

# Perspectives of Japanese Mothers With Severe Mental Illness Regarding the Disclosure of Their Mental Health Status to Their Children

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This study examined Japanese mothers with severe mental illness and their perspectives about disclosing their mental health status to their children. Seventy-four outpatients diagnosed with schizophrenia or mood disorders were recruited. We utilized a cross-sectional design and a self-report questionnaire. Approximately 72% of the participants disclosed their mental health status to their children. The reasons for disclosure and nondisclosure varied. Our findings indicate that although both the disclosing and nondisclosing groups held beliefs about disclosure, many mothers appeared to struggle with these issues. It is essential that clinicians are aware of this issue so they may appropriately help the mothers.

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THERE IS GENERAL agreement that children of parents with mental illness exhibit higher rates of mental illness and other psychosocial problems (Devlin & O'Brien, 1999; Rutter, 1990). Current research has consistently shown higher rates of behavioral, developmental, and emotional problems in individuals whose parents had or have a mental illness when compared with the general population (Klimes-Dougan et al., 1999; Oyserman, Mowbray, Meares, & Firminger, 2000).

However, there is evidence that a parent's mental illness is not necessarily a guarantee of poor outcomes for his or her children; rather, many variables, alone or in combination with a parent's mental illness, have been found to be associated with the outcomes for children of mentally ill parents (Mental Health Association in Orange County, Inc. & Mental Health Association in New York State, Inc., n.d.; Rutter & Quinton, 1984). For instance, psychosocial factors of mothers with mental illness also affect their parenting abilities and parenting stress (Ueno & Kamibeppu, 2011, 2010). Indeed, although children whose parents have mental illness are at

greater risk of psychosocial problems, many are resilient (Beardslee & Podorefsky, 1988; Goodman & Gotlib, 1999). Consequently, health care professionals have recently begun to recognize the importance of developing effective approaches designed to improve the outcomes for children of parents with mental illness, focusing not only on risk or pathology but also on resilience and protective factors.

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One important variable related to positive outcomes for children of parents with mental illness appears to be the children's understanding of their parents' mental illness. In both clinical and research settings, Falkov (2004, 1999) has consistently found that significant positive outcomes result when parents talk with their children about their mental illness. He suggests that appropriate explanations of a parent's mental illness are necessary for both children and parents. For children, an age-appropriate explanation can help reduce psychological distress and enhance resilience (Cooklin, 2004; Falkov, 2004, 1999). For parents, the children's understanding of parental mental illness or mental health status clarifies the connections between parenting, parent's mental illness, and child maltreatment.

Over the past 15 years, Beardslee, Wright, Gladstone, and Forbes (2007) have developed and tested two family- and strength-based preventive interventions for families, targeting children of parents with depression. These programs are designed to achieve the following goals: provide information about mood disorders to parents and children, enhance parents' skills in communicating information to their children, enhance children's understanding of their parents' mental illness, and open dialogues within families about the effects of a parental mood disorder. These interventions were found to promote resilience-related qualities in at-risk children when assessed approximately 4.5 years after enrollment. The results also showed that parental behavior, parental attitude changes, and degree of child understanding of parental mood disorders were each positively associated with resilience factors.

Similarly, two other programs have been reported to increase children's resilience and coping skills by providing them with information about parental mental illness. Both programs have reported some positive results (Riebschleger, Tableman, Rudder, Onaga, & Whalen, 2009; Pitman & Matthey, 2004). Although the programs are aimed mainly at children, some parents involved with one program reported that it was helpful to both themselves and their children (Pitman & Matthey, 2004). These results suggest that children's understanding of their parents' mental illness may benefit both generations.

In fact, children appear to want to know about their parents' mental health status. According to

several qualitative studies on the subjective experiences of children affected by parental mental illness, a lack of information about a parent's illness may cause children difficulty and psychological distress (Riebschleger, 2004; Meadus & Johnson, 2000; Garley, Gallop, Johnston, & Pipitone, 1997). Researchers have found that children who lack information about their parents' illness may experience the following emotional steps: (1) The children sense that there is something wrong with their mentally ill parent, but no one tells them about their parents' mental health status, and they have no way of uncovering it themselves; (2) the children then interpret their parents' behavior in the context of their own limited knowledge and experiences, which can lead to misperceptions about their parents' mental health conditions; (3) as a result, misperceptions cause children to experience emotional distress, such as anxiety and confusion. These studies have also indicated that, despite children's desire to know about or understand their parents' mental health status, parents (both mentally ill and healthy), other family members, and clinicians tend not to discuss this information with them.

Falkov (2004) reported that some parents refuse to talk about their own or their partner's mental illness with their children. In previous research, mothers who refused to discuss their mental health status with their children tended to emphasize the stigma and discrimination that continue to be associated with mental illness; these beliefs appeared to result in negative effects on their parenting and their relationships with their children (Bassett, Lampe, & Lloyd, 1999; Miller & Finnerty, 1996). Painful experiences may make them reluctant to divulge their mental health status to their children, even after being made aware of the advisability of doing so.

Thus, although it is important that children be informed of their parents' mental health status, it is equally important to respect parents' wishes and to understand their concerns about sharing their mental health status with their children. However, little information exists regarding these disclosure practices (e.g., disclosure rates, circumstances and subject matter of disclosures, and reasons parents cite for and against disclosure). We believe that parents' sharing of their mental health status with their children should be comfortable and safe for both parties. Thus, understanding the characteristics

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