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### Understanding and supporting parents with mental health and mental illness

March 2021



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The Australian Childhood Foundation acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians and owners of this land and waters. We pay our respects to their Elders past and present and to the children who are their leaders of tomorrow. We acknowledge their history and living culture and the many thousands of years in which they have raised their children to be safe and strong.



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### Learning outcomes



- Provide participants with activities, and strategies to enable you to identify, respond and support children, adolescents and parents with mental health and mental illness issues
- Define and understand mental illness and mental health



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**Mental health**

Mental health is a state of wellbeing in which ; individual realises their own abilities, can cope with the normal stresses of life, can work productively and make a contribution to their community.

Poor mental health can impact on the potentie young people to live fulfilling and productive li (WHO 2014)



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**0 to 20 Number Line**



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**5 Domains for good mental health**

Positive Development (2016) summarizes positive psychological characteristics for mental health in five broad categories:

1. Positive emotions, including joy, contentment, and love
2. "Flow," defined as "the psychological state that accompanies highly engaging activities"
3. Life satisfaction; the sense that one's own life is good, which correlates with characteristics such as self-esteem, resiliency, optimism, self-reliance, healthy habits, and prosocial behaviour
4. Character strengths such as curiosity, kindness, gratitude, humour, and optimism
5. Competencies in the social, emotional, cognitive, behavioural, and moral realms



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### Children's mental health

Positive mental health      Mental health vulnerabilities      Diagnosed mental health conditions

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### What is mental illness/disorder

Mental illness is the acute stage of mental health and is diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5

Poor mental health can impact on the potential of a person to live fulfilling and productive lives (WHO 2014)

- Mental health problems affect one in every four at any given time (although severity varies greatly).
- Individuals are regarded as possessing a "serious emotional disturbance"

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### What are the DSM-5 categories?

- Neurodevelopmental disorders.
- **Schizophrenia** spectrum and other psychotic disorders.
- Bipolar and related disorders.
- Depressive disorders.
- **Anxiety disorders.**
- **Obsessive-compulsive** and related disorders.
- Trauma- and stressor-related disorders.
- Dissociative disorders.

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**Activity**  
 What are some of the negative things you have heard about people with mental illness?  
 What are some of the positive things you have heard about mental illness?  
 Why do you think people with mental illness are stigmatized?  
 Can you think of any other health conditions or social issues that have been stigmatized throughout history?  
 What words/sayings are used that create a negative view of mental illness?



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### Reducing Stigma- WALLS

Watch your language	Make sure you are not using language or comments that stigmatize people with mental illness.
Ask questions	A lot can be learned by asking questions of a mental health professional like a counsellor or doctor, or a person who has lived experience with a mental illness.
Learn more	Great resources are available online to help educate you on different mental illnesses. Increased education means fewer misunderstandings and less stigma.
Listen to experiences	Once you have learned about mental illness, ask someone you know about their experience with mental illness. If you are considerate and respectful, they may be speak about their experiences. If you have lived experience, consider sharing your story with others.
Speak out	Help reduce stigma by speaking out when others stigmatize people with mental illnesses or spread misconceptions.

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### What causes psychosis?


Psychosis can happen to anyone, the first episode of psychosis usually occurs in a person's late teens or early 20s.

It is due to changes in brain functioning, leading to a disruption of brain functioning.

Approximately three in 100 people will experience a psychotic episode at some point in their life.

Some people only experience a few episodes of psychosis or a brief episode that lasts for a few days or weeks.

Others will experience symptoms more frequently, in association with a longer-term illness such as schizophrenia.



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**Talking and thinking about mental illness-**  
[https://www.youtube.com/watch?v=XBCAZIN\\_Ub4](https://www.youtube.com/watch?v=XBCAZIN_Ub4)



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**Mental disorder or illness**

- Anxiety disorders are the most common affecting 15 % of young people
- First onset of schizophrenia is mostly 15-24
- Substance use disorders affected young people – alcohol the most common
- Around 6% of young people had an affective disorder with Bipolar Affective disorder and depression the most common affective disorders
- 85 % of young people with a mental disorder did not access mental health services
- GPs are the most common health service used by people with a mental illness.

