the mentally ill. For its greater effectiveness at least some educational groups for children and siblings of these patients could be formed and the program adapted with more impact on family burden, stress, behavioural and communication management.

Service implications

A range of services should be available to meet the needs of family members and patients.

The first contact of the patient with mental health services should include all family members. Child and adolescent mental health workers are to contact a child with mental health problems arising in families which include a mentally ill member and also those who do not express acute disorders. They should exchange this information when the child is transferred to adult mental health care to provide assessment and encourage support in school and family settings, since peer and sibling support seem to be most important pillars for developing coping mechanisms. Therapists are to support parents with mental illness in learning to recognize their own symptoms, recognising warning signals, and adopting protective measures to reduce stress. Assisting mothers in developing reliable back-up plans in case of hospitalization is an inexpensive intervention that underscores mothers' strengths (http://www.aacap.org/cs/root/facts_for_families/children_of_parents_with_mental_illness). The primary care provider, which is the family physician in our country, should be the central point of this coordination, since his position allows him to recognise problems and disorders in families, and thus parents and children with individualized needs in specific cultural environments.

Policy implications

State mental health and social service agencies must develop policies and procedures sensitive to parenting needs of patients and to the needs of their families (Blanch 1944). Establishing regionally organized comprehensive and accessible services for families is to be one of the priorities of mental health services development, since the burden of severe mental illness expands too many more individuals than only the person who is mentally ill, with severe social, economic and psychological consequences. Improvement in communication among chid/adolescent and adult services is the other priority with strong involvement of family physicians who are the central contact point of health services in our country.

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