

‘She wants to hit me, but I love my mother’: Subjective experiences of children living with parental mental illness

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Abstract: Drawing on findings from a larger project with children whose parents have mental illness in Ghana, involving 30 interviews and 19 diaries completed, we provide a snapshot into the maltreatment experience of these children. Epidemiological studies have found that these children may develop mental health issues and ample evidence has been reported on their poor social and behavioural outcomes. However, the children’s voices and experiences of their own living situation has been limited. Notwithstanding, services have not always met their needs. Their needs and problems are often unnoticed and ‘invisible’. In this article, we focus on information from their diaries. Overall, the article reports specific events in the children’s lives that represent physical, verbal, and emotional abuse. The children also understand that their life contains good and bad days, representing the unpredictability of mental illness. We conclude that services should be preventative to address the impact of parental mental illness on children. This could be achieved through inter-agency collaboration, where mental health and child welfare services work together. The starting point for any professionals who work with the child or the family, to collect information and assess the parental roles and functions and what it means for the child, before a more formal platform for inter-agency work is established for the different disciplines (medical doctor, medical social worker, family worker and child welfare officers).

Keywords: children whose parents have mental illness; child welfare; mental illness; parental mental illness; abuse

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Introduction

Globally, 15 to 23% of children live with at least one parent with mental illness (Leijdesdorff et al., 2017). Epidemiological studies further suggest that children who live with parental mental illness can develop mental illness themselves (Hosman et al., 2009; Leijdesdorff et al., 2017). Some children will develop the same mental disorder as their parents while others develop a different disorder. The interaction of social, environmental, and biological factors is a significant factor for the intergenerational transmission of mental illness. In addition, children who have parents with mental illness are at an increased risk of poor outcomes including cognitive, social, behavioural and emotional difficulties (Maybery et al., 2009; Scarlett et al., 2024). However, it is important to note that not all children who have a parent with mental illness develop mental disorders, neither do all these children experience social and emotional challenges. The availability of social supports could address social and environmental factors that heighten children's experiences. Further, it is important to pay attention to the unique experiences of the children themselves without postulating assumptions of risks (Cudjoe and Chiu, 2020; Gladstone et al., 2006). In this short commentary, we provide a snapshot into the maltreatment experiences of children living with parental mental illness using diaries completed by the children aged 11 to 17 years.

Parenting with mental illness can be challenging considering that most parents have to navigate the demand of mental illness on their wellbeing and their caregiving responsibilities (Campbell et al., 2012). This even worsens for those with severe mental illness. Parents with psychosis have reported depression, fatigue, difficulty focusing due to hearing voices which can all impede their ability to offer protection, reciprocate love, attention and offer warmth for their children (Strand et al., 2020). During symptomatic phases of their illness, parents may be abusive, either verbally or physically, or be completely absent (Cudjoe et al., 2023; Foster, 2010). It is therefore not surprising that having a parent with mental illness has consistently been documented as one of the key drivers of out of home placements. While some mothers with mental illness have indicated that parenting provides them with a sense of purpose, facilitating their recovery from mental illness (Awram et al., 2017), it may be unhelpful to leave children in families without professional support. The lack of preventative supports to these children and their parents compound their experiences.

Because mental illness can be unpredictable, children experience good and bad days living with parental mental illness (Cudjoe et al., 2023). During symptomatic phases, the child is likely to experience different forms of abuse and neglect, not understand what is going on with the parent and experience isolation. Parents themselves may feel shame and guilt about their illness and want to protect children from the impact of their mental illness (Nolte and Wren, 2016). This is often because society has expectations of what a 'good parent' ought to be and parents with mental

illness may feel they are unable to meet those expectations. For children, there can be good days too when the parents are ‘themselves’, providing warmth, love, care, and protection they require. These different emotions can be difficult for children to process particularly for those who lack an understanding of the parents’ mental illness. Nonetheless, parents and professionals alike can underestimate what children observe or understand (Stallard et al., 2004), which may impact services for children. In this short article, we contribute to uplifting children’s voices within the literature to bring attention to their experiences as they live with a parent with mental illness.