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**Activity**

Discuss these statements:

- Mental illness is a lifetime diagnosis
- Mental illnesses are all the same
- People who live with mental illness are more violent
- People who live with mental illness are more likely to commit crime
- Some cultural groups are more likely than others to experience mental illness

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**Who can help you –Mental health care providers**

In Victoria, mental health care is provided by individuals who have trained in one of the following disciplines:

- Psychiatry
- Psychology
- Pediatric medicine
- General practice -your doctor
- Nursing
- Allied health (including social work)



In addition, some providers have undertaken training in family therapy, psychotherapy, bereavement counselling, forensic mental health, cognitive behavioural therapy and interpersonal relationships counselling. Department of Health and Human Services

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**Recovery**

People recover from mental health, same as people recover from physical illness and disease. There are 2 different meanings for recovery. However, they may overlap. These are:

Health professionals think of recovery as no longer having mental health symptoms. Sometimes this is called 'clinical recovery'.

Personal recovery means that the young person is able to live a meaningful life. What they want may be different to what someone else wants to do with their life. Don't be afraid to get them to think about what they would like to do and work towards that goal.

Family, carers and friends play an large role in recovery.



*"Recovery isn't about getting back to how you were before, it's about building something new"* Care Quality Commission UK

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**Recovery**

The key objective is to support the person to recover and meet their own life goals.

**Exercise** **Reduce Stress** **Activities**  
**Connection** **Balanced diet** **Calmness**

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**WRAP- Wellness Recovery Action Plan**

- Developed by Mary Ellen Copeland (Mary Ellen Copeland Center) and a group of people in the USA who experience mental health challenges.
- These people learned that they can identify what makes them well, and then use their own Wellness Tools to relieve difficult feelings and maintain wellness.
- The result has been recovery and long-term stability Recovery



Illustrations by Jay Carlton

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**Helping clients develop their WRAP**

- My Wellness Toolbox
- My Wellness Maintenance Plan
- My Relapse Prevention Plan
- My Crisis Plan
- Support

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**Developing healthy brains**



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**Trauma and the brain**

**Prefrontal cortex**  
Responsible for executive functions, such as judgement, reasoning, and self awareness. Trauma reduces capacity for PFC to moderate automatic responses

**Amygdala**  
Survival response centre within the limbic lobe that becomes enlarged and more sensitive the more it is activated through responding to threats

**Hypothalamus**  
Links the nervous system to the endocrine system via the pituitary gland. It synthesizes and secretes hormones to control body temperature, hunger, thirst, fatigue, sleep, and circadian cycles.

**Hippocampus**  
Consolidates memory by providing the context/ sequential data for episodic memories. Goes offline in the face of trauma - memory is not encoded properly.

**Corpus Callosum**  
Bridge between the 2 hemispheres. Chronic stress can damage and thin down this bundle of neurons

**Thalamus**  
Sensory receptor within the diencephalon. Receives and passes on sensory data to be further processed by other areas of the brain

**Cerebellum**  
Balance and coordination, motor skills may be impacted by trauma

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**Regulation Domains**

- Emotional
- Cognitive
- Physiological
- Relational
- Behavioural

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**Impact of complex trauma on the development of self-regulation**

- Neurobiological impact
- Physiological Impact
- Early care-giving experiences
- Ongoing environmental influences

A child's brain develops through relationships with others. The quality of these relationships shape children's brain development.

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### Limbic lobe- emotional gateway

- The part of the brain that helps us attach an emotion to an experience or memory
- This part of the brain is particularly involved with the emotions of fear and anger
- Also heavily involved in attachment processes
- This area develops mainly after birth



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### Amygdala & Hippocampus

**Amygdala**

- the 'smoke detector' of the brain
- is mature at birth
- processes & stores implicit memories

**Hippocampus**

- matures between 2-3yrs of age
- provides context to memories & embeds into long-term memory



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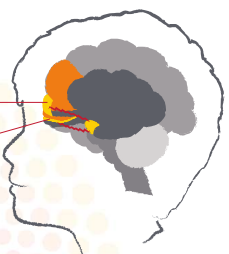
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### Mindfulness and co-regulation

**Pre-Frontal Cortex**  
(the centre of Mindfulness/ Self awareness)

**Right Orbitofrontal Cortex**  
(Regulation of Arousal)

- Mindful awareness/ meditation de-activates the amygdala
- Quality co-regulation de-activates the amygdala



