

# Why Me?

Children's response to Parental Mental Illness

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## Whose to Blame?



- Over the last 50 years families themselves were blamed for causing mental illness.
- Society continues to lack a healthy approach to people with mental illnesses.
- Current thinking holds that mental illness has a significant physiological component as well as a possible genetic predisposition.
- Most people do not understand mental illness and therefore they are feared, avoided or mocked. The alienation, isolation and depression they feel as a result becomes secondary symptoms of the illness and makes their lives and the lives of their families more painful.
- Children of course blame themselves.

## Children's Perspective

- Children feel they may be the cause of their parents mental illness.
- They feel fear, shame and guilt.
- When family members pretend the symptoms are not there and no one talks about the mental illness, children learn that many topics are off limits, they learn not to ask questions.
- This causes great stress and anxiety about keeping the secret of mental illness from others.
- This only causes confusion, anger, jealousy and loneliness in children.

## Resulting Behavior

- Walking on eggshells, not wanting to do anything that would cause their well parent or parent with mental illness one more problem or moment of worry.
- Confusion about why their parent is so different or extreme at times.
- Fear coming home from school due to unpredictability of what will be waiting at home.
- Feeling isolated because they cannot bring peers home.
- Feel like they need to be strong and in control all the time.
- Feeling as if no one else has experienced this and they are alone.
- Children often feel the need to assume various roles (caretaker, hero, scapegoat, & loner) to help the family in their struggle.
- Finally, Children fear most that they too will have mental illness.

## How Adult Family Members Can Help

- Educate the child and family about mental illness.
- Denial or pretending everything is OK is only more stressful for the child who may also be experiencing symptoms of mental illness and who will feel even greater fear and shame.
- Keep explanations short and use normal words the child understands. Keeping in mind the age, development and personality of the child involved.
- Be honest and truthful. If you don't know the answer tell the child you will find out. Perhaps schedule joint family sessions with mental health professionals to discuss ongoing mental health issues.
- Tell the child it is not their fault. They may need to hear this many times.
- Spend quality time with your child. Read books of other children whose parents have mental illness. i.e. "Sometimes my mommy gets angry".



- If the parent needs to be hospitalized. Telling a young child that the parent is not feeling well and needs to go to a special place to help get better will be less traumatizing. Provide the child with an opportunity to discuss their fears and concerns.
- Help your child understand the illness as much as their age allows. **NO FAMILY SECRETS.** Don't deny them the opportunity of learning about the illness, the unfair stigma attached to it and developing their own skills for coping.
- If they need professional help to understand it and their own feelings, get it for them.
- Try to create a safe environment for the spouse to express himself without feeling threatened, or condemned.
- Never put yourself or your children in physical danger. If you feel your spouse is becoming dangerous, leave, and call for professional help. Never allow you or your children to be abused.
- Help children develop a safety plan for if things feel scary to them.
- You and your children need to share your feelings, honestly, and openly. Humor and openness will help the entire family.

## Find people in the community who can help your child.



- Therapists, Social Workers, Church leaders, & Support Groups.
- Help children learn about their own feelings and emotions. A child may be angry at their parent, sad or confused. Let them know that whatever they are feeling is normal and it's O.K. to talk about it.
- Encourage positive interactions between the child and the family member with mental illness. Often the mentally ill family members are excluded consciously or unconsciously. Be flexible and role model this behavior yourself for the child.



## Spouse's



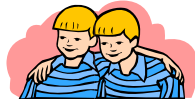
- The mental illness that affected your spouse is happening to the entire family. It's no one's fault.
- You cannot fix your spouse. Be supportive and loving and handle the every day details and practical issues of life that they cannot cope with.
- All members of the family have a responsibility to cope with the illness. You all need each other.
- Educate yourself concerning every aspect of the illness. Education brings compassion. Ignorance encourages anger and fear.
- Grieve your loss. The grief process for illness is identical to the grief process for death. You need to allow yourself to experience the entire process. This will enable you to assist your children in grieving the loss of the parent they desire in the mentally ill parent and improve the relationship they have and accept the parent with openness and without resentment.

