

COPMI GEMS

May 2009

Edition 5

Quick Facts

- For children, hospitalisation is considered one of the most stressful aspects of coping with a parent's mental illness.
- Commonly reported symptoms in children include sleep disturbance, decline in school work, social withdrawal and anxiety reactions.
- In two separate studies, approximately 40% of children reported that no one talked with them about their parent's illness.
- When a parent is hospitalised, most experts and families agree that providing children the opportunity to visit their parent is important.
- Children generally describe hospital visits in positive terms.
- Access to a reliable adult caregiver is especially important for children during hospitalisation.
- It is suggested that 'personal care plans' are developed for, and together with children, when a parent is hospitalised.

When a parent is hospitalised: the impact on children

Approximately one out of five patients who are hospitalised with a mental illness have children. ⁽¹⁾ Many hospitalised patients who are parents report that at least one of their children would benefit from additional help during this time. ⁽¹⁻³⁾ Overall, hospitalisation is considered one of the most stressful aspects of coping with a parent's mental illness. ⁽⁴⁾

Estimates regarding the number of children who show symptoms at the time of a parent's hospitalisation vary. One report suggests that around 30% of the children whose parents are hospitalised show signs of emotional or

behavioural problems. ⁽²⁾ By interviewing parents and children, one study ⁽⁵⁾ identified 20% of children as 'compromised' or symptomatic. By reviewing case records, another study identified 37% of children as 'of great concern'. ⁽³⁾

Using standardised self-report tests, children, on average, did not show significant levels of overall depression or anxiety. ⁽⁶⁾ However, approximately 40% of children in this study indicated problems with specific aspects of anxiety. ⁽⁶⁾ The immediate impact of a parent's acute psychiatric crisis varies. Commonly reported

symptoms in children include problems during sleep and bedtime ^(5, 7), decline in school work and social withdrawal, ⁽⁵⁾ and anxiety reactions. ^(3, 5) Children can be confused, worried, and isolated. ⁽⁸⁾ At the same time, many children do not show obvious signs of distress during the hospitalization. ^(6, 7) However, symptoms and concerns may appear later, when the child is older. ⁽⁹⁾

There are certain stressors that are fairly common when a parent is hospitalised. For example, children frequently

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Gateway to
Evidence
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The COPMI national initiative is being undertaken by AICAFMHA (Australian Infant Child Adolescent and Family Mental Health Association) with funding from the Australian Government Department of Health & Ageing.



References:

1. Ostman, M & Hansson, L. Children in families with a severely mentally ill member: Prevalence and needs for support. *Soc Psychiatry Psychiatr Epidemiol*, 2002; 37, 243-248.
2. Wang, A.R., & Goldschmidt, V.V. Interviews of psychiatric inpatients about their family situation and young children. *Acta Psychiatr Scand*, 1994; 90, 459-465.
3. Wang, A.R., & Goldschmidt, V.V. Interviews with psychiatric inpatients about professional intervention with regard to their children. *Acta Psychiatr Scand*, 1996; 93, 57-65.
4. Maybery, D., Ling, L., Szakacs, E., & Reupert, A. Children of a parent with a mental illness: perspectives on need. *Aust e-Journal for the Advanc Ment Health*, 2005;4(2) www.auseinet.com/journal/vol14iss2/maybery.pdf
5. Shachnow, J. Preventive intervention with children of hospitalized psychiatric patients. *Am J Orthopsychiatry*, 1987; 57, 66-77.
6. Sivec, H.J., Masterson, P., Katz, J., & Russ, S. The response of children to the psychiatric hospitalisation of a family member. *Aust e-Journal for the Advanc Ment Health*, 2008; 7(2), www.ausinet.com/journal/vol7iss2/sivec.pdf
7. Castleberry, K. Helping children adapt to the psychiatric hospitalisation of a parent. *Psychiatr Hosp*, 1988; 19, 155-160
8. Robinson, B. & Scott, S. Parents in hospitals: How mental health services can promote family contact when a parent is in the hospital. 2007 http://www.barnardos.org.uk/parents_in_hospital_summary_report_july_2007.pdf
9. Marsh, D.T. *Serious mental illness and the family: The practitioner's guide*. New York: Wiley.
10. Riebschleger, J. Good days and bad days: The experiences of children of a parent with a psychiatric disability. *Psychiatr Rehabil J*, 2004; 28, 25-31.
11. Stallard, P., Norman, P., Huline-Dickens, S., Salter, & E., Cribb, J. The effects of parental mental illness upon children: A descriptive study of the views of parents and children. *Clin Child Psychol Psychiatry*, 2004; 9, 39-52.
12. Fudge, E. & Mason, P. Consulting with young people about service guidelines relating to parental mental illness. *Aust e-Journal for the Advanc Ment Health*, 2004; 3(2), www.auseinet.com/journal/vol13iss2/fudgemason.pdf
13. Nicholson, J. Cooper, J., Freed, & R., Isaacs, M. Children of parents with mental illnesses. *Family influences on Childhood behavior and development: Evidence-based prevention and treatment approaches* (Gullotta & Blau Editors). NY: Routledge. 2008.

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When a parent is hospitalised: the impact on children cont'd

changed household during a parent's hospitalization. ⁽¹⁰⁾ In addition, marital discord between parents and physical illness in children have been reported. ⁽²⁾

One potential stressor is the lack of information provided to children when a parent is hospitalised. In two separate studies, around 40% of children reported that no one talked with them about their parent's illness. ^(5, 11) Preliminary data ⁽⁶⁾ suggest that knowledge of illness may vary by age. That is, a majority (64-91%) of children 13 and older identified relevant reasons for their parents' hospitalisation and had some understanding of what happens during hospitalisation. In contrast, of children aged 7-12,

approximately half (55-58%) knew why their parent was hospitalised, but only 26% knew what happened in the hospital. Very few children could name their parents' illness.

Limitations

Few studies have used standardised tests, more than one source of information to assess children, or normative comparison groups. Furthermore, it is difficult to make statements about the immediate impact of a hospitalisation in cases where a parent has exhibited mental illness-related behaviours over a long period of time. In addition, relatively little research has examined resilience or factors associated with

adaptive functioning during this crisis phase.

Clinical Implications

When a parent is hospitalised, most experts and families agree that providing children the opportunity to visit their parent is important. ^(5, 7, 8) Visits can be arranged so that the children's needs/concerns are addressed. ⁽³⁾ Private areas that are specifically designated for families to visit are recommended by professionals ⁽⁸⁾ and are preferred by children. ⁽¹²⁾ When hospital visits have been made available, children have typically described the visits in positive terms. ⁽⁶⁾ Overall, 20-30% of children who have a hospitalised parent would likely benefit

from additional supportive services beyond family support. As a more general point, mental health professionals are encouraged to recognise and respect the patient's parental role. ⁽³⁾

Many forms of support are also recommended (e.g. social, financial, logistical, ^{12, 13}). Access to a reliable adult caregiver is especially important for children during hospitalisation. ^(3, 9) It has been suggested that 'personal care plans' are developed for, and together with children, when a parent is hospitalised. ^(12, 13) These plans usually include specific caregiver arrangements, supports for emergencies, and coping ideas. In general, effective interventions need to focus on the entire family system.