Socialisation in families with mentally ill parents: Children’s perspective on illness related burden and the need of health promoting interventions

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- Altogether about 3 million children with mentally ill parents (about 270,000 children living together with a schizophrenically diseased parent and about 1,230,000 with an affectively diseased parent unit)

- Up to 70% of the children with mental parents inherit the parental disease

- Health risks are up to ten times higher than in a reference group with healthy parents

Background – what is the problem?

So....

What is happening in these families?
Aetiology is multifactorial

- Personality traits
- Toxins
- Genetic disorders
- Psychosocial risk factors
Background

Health Problems

Genetic predisposition

Psychosocial risk factors
Background

Socialisation Perspective

- Interaction processes
- Social inheritance
- Parents
- Siblings
- Overstressing
- Peers
- Feelings of guilt
- School
- Environment
- Network
- Parentalization
- No information

Development
Preventive research project „Kanu – Gemeinsam weiterkommen“

- Aim to reduce the children’s burdens and to support the capabilities within families
- Founded by Federal Ministry of Education and Research (BMBF)
- Project duration is October 2008 – June 2012
Two steps in research

1. Qualitative Study
   • Identify the burdens within families

2. Quantitative Study
   • Development, implementation and evaluation of an intervention for parents who suffer from depression or schizophrenia and for their children aged 6 to 14 years
Qualitative study

- October 2008 – December 2009

- Parents who suffered from depression or schizophrenia and their children aged 6 to 14 years were interviewed

- Aim of the qualitative study was to identify the burdens within families with a mentally ill parent and their need for support

- The findings were used to develop the following intervention (Step 2)
Sample and data analysis

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<th>Participants</th>
<th>female</th>
<th>male</th>
<th>Depression</th>
<th>Schizophrenia</th>
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</thead>
<tbody>
<tr>
<td>Parents</td>
<td>22</td>
<td>18</td>
<td>4</td>
<td>15</td>
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<tr>
<td>children</td>
<td>23</td>
<td>13</td>
<td>10</td>
<td>-</td>
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The data analysis followed the methodology of Grounded Theory.
Findings: Disease communication within families with a mentally ill parent

• Mental illness and its symptoms often remain undiscovered for years

• In most cases a flash point leads to a breakdown

• The admittance in the psychiatric care system occurs suddenly

→ Self-stigmatisation and a lack of information leads to the concealment of a mental illness
Findings: Disease communication within families with a mentally ill parent

• The parent‘s main reasons for concealment:
  
  - to protect their children from their mental illness
  - to prevent a negative influence on the children‘s development

  “My son has to grow up without a mother and I am afraid that it is too much for him, when he also experiences the burdens caused by my mental illness (...). That’s why I take so much care that he won’t notice my disease. I try so hard, (...) because he is very important to me.”

(Quotation of a Turkish father suffering from depression)
Findings: Disease communication within families with a mentally ill parent

• The parent‘s main reasons for concealment:

  ❖ feelings of guilt and shame
  ❖ difficulties to find an explanation that is suitable for children
  ❖ to avoid that their social environment will know about their disease
Findings: Disease communication within families with a mentally ill parent

- Concealment of the parent’s mental illness within the family
- Children’s intuition towards the mental illness
- Insecurity of mentally ill parents
- Disclosure of the parent’s mental illness
- Turning points in disease communication
Findings: Burdens experienced from the children’s perspective

• Fear of the parental mental illness
• Feelings of guilt
• Reduction of friends/ social isolation
• Communicative isolation
• Takeover of the parent’s responsibility
Findings: Burdens experienced from the children’s perspective

„The time when my mom went to the clinic was sometimes exhausting for me. When she wasn’t home I had to take over the mother’s role (...) and made dinner for my siblings.

“You have an older brother, haven’t you?”

“Yes, but he doesn’t do much. Most of the time he stays in his room (...), I think he isn’t interested.”

(Quotation of a 12-year-old daughter of a mother who suffers from depression)
Conclusion

• Further research should investigate how the parent’s ability for disease communication can be influenced (e.g. economic, social and cultural capital)

• Preventive programs have to include offers which will improve illness communication within families by providing age-adjusted information for children and by improving the parent’s communicative skills
Thank you for your attention!