

---

Volume 2

Issue 3 *Enhancing Family Communication in Families  
Where a Parent has a Mental Illness*

Article 1

---

2017-12-05

# Enhancing Family Communication in Families Where a Parent has a Mental Illness

Scott Yates

*School of Applied Social Sciences, De Montfort University*

Lina Gatsou

*Leicestershire Partnership NHS Trust*

Would you like to be a reviewer and/or to submit an article? We'd love to hear from you! Please fill in this [short form](#) to express your interest.

Follow this and additional works at: <https://escholarship.umassmed.edu/parentandfamily>

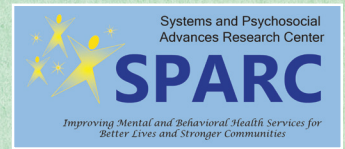
 Part of the [Family, Life Course, and Society Commons](#), [Mental and Social Health Commons](#), [Psychiatry Commons](#), [Psychiatry and Psychology Commons](#), and the [Psychology Commons](#)

---

## Recommended Citation

Yates, S., & Gatsou, L. (2017). Enhancing Family Communication in Families Where a Parent has a Mental Illness. *Journal of Parent and Family Mental Health*, 2 (3). <https://doi.org/10.7191/parentandfamily.1007>. Retrieved from <https://escholarship.umassmed.edu/parentandfamily/vol2/iss3/1>

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Journal of Parent and Family Mental Health by an authorized administrator of eScholarship@UMMS. For more information, please contact [Lisa.Palmer@umassmed.edu](mailto:Lisa.Palmer@umassmed.edu).



# Enhancing Family Communication in Families Where a Parent has a Mental Illness

Scott Yates, School of Applied Social Sciences, De Montfort University & Lina Gatsou, Leicestershire Partnership NHS Trust

## Introduction

Parental mental illness (PMI) can impact the lives of all members of a family. Being a parent can be both motivational as well as stressful, especially in the context of life stressors around family, work, and social supports. When parents living with mental illness do not have adequate supports, their illness can negatively affect family life. Challenges for children specifically related to PMI may include:

- A reduced capacity of parents with mental illness to meet the needs of their children (such as emotional availability, quality of engagement, monitoring and meeting material needs);<sup>1,2</sup>
- A more negative and confrontational family environment and poorer parent-child relationships;<sup>3-6</sup>
- The burden for children of having to care for an ill parent;<sup>7,8</sup>
- Children's concerns about the wellbeing of their parent or about potential family breakdown;<sup>9</sup> and,
- Children's lack of understanding of PMI and how it can affect their parent. This can include confusion, self-blame, and anxieties about their own mental health and the possibility of "catching" mental illness like a cold.

Despite these challenges, there are interventions that help families with PMI. These most often focus on psychoeducation to enhance children's knowledge about PMI and strengthening children's resilience,<sup>13</sup> or on educating parents about the impact of mental illness on families and improving their parenting skills.<sup>5</sup> While there is evidence that many of these interventions can be helpful<sup>2,5,13</sup> they are usually aimed at parents *or* children, as opposed to whole families, and they don't directly *address how family members talk with each other about PMI*.



In this brief we will discuss the Think Family-Whole Family Programme, which differs from other interventions by putting a central focus on fostering effective communication within families. This can enhance families' understanding of PMI and how it affects behavior and relationships, help families jointly set goals for recovery, and enable more supportive interactions among family members.

## The Think Family – Whole Family Programme and Family Communication

The Think Family – Whole Family Programme is a family-focused training and intervention programme for disciplines including health, education, social work and voluntary services to use with families living with PMI. It involves two days of training for professionals, which include activities to increase awareness about the impact of PMI, and training in the use of an eight-session intervention for working with the whole family. This intervention is based on key principles taken from behavioral family therapy, Beardslee's<sup>14</sup> cognitive and

psycho-educational tools, and Falkov's<sup>15</sup> principles of joint collaborative working.<sup>11</sup> It focuses on encouraging information-sharing and family meetings, fostering joint understandings of PMI, and whole-family goal setting. It is designed to be family-led, with the parent with the illness deciding who, other than dependent children, should participate in the intervention.

Evaluation of the Think Family-Whole Family Programme<sup>11</sup> shows positive impacts on families' relationships with one another and wellbeing associated with improved family communication. It also provides evidence of the challenges families face when communicating about PMI and the impact that poor communication and poor shared understanding of PMI can have on all family members.

## Challenges for Families and Impact of Poor Communication

PMI is often considered a taboo subject within families, and parents living with mental illness may feel ashamed and feel a need to protect their children from their illness. It was common in our evaluation to hear the mistaken belief of parents that hiding PMI from children would prevent children from experiencing any potential negative consequences of PMI.

Our evaluation of the Think Family-Whole Family Programme revealed that the lack of communication about PMI in the family had a range of negative effects on family relationships and wellbeing:

- Parents, both those with and without illness, experienced heightened stress levels due to the pressure of attempting to hide PMI;
- Parents not recognizing the effect of PMI on children, which in turn discouraged parents' help-seeking;
- The nature, symptoms and impact of PMI not being well understood by all family members;
- Spouses of ill parents held negative stereotypes of mental illness, and failed to understand the ways it can affect their partner;
- Strained family relationships;
- Increased burdens of responsibility for family life falling on spouses or children, leading to resentment – with children particularly feeling their needs were not acknowledged;

- Family members misunderstanding one another's behaviors;
- Children not being able to connect their parent's behavior or mood to an understanding of their illness, and blaming themselves for what they perceive as anger, withdrawal or rejection by their parent;
- Parents misinterpreting children's behavior, perceiving them acting out or holding negative feelings towards them and failing to recognise ways they may be attempting to offer support; and/or,
- Negative cycles of interaction within families, such as children resenting perceived withdrawal by parents, and parents then feeling rejected and unsupported by children.