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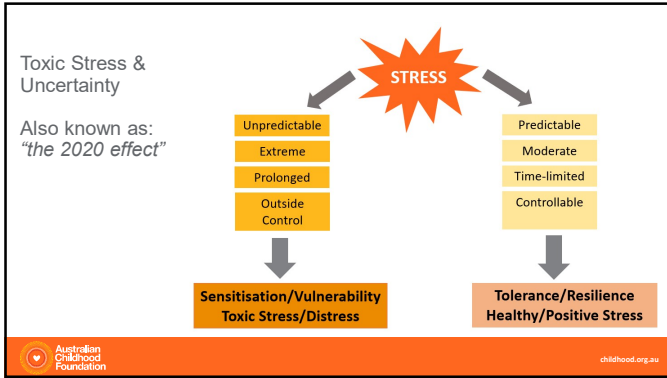
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**Working in this space**

- **Relational** (safe)
- **Relevant** (developmentally-matched to the individual)
- **Repetitive** (patterned)
- **Rewarding** (pleasurable)
- **Rhythmic** (resonant with neural patterns)
- **Respectful** (of the child, family, and culture)

(Bruce Perry, as cited by <https://attachmentdisorderhealing.com/developmental-trauma-3>)

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**Brain food for the child**

Age	Brain function focus	Brain food
12-25 years	Abstract thinking, decision making, analysing and problem solving	Opportunities to practise making decisions, to weigh up consequences, to take risks in non life and death settings, to learn boundaries. Integrative activities such as outdoor adventures, ropes courses, group work, yoga, meditation, mindfulness.
7-12 years	Consolidation and Exploration	Problem processing opportunities to concentrate on areas of interest, to challenge and be supported, games requiring skill, strength and agility, experiences of raised and lowered heart rate.
3 - 6 years	Maturing thinking functions	Reading, playing games, counting, talking, storytelling, games with siblings and in teams
1 - 4 years	Emotional functions	Playing games with parents, dress ups, acting stories, act out feelings, sharing, taking turns, dress ups
6 months – 2 years	Coordination of body movements	Dancing, painting, blocks, threading, sliding, crawling, rolling, running, clapping
In utero – 9 months	Basic Survival	Tactile play, peek a boo, lots of touch, being rocked

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**What we need for a healthy mind**

The Healthy Mind Platter

The Healthy Mind Platter for Optimal Brain Matter

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**Downtime**

- Just being still
- Massage
- Baths
- Showers
- Weighted blankets
- Cooking
- Art and craft
- Gardening-growing plants

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**Focus time**

- Reading
- Rituals- tea time at table
- Play
- Drawing
- Watching birds-nature walks
- Board games
- Cards
- Drama

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**Time in**

- Mindfulness activities
- Relating
- Prayer
- Forest bathing
- Yoga



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**Play time**

- Imaginative play
- Indoor and outdoor
- Water play
- Mountain biking
- Friends
- Drama-plays-centre of attention



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**Sleep time**

- Experts recommend that infants (4 to 12 months old) get 12 to 16 hours of sleep a day, including naps.
- School-aged kids (6 to 12 years old) should get between 9 and 12 hours of sleep per night.
- for 15 year olds for optimal socioemotional adjustment, they found that 8.75 to 9 hours of sleep was required , which is in line with most guidelines that have been recommended by experts.
- But for academic outcomes, 7 to 7.5 hours was found, which is well below what experts recommend (8-10 hours for young people).



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### Physical

Creates mind body awareness

- Drumming
- Swinging
- Rocking
- Hanging
- Walking



If you are having a hard time falling asleep or are not sleeping well, research indicates that exercise is an effective way to improve sleep quality without resorting to medication.



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### Connecting time in relationships

- If you smile at me and I don't smile back, your feelings will be different than if I resonate with your smile, feeling the feelings inside of me and then revealing that resonance with a returned smile on my face, in my gestures, and in my tone of voice.
- Our separate bodies become "connected" as energy flows from you in the form of a smile that then connects with me.
- Your eyes and your ears pick up how that energy was received and two separate "entities" become connected as one in the exchange.
- This is how people come to feel "close" to each other even with physical distance that separates their physical bodies.
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## Supporting parents with a mental illness



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### Maternal depression

Because chronic and severe maternal depression has potentially far-reaching harmful effects on families and children, its widespread occurrence can undermine the future prosperity and well-being of society as a whole.