The study

We provide a brief report from diaries completed by children aged 11 to 17 years in Ghana who lived with a parent with mental illness. This comes from a larger project of 30 children investigating what it is like to live with a parent with mental illness. The project received ethical clearance from City University of Hong Kong. The focus of the diaries presented here is on the children’s maltreatment experiences. The children were selected by contacting outpatient psychiatric units in Ghana by first asking for information on patients who were parents. At the outpatient psychiatric units, it was revealed that mental health nurses did not collect information about the parenting status of patients (Cudjoe et al., 2023). This is one of the worrying issues not just in Ghana but globally. If professionals do not collect parenting information of their patients, the children will continue to be ‘hidden,’ and services will not get to them in time. The children only get to the radar of professionals when they are seen by child welfare services due to abuse or neglect due to parental mental illness. Hence, for the recruitment, we had to collect the contact information of patients to ask them whether they were parents, enabling us to have gain access to the children. The parents’ diagnosis included schizophrenia, psychosis, depression, and anxiety disorders.

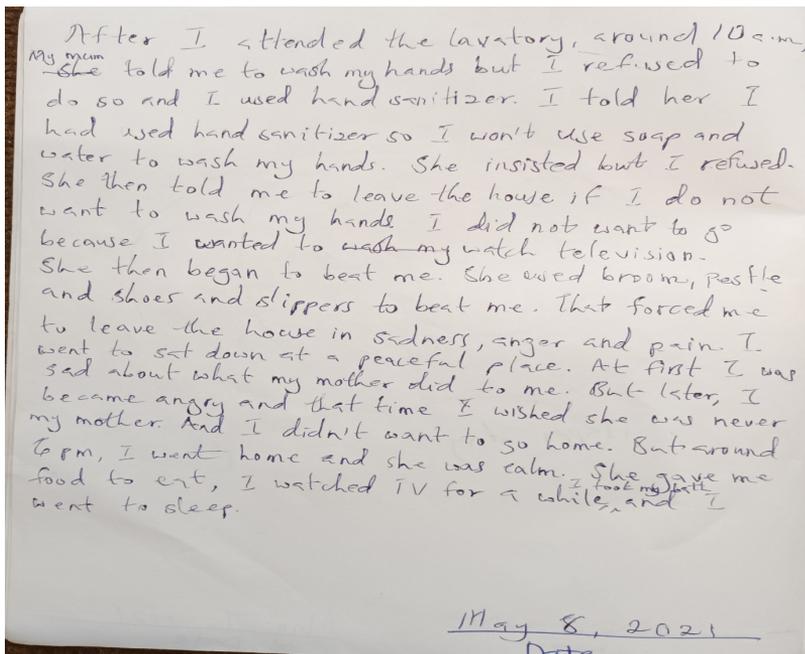
The nature of the diaries and how they were organised have been reported elsewhere (Cudjoe, 2022). In summary, the children were given three weeks to make entries into the diaries. Entries, about their experiences of living with a parent with mental illness, could either be written or drawn. The children were given a phone call once a week to ensure they were completing the diaries as expected. At the end of the 21 days, the diaries were collected. The children were advised not to indicate any personal or identifying information in the diary. Because we were not present with the children when completing the diaries, it may have been possible that they were influenced by the parents or other members in the family about what to enter into the diary. However, as part of the weekly calls, we checked up on the children to find out whether they were being influenced in any way to record particular information or experiences. Of course, there is the possibility that this

may not have addressed the potential influence from parents of other members in the family. Nonetheless, entries in the diaries provided rich and interesting insights into the experiences of children living with parental mental illness. Names used in this article are not the children's real names.

Results

It is important to stress that maltreatment experiences for children living with parental mental illness are not consistent throughout. There are times when the children experience love and affection from the parent with mental illness. This is a reason why their lives have been characterised as a 'roller coaster' (Foster, 2010). Entries from the children's diaries reflect this roller coaster, demonstrating that at times these children can go through periods of physical, verbal abuse and neglect. Unfortunately, many of the children whose parents have mental illness do not understand their parents' condition, compounding their situation and sometimes leading to isolation. The entry from Paul's diary below (Figure 1) shows an instance of physical abuse. Paul's mother asked him to wash his hands with soap and water after using the toilet. Paul used a hand sanitiser instead which her mother did not like, so asked Paul to leave the house.