## Potential for Positive Interventions to Improve Family Communication

The Think Family-Whole Family Programme achieved positive results when implemented with families with PMI, and many of the negative impacts of PMI described above were greatly decreased. Families and the professionals who worked with them reported improved family relationships, an increase in supportive interactions, reductions in children's anxiety, increases in children's resilience, reduced tendencies for children to blame themselves for their parent's symptoms, improved self-concept in parents, reductions in perceived stigma, and increased help-seeking.<sup>11</sup> Both professionals and family members consistently reported that it was the programme's emphasis on improving family communication, through family meetings and information sharing, identification and discussion of the symptoms and impacts of PMI, and joint goal-setting, that was the major driver underpinning improvements in family relationships and the wider mental health of all family members.

The evaluation of the Think Family-Whole Family Programme suggests that there are significant benefits to including a focus on family communication and family members' mutual understandings of PMI in interventions. It also demonstrates that this content can be undertaken by non-specialist services with a relatively short training programme. Such an addition to existing interventions has the potential to lessen many of the ways that PMI most adversely affects family relationships and the wellbeing of all family members.

**Visit the Systems & Psychosocial Advances Research Center at <http://www.umassmed.edu/sparc>**

This is a product of the Journal of Parent and Family Mental Health. An electronic copy of this issue with full references can be found at <http://escholarship.umassmed.edu/parentandfamily/vol2/iss3/1>

## References

1. Murphy, G., Peters, K., Wilkes, L., & Jackson, D. (2014). A dynamic cycle of familial mental illness. *Issues in Mental Health Nursing*, 35(12), 948-953. doi:10.3109/01612840.2014.927543
2. Kim, S. R., Szigethy, E., Meltzer-Brody, S., Pilowsky, D. J., & Verhulst, F. (2013). Supporting the mental health of children by treating mental illness in parents. *Psychiatric Annals*, 43(12), 534-537. doi:10.3928/00485713-20131206-04
3. Barlow, J., Bennett, C., Midgley, N., Larkin, S. K., & Wei, Y. (2015). Parent-infant psychotherapy for improving parental and infant mental health. *Cochrane Database of Systematic Reviews* (1). doi:10.1002/14651858.CD010534.pub2
4. Bee, P., Bower, P., Byford, S., Churchill, R., Calam, R., Stallard, P., . . . Abel, K. (2014). The clinical effectiveness, cost-effectiveness and acceptability of community-based interventions aimed at improving or maintaining quality of life in children of parents with serious mental illness: A systematic review. *Health Technology Assessment*, 18(8), 1-250. doi:10.3310/hta18080
5. Kaplan, K., Solomon, P., Salzer, M. S., & Brusilovskiy, E. (2014). Assessing an Internet-based parenting intervention for mothers with a serious mental illness: a randomized controlled trial. *Psychiatric Rehabilitation Journal*, 37(3), 222-231. doi:10.1037/prj0000080
6. Van Loon, L. M. A., Van de Ven, M. O. M., Van Doesum, K. T. M., Witteman, C. L. M., & Hosman, C. M. H. (2014). The relation between parental mental illness and adolescent mental health: The role of family factors. *Journal of Child and Family Studies* 23(7), 1201-1214. doi:10.1007/s10826-013-9781-7
7. Royal College of Psychiatrists. (2011). *Parents as patients: Supporting the needs of patients who are parents and their children* (College Report CR164). London: Royal College of Psychiatrists. Retrieved from <http://www.sssft.nhs.uk/images/Safeguarding/Patients-as-Parents-CR164---Staff.pdf>
8. Cooklin, A. (2010). 'Living upside down': Being a young carer of a parent with mental illness. *Advances in Psychiatric Treatment*, 16(2), 141-146. doi:10.1192/apt.bp.108.006247
9. Cooklin, A. (2013). Promoting children's resilience to parental mental illness: Engaging the child's thinking. *Advances in Psychiatric Treatment*, 19(3), 229-240. doi:10.1192/apt.bp.111.009050
10. Falkov, A. (2006). Talking with children whose parents experience mental illness. In V. Cowling (Ed.), *Children of parents with mental illness: Personal and clinical perspectives* (pp. 41-56). Australia: Acer Press.
11. Gatsou, L., Yates, S., Goodrich, N. & Pearson, D. (2015). The challenges presented by parental mental illness and the potential of a whole-family intervention to improve outcomes for families. *Child and Family Social Work*, 22(1), 388-397. doi:10.1111/cfs.12254
12. Pihkala, H., Sandlund, M., & Cederström, A. (2012). Children in Beardslee's family intervention: Relieved by understanding of parental mental illness. *International Journal of Social Psychiatry* 58(6): 623-628. doi:10.1177/0020764011419055
13. Gladstone, B. M., Boydell, K. M., Seeman, M. V., & McKeever, P. D. (2011). Children's experiences of parental mental illness: A literature review. *Early Intervention in Psychiatry*, 5(4), 271-289. doi:10.1111/j.1751-7893.2011.00287.x
14. Beardslee, W., Gladstone, T., Wright, E. & Cooper, A. (2003). A family-based approach to the prevention of depressive symptoms in children at risk. *Pediatrics*, 112(12), 401-402.
15. Falkov, A. (1998). *Crossing bridges: Training resources for working with mentally ill parents and their children*. Brighton, England: Pavilion.