## Siblings: Forgotten Family Members



## Experiences of Siblings

- Young family members are especially vulnerable to disruptive or traumatic events, such as the mental illness of a close relative.
- Children have more limited coping skills and strategies, are more dependent on others in their lives and they have fewer psychological defenses.
- Early developmental accomplishments provide the foundation for later ones. Delays or disruptions in development may have long-term consequences, and normal development may be disrupted for siblings from the moment that mental illness appears in their family.



- Internalizing the stigma that so often accompanies a diagnosis of mental illness, siblings may join with their entire family in unhealthy defensive maneuvers that result in a retreat from their anguish into a façade of normalcy.
- Denial undermines the family's ability to confront and resolve the inevitable problems that accompany the illness, thus increasing the amount of unfinished business that is carried by siblings into adulthood.
- Siblings experience intense feelings of anger sometimes directed at God, sometimes at parents whose energy is consumed by efforts to cope. Sometimes at their brother or sister for not getting better and sometimes at themselves for their inability to protect and rescue someone they love.

## Emotional Stress

In addition to the emotional burden, siblings face many everyday problems:

- They must learn to cope with the symptoms of their relative's illness, possibly including hostile, abusive, or assaultive behavior; mood swings, & unpredictability.
- Siblings often live with a high level of illness related stress. Problems within the family include household discord, financial problems, strained family relations, social restrictions and role reversal.



- The risk that siblings will take on “caregiver” roles as they are growing up and then carry that care giving role into adulthood, with adverse consequences for their adult relationships is great.
- Some siblings avoid intimate relationships to protect themselves from further vulnerability and pain.
- If they marry, siblings frequently have additional concerns in light of the genetic risks associated with mental illness.
- Throughout their lives, siblings typically struggle to achieve a balance that allows them to fulfill their family responsibility without sacrificing their own lives. This is easier said than done. Requiring psycho educational and emotional supports from family and friends.



- Research shows that most siblings do manage to prevail over their challenging life circumstances.
- Most adult siblings said they had become better and stronger people as a result of their encounter with mental illness.
- They describe increased empathy, compassion, tolerance, and understanding. Healthier attitudes and priorities, and greater appreciation of life.

## Sibling Needs

- Siblings need information about mental illness and it's affect on their sibling or parent. Even the youngest sibling can understand that this is a real illness, with effective treatments and that they are not to blame.
- Siblings need effective coping skills, including strategies for coping with illness-related behavior, with questions from peers, and with their own anxiety and stress.
- They need support for themselves through special time with parents or involvement in a support group or personal counseling.
- Finally, they need encouragement to ask questions and to share their feelings. They may need reassurance about their own mental health. And they need encouragement to continue participation in outside activities and long range plans.

## Mental Illness Inheritance Risks

- Geneticists or Genetic Counselors can give specific risk figures for families with inheritable mental illnesses. I.e....schizophrenia, bi-polar disorders, depression.
- 1% of the population in general is diagnosed with schizophrenia.
- There is little doubt that bipolar disorder (manic-depressive illness) is a genetic disease; that is, it runs in families, with close relatives more likely to be affected than unrelated persons. This knowledge is supported by family studies, adoption studies and twin studies. The heritability of bipolar disorder is high at 50% to 80%.
- The onset of bipolar disorder may occur from childhood to the fifties, with the average age of onset being in the early twenties. More than one-third begin in the teenage years or earlier. The estimated lifetime risk for the illness is 0.8 percent. Thus, the frequency of the illness is similar to schizophrenia.
- ADHD/ADD when diagnosed in children is generally found in one or both parents or close relatives. It is handed down through the generations although symptoms and diagnosis even 30 years ago was often inconclusive/mismanaged or simply ignored.