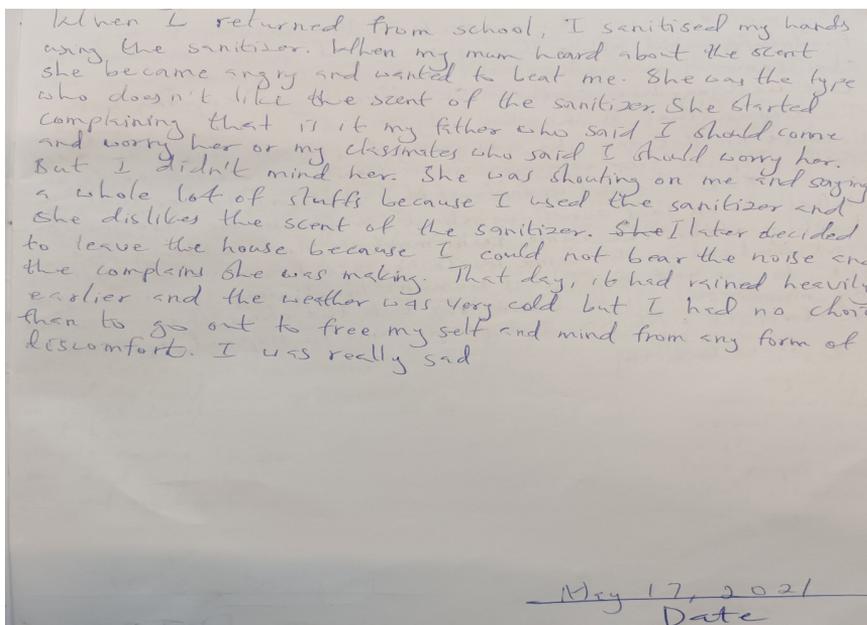
Figure 1. Paul's physical encounter with her mother.



Paul's refusal to leave the house led to him being physically assaulted by her mother. It is not clear from the entry whether the assault was caused by his mother's symptomatic episode or whether it was just because Paul was being disobedient to instructions. A likely explanation could be a combination of the two. At the end of this event, Paul's mother is 'calm'. She gives him food and he watches TV. It is important to appreciate the contrasting experiences of Paul in this moment. Children whose parents have mental illness often state that they are unsure 'which' parent they are going to get in a given day (Grove et al., 2015). This further underscores the predictability of their living situation.

These children can also go through verbal and emotional abuse. In many cases children live in single parent families. When the child lives with the ill parent, it is often a challenge for the child alone to manage the emotional stress that comes with it. When there is separation, it is not uncommon that both parents may not be on good terms. Therefore, feelings towards the non-ill parent may be projected onto the child. Consequently, the child may be caught between the parent's conflict and interpersonal violence. When enmeshment with either parent happens, it is more often hurting than supporting to the child. This was Paul's experience where his mother with mental illness often referred her hatred towards her partner, with negative emotions that were then projected onto Paul. Diary entry from Paul in Figure 2 shows an instance of emotional abuse he experienced living with her mother with mental illness.

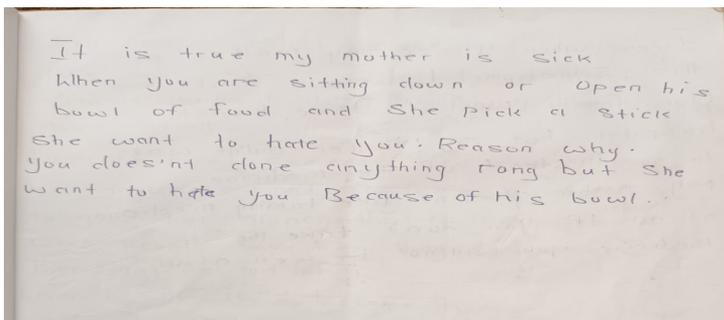
Figure 2. Paul's emotional abuse encounter with mother.



Undoubtedly, part of his mother's reaction towards Paul was a result of her strenuous relationship with her partner. It is quite challenging for the parent to focus on their caregiving responsibilities (to the child) when her mental illness impacts her wellbeing. Paul's mother may be having difficulties navigating her parenting role and unable to adequately manage difficult situations with Paul in a way that it does not escalate into verbal or physical violence. Paul's mother had psychosis so this may be interfering with her view of the world and her inability to distinguish between reality and fantasy. Strand et al. (2020) observed that parents with psychosis may hear voices that could impede their ability to be there for their children and respond to them in a timely manner. As can be seen from Figure 2, Paul has had to give himself physical space for some time to be away from her mother as result of the emotional abuse encounter.