Despite the frequency of depression among new mothers, large numbers of affected individuals may not be identified as having a treatable condition, and only 15 percent obtain professional care.

National scientific council on the developing child-Harvard

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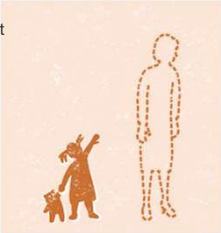

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### Attachment and attunement

Helping people heal from trauma is one of the most challenging things we do. But it becomes infinitely more challenging when they missing one key experience – a stable, secure relationship.

But what is it that makes an attachment experience so profoundly protective, and how do we work with the clients who are missing these substrate relationships?

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### Building attachment and regulation

1. Facilitation of co-regulation between child and parent through sensory integration intervention techniques;
2. Facilitation of secure attachment bonds between child and parent by provision of sensory-based intervention and trauma processing in an emotionally and physically safe environment;
3. Promotion of healthy and adaptive child development across all domains through child-led developmentally appropriate activities; and
4. Healing of trauma .



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### Supporting families and children of parents with a mental illness

Parents with a mental illness may need extra support from services, families and friends.

Ask the family how best you can support them.

Talk with the parent about their illness and ask if it's OK to find out more.

Discuss any symptoms and warning signs and how you can support them.

Be understanding and let the parents and children know that they don't have to manage on their own.

<https://youngcarersnetwork.com.au/>



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*I thought when the doctors told Dad that Mum had a mental illness she was going to die - that was scary. Everyone was so serious and didn't know what to do. I didn't know what to do either. I wish someone had talked to me.*

**Matt, son of a mum with mental illness**



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**Supporting parents with a mental illness**

Programs and interventions dealing with self-efficacy and competence in parents with a mental illness might focus on:

- providing parents with instruction on parenting skills and tasks and/or modelling appropriate parenting behaviours
- changing parental self-efficacy beliefs and parenting cognitions
- providing education about child development and age-appropriate abilities
- teach parents effective discipline and other strategies to improve positive interactions with their children.



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**Family Emotional Safety Plan**

*Why have a plan*

It helps to have a general sense of how your brain functions under great stress to know why you should have a plan. Anytime you are emotionally shaken from fear, anxiety, anger or hurt, you are functioning from your primal brain, your amygdala. There are chemicals that wash over the rest of your brain cutting off access so that your only functioning abilities are in your survival center. Effective problem solving requires access to the control centers for logic, language and creativity though these cannot be utilized when greatly upset.



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**What else do parents need**

- Parenting programs
- Learning about and how to play
- Psychoeducation
- Co-regulation
- Connection before correction
- PACE
- Recognition



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**PACE**

**PACE**  
Playfulness  
Acceptance  
Curiosity  
Empathy



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**Children need...**



Nurture  
Love  
Structure  
Routines  
Relationships

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### Depression – how does it differ in Adults v Adolescents

• In contrast to adults, depressed young people may emphasise:

- Profound boredom
- Feeling unloved
- Lonely
- Acting out
- Risk taking behavior-extreme

Boredom is a Pattern, not a Reality.



Depressed young people may, in response to favourable events, describe brief windows of normal mood which belie underlying depression

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### Suicidation

- Ask permission before delving into sensitive areas
- Positively reframe their lives
- Do not argue with them
- Tell them how you feel- they may be feeling the same way too
- Humour/tricks such as the magic wand/ interview in a range of settings
- Listening
- Take expressions of distress seriously- watch for depression/self harm/suicidal intention



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### Helping

- **Ways to start a conversation about suicide:**
  - "I have been feeling concerned about you lately."
  - "Recently, I have noticed some differences in you and wondered how you are doing."
  - "I wanted to check in with you because you haven't seemed yourself lately."
- **Questions you can ask:**
  - "When did you begin feeling like this?"
  - "Did something happen that made you start feeling this way?"
  - "How can I best support you right now?"
  - "Have you thought about getting help?"

