



# Children of mentally ill parents: Understanding the effects of childhood trauma as it pertains to the school setting



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## ABSTRACT

The purpose of this study was to explore the reflections of adults on their school experiences growing up with a severely mentally ill parent and understand the effects of childhood trauma as it pertains to the school setting. This was a qualitative study consisting of biographical interviews of adult children of a severely mentally ill parent. Utilizing the grounded theory approach, themes were identified using the triangulation of a literature review, experts in the field, and the researcher's perspective. Eight adults between the ages of 30–64 who had a severely mentally ill parent were interviewed one to three times and described their school experiences in detail. Themes surfaced that coincided with the literature review, the experts in the field, and the researcher's perspective, and several new themes emerged. The participants also made recommendations as to how children with a severely mentally ill parent could best be served by teachers, counselors, and school personnel.

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## 1. Introduction

Approximately 450 million people currently suffer from some form of mental illness, and it is estimated that one in four people will be affected at some point during their lifetime, making mental illness one of the leading causes of disease and disability worldwide. Nearly two-thirds of people with a mental illness never seek help due to stigma, discrimination, and neglect even when treatment is available (World Health Organization, 2001). Given this fact, not only are the needs of people who are mentally ill neglected, but the needs of their children are even more neglected, making children of mentally ill parents somewhat of a hidden population. One place where they have been particularly overlooked is in the school setting, yet their time in school plays an integral part of their growth and development. There are several reasons why the school experience of children of parents with a severe mental illness have not been studied: society's lack of understanding of mental illness and its effects on family members, negative connotation of mental illness, stigma associated with mental illness, and the reluctance of family members to ask for help. However, parental mental illness significantly affects all aspects of family life, and research indicates that children are especially vulnerable. Compared to adults, children by nature have more limited coping skills, are more dependent on other people, and have fewer psychological defense mechanisms. The impact of a parent's mental illness can vary based on several factors, such as the severity and the duration of the illness, the child's age and resilience, and the influence of the healthy parent (Parenting: Rethink, the leading severe mental illness charity, 2011).

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Families with a parent who has a serious mental illness require unique services because the impact of parental mental illness on family life and the children's well-being can be significant. For example, children who have a parent with a serious mental illness are at risk for developing social, emotional, and/or behavioral problems. Additionally, these children may assume inappropriate levels of responsibility in caring for themselves, their siblings, their mentally ill parent, and their household. Children of seriously mentally ill parents also have an increased risk of problems at school, drug use, and poor social relationships (Mental Health America, 2011). "Unfortunately, families, professionals, and society often pay most attention to the mentally ill parent, and ignore the children in the family" (Children of parents with mental illness, 2000).

According to Heller, Roccoforte, and Cook (1997), families are ill-prepared for the physical, emotional, and financial burden that mental illness places on the family's resources. Battaglino (1987) stated that families often find themselves isolated from society and having little knowledge of mental illness and possessing limited coping strategies. It is typical for family members to believe they are at fault for their relative's mental illness, and family members feel a sense of guilt and shame (Heller et al., 1997). According to Henderson (1994), due to the secrecy, shame, and fear associated with mental illness, teachers, and counselors most likely will not be aware of the families who are caring for a mentally ill parent. Children from these families may be particularly reluctant to ask for help because they fear being mocked by their peers. As a result, the school may be contacted only when the family with a mentally ill parent is in a state of crisis, such as recovering from the aftermath of admitting a parent for involuntary hospitalization. Other types of crises may include dealing with a psychotic parent who has wandered away and is reported missing, handling a suicide or homicide attempt, adjusting to the premature release of a parent from the hospital, or reconciling with the fact that the parent has been placed in temporary group housing.

### *1.1. Significance: relevance to schools*

Children who have a severely mentally ill parent have specific needs and are at risk for psychological, social, and academic problems. Henderson (1994) asserts that families who have relatives with a severe mental illness, such as a psychotic disorder, do not receive adequate counseling. This makes it extremely difficult for families to understand, cope, and manage their tremendous burdens. The burdens of having a mentally ill family member begin with the initial discovery of the illness, the subsequent family member's hospitalization, and ends with the indefinite provision of home care. Most people with a severe mental illness require repeated hospitalizations; therefore, providing care for a family member with a psychotic disorder dramatically changes a family's short-and long-term goals. When a family member is mentally ill, every decision the family makes is based on how it will affect that person.

According to Sollberger (2002), very little research has been done on the impact of parental mental illness on children, and the research that has been done has largely been restricted to case studies. Due to the growing interest in children being affected by their parents' mental illness, particularly in the children's ability to cope with their specific situation, Sollberger pleads for more extensive research on their experiences. He asserts the best way to accomplish this is through the use of biographical narratives because it is a way for people to integrate their experiences of living with a mentally ill parent into their lives, enabling others, for the first time, to understand their situation and offer support.

## **2. Review of relevant literature**

### *2.1. Children of mentally ill parents*

In 2008, approximately three million children and adolescents, or 3%, lived with a mentally ill parent in the countries that comprise the European Union. According to the World Health Organization, the number of children and adolescents living in a situation in which at least one parent suffers from a psychiatric disorder will continue to increase (Pretis & Dimova, 2008). Despite the steady increase in the number of children living with a mentally ill parent, recent findings indicate that there is a lack of early detection in the school setting (Bibou-Nakou, 2004). Many professionals, including teachers, rarely recognize psychiatric disorders in parents (Bauer & Luders, 1998). Unfortunately, even the teachers who do recognize a parent's mental illness tend to minimize the effects of the illness on the child's development (Kuchenhoff, 2001). The main reasons teachers and other professionals have difficulty identifying children living with a mentally ill parent are the children's unwillingness to talk about their situation due to perceived stigma and shame, the fact that these children show what could be described as non-specific symptoms of stress, and the strong tendency to underestimate the effects of the parents' mental illness on their children. Even though teachers are not expected to offer direct support or therapy, they are usually the first professionals to be in contact with the child, to notice changes in behavior, and to be in a position to offer basic support (Pretis & Dimova, 2008).

### *2.2. Research on children of mentally ill parents*

Social welfare workers in Sweden were led to a research project after encountering some children of mentally ill parents in the street at night-time completely unsupervised. The Swedish social welfare workers questioned how the mental health system recognized the needs of these children. The research project was also launched because in the Nordic countries, as well as in many other countries, there is a lack of information concerning the lives of children in a family with a mentally ill parent. Although many studies have been made on the children at risk of mental illness, very few studies have been

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