## Depression

- Clinicians who interview seriously depressed individuals routinely discover a family history of depression. Twin and adoption studies have demonstrated that some individuals have a genetic predisposition that can increase the likelihood of depression in response to environmental "triggers" such as divorce, loss of a job, or the death of someone deeply loved. The genetic basis for depression is illustrated by the fact that identical twins are more than twice as likely as fraternal twins to be "concordant" for depression.
- The important thing to remember is that depression responds to treatment in more than 80% of cases, and recent studies have demonstrated that most people respond best to a combination of medication and cognitive-behavior therapy.

## Prevention and Early Detection

- Early detection and treatment for most mental health concerns are the best source of prevention of more serious and life long struggle.
- If you see a change in your child, friend, parent or spouse's behavior, attitude, affect, & communication encourage them to see someone for a consultation especially if mental illness runs in their family.
- There is also new research on a program that flag young people for therapy before mental illness sets in. In Wake County, the M2P

## CASE STUDY “Marie”

### History of Presenting Problem

Marie was a 7 year old mixed race female. Marie was appropriately dressed but her hair was somewhat disheveled because she did not want it brushed. Marie was quite hyperactive walking around the room touching and playing with everything, she took redirection when given but was not able to maintain concentration to questions this therapist posed to her sometimes needing the question repeated. Marie participated in the assessment and asked questions about words and concepts she did not understand and appeared very intelligent for her age.

## Hospitalizations

Marie was hospitalized several times due to extreme fantasy play which included her refusal to communicate with her parents at all as if they were not present, using props for fantasy i.e. carrying a broom because she is a witch, making toys with construction paper over and over again because she is an elf. Perseveration with other behaviors has also been a problem. Parents report rapid cycling moods of more than 3 or 4 cycles a day. Extreme depression where child will not get off the couch and watches the same movie DVD over and over. Sleep problems were disclosed by client stating she has nightmares, sees scary things in her room at night. Hearing a voice in her head telling her to do bad things. Could/would not elaborate.

## Bio/Psycho Social History

Mother reports no abnormality during prenatal history. Normal delivery and client achieved normal developmental milestones at a slightly delayed rate. Mother noted Marie was very active as a toddler and exhibited early signs of anxiety during toddlerhood with learning and trying new things.

## Family History and Diagnosis

### **Family History of Mental Illness and Substance Abuse**

**Father:** Schizoaffective disorder, Poly substance abuse.

**Paternal Grandpa:** Alcohol

**Maternal Grandpa:** Polysubstance abuse.

**Mother:** Anxiety, Hypomania & Depression

### **Diagnosis**

Primary 314.01 Attention Deficit/Hyperactivity

Secondary 300.00 Anxiety Disorder NOS

Tertiary 298.9 Psychotic Disorder NOS

## Treatment Plan

### Medications

Strattera 18mg

### Treatment Plan

Marie and her family received weekly therapy, psychiatric evaluation and monthly medication review appointments as well as case management services which included intervention with the school to provide appropriate educational supports to assist Marie with fitting in with peers, daily academic supports and emotional supports when things became unmanageable for her.

## Parental supports

Marie's parents were given parenting advise and psychoeducational supports. Collaborative case management was used between father's adult case manager and psychiatrist and Marie's psychiatrist and this therapist. Siblings were included in treatment plan however, due to their very young age was deemed that the most appropriate and helpful intervention for them would be the parenting supports and community referrals offered.

Safety plans were written for father, client and mother regarding parenting time and expectations and intervention.

## References

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- M3P program : [www.preventmentalillnessMI.org](http://www.preventmentalillnessMI.org)
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- Kathy Bayes & Spouse Support Group
- “When Someone You Love Has A Mental Illness” by Rebecca Woolis, M.F.C.C.
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- “Living with a Brother or Sister with Special Needs” by Donald Meyer, Patricia Vadasy & Rebecca Fewell
- “Sometimes My Mommy Gets Angry” by Bebe Moore Campbell

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