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### Helping

**What you can say that helps:**

- "You are not alone in this. I'm here for you."
- "You may not believe it now, but the way you're feeling will change."
- "I may not be able to understand exactly how you feel, but I care about you and want to help."
- "When you want to give up, tell yourself you will hold off for just one more day, hour, minute—whatever you can manage."



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### Strengthening your relationship

- One of the most important things you can do is to work on strengthening your relationship.
- Try to build empathy and understanding by putting yourself in their shoes.
- You might be frustrated that they seem down and irritable a lot of the time and doesn't seem to be doing much of anything to help themselves.
- Depression makes even doing the smallest things more difficult.



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### Do say

Do say	Don't say	Why?
A person is 'living with' or 'has a diagnosis of' mental illness	'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo', 'deranged', 'mad'	Certain language sensationalises mental illness and reinforces stigma.
A person is 'being treated for' or 'someone with' a mental illness	'victim', 'suffering from', or 'affected with' a mental illness	Terminology that suggests a lack of quality of life for people with mental illness.
A person has a 'diagnosis of' or 'is being treated for' schizophrenia	A person is 'a schizophrenic', 'an anorexic'	Labelling a person by their mental illness.
The person's behaviour was unusual or erratic	'crazed', 'deranged', 'mad', 'psychotic'	Descriptions of behaviour that imply existence of mental illness or are inaccurate.
Antidepressants, psychiatrists or psychologists, mental health hospital	'happy pills', 'shrinks', 'mental institution'	Colloquialisms about treatment can undermine people's willingness to seek help.
Reword any sentence that uses psychiatric or media terminology incorrectly or out of context	'psychotic dog', using 'schizophrenic' to denote duality such as 'schizophrenic economy'	Terminology used out of context adds to misunderstanding and trivialises mental illness.

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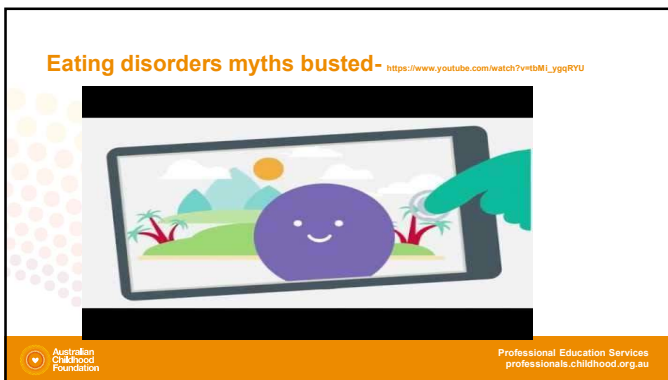
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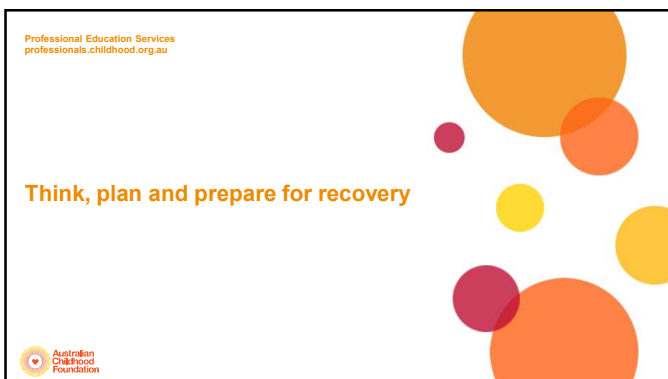
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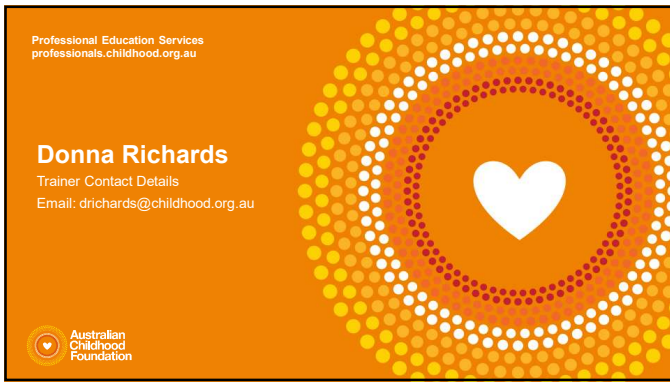
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