In addition, Naomi has further described how her mother may exhibit violent tendencies at times at home. Naomi is not quite sure why her mother behaves this way as she has not been made to understand her condition. Research has shown that parents and even professionals may not want to open up to children about parental mental illness (Cudjoe and Chiu, 2020). The reason often provided for keeping children in the dark is to protect children from such a difficult topic (Ballal and Navaneetham, 2018). As can be seen from Figure 3, Naomi attempts to establish a connection between her mother's behaviour and the mental illness. There is reason to believe that she has some understanding into why her mother may pick up a stick to hit her. These children who spend most parts of their day with the parent have adequate first-hand experience of the parent's condition. It is important that rather than often conceptualising them as hidden or unseen, it is important for professionals to give them space to talk about their daily life experiences. Such insights could provide practitioners and researchers with the knowledge to develop interventions to adequately meet their needs.

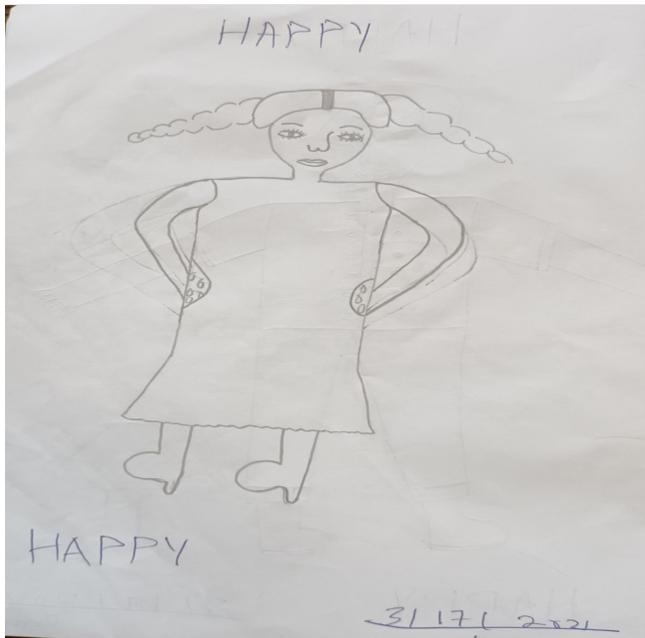
Figure 3. Naomi and her mother's stick.



While the above image may paint a negative picture of Naomi's parent and further confirm the risk discourse dominating in the literature, she also enjoys her life with her parent. Figure 4 is Naomi's drawing showing her mother as being

happy. Again, this reflects the roller coaster which has been previously mentioned. Naomi is aware there are days at home where her mother is ‘herself’ and can be there for her. Although Naomi may have experienced abuse due to parental mental illness, she also reflects on the fact that she is happy for the days where her mother is responsive to her needs and is able to parent.

Figure 4. Naomi’s mother is happy



It is important to stress that due to the symptomatic phases of mental illness, children are likely to experience different levels and intensity of parenting from the parent with mental illness. Many children may be aware of the unpredictability of mental illness through the fact that they experience good and bad days which rotate regularly for them. Some studies have established that older children may have more understanding of their parent’s mental illness, thereby establishing connections between the parents unpredictable behaviour and their mental illness (Cudjoe and Chiu, 2020). Nonetheless, there are also many instances where children have limited information about their parents’ condition. Experiencing a parent hitting a child with a stick and suddenly the parent demonstrating warmth and affection to the child could be confusing for many. Psychoeducation, with information and education about mental illness, could be useful for children to understand their parent’s behaviour. Similarly, preventative support should be provided to these parents and their children. So that abuse can be prevented in the first place. Several RCTs involving preventative interventions have been conducted with children and

their parents but the challenge has been implementing these in routine mental health and child welfare services. Inter-agency collaboration is required for preventative efforts to be effective.

Conclusions

This short article has provided a snapshot into the maltreatment experiences of children living with parental mental illness. The core message of the article is that living with parental mental illness is like a roller coaster, which translates into children's maltreatment experiences. While there is evidence of abuse and neglect, it is equally important to acknowledge that not all children experience maltreatment due to parental mental illness. There is a need for a balanced perspective, paying attention to the unique experiences of the children. Most importantly, we advocate for inter-agency collaboration between mental health and child welfare services. This is likely to ensure the early identification of children whose parents have mental illness. To do this, mental health professionals would have to equip themselves with sufficient skills and knowledge for a comprehensive assessment of both the child, the parents, and the family, and the vigilance for any urgent action to be taken against serious abuse. A well-defined inter-agency collaborative platform is also needed so that necessary information on individual family members can be shared and that there is protection for ill parents with dependent children.

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