

# COPMI GEMS

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## Quick Facts

- A child's relationship with their parent provides the basis for their social and emotional development.
- Parental mental illness may impact on the relationship between child and parent which can result in insecure or disorganised attachment in the child.
- Interventions may include individual therapy with the child, child-parent therapy, programs for parents, and community based programs such as childcare or pre-school.
- Pre-school children may not have the language skills to describe their observations but they will be aware of their parent's mental illness, and it is important they know that it is not their fault.
- Family care plans are a practical way to show children that the adults in their world are keeping them in mind, and will take care of them.

## Pre-school children in families with parental mental illness

Pre-school children, 2-5 year olds, comprise 5% of the Australian population.<sup>1</sup> The estimate that 21.73% Australian children live with either one or two parents with mental illness<sup>2</sup> means that approximately 50,424 Australian pre-school children have one or two parents with mental illness.

### Pre-school child development

The pre-school years are characterised by the emergence of autonomy. Children are becoming more self-reliant, purposeful and self-guided, with expanding social competence and broadening social relationships.<sup>3</sup> Their relationship with their parent provides the basis for their social and emotional development.

### Pre-schoolers' development may be affected by parental mental illness

The capacity of parents to provide appropriate care and stimulation may be challenged by mental illness. Symptoms experienced by the parent as well as any effects of medication may directly affect the quality of their interactions with their child which can result in insecure or disorganised attachments,<sup>4</sup> their daily childcare, and routines such as pre-school attendance, or recreational and social outings.<sup>5</sup> Where social isolation is experienced, opportunities to interact with and learn from other parents and children are reduced.

### Helping pre-school children to understand

Pre-school children may not have the language skills to describe their observations and perceptions, but they will be aware of parental mental illness.<sup>6,7</sup> They need to be included in conversations about what is happening,

using age appropriate language<sup>7</sup> which is concrete and provides reassurance, such as, 'Mummy is taking medicine to help her get better'. Without this, they may draw their own conclusions, and attribute their parents' illness to something *they* have done.<sup>6</sup> It is important to let the children know that it is not their fault that their parent is unwell, and to give them information that dispels or reduces worry and feelings of helplessness.<sup>7</sup> →

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Gateway to Evidence that Matters

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## COPMI National Initiative



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**Resources:** A booklet for parents of pre-schoolers, and resource for workers are available on [www.copmi.net.au](http://www.copmi.net.au): *Piecing the puzzle together: Raising young children when mental illness is part of your life*. A list of story books for pre-school children can also be found on this website.

*Tuning Into Kids* ([www.tuningintokids.org.au](http://www.tuningintokids.org.au)) is an Australian program for parents which teaches them awareness and regulation of their own emotions, and their children's emotions (see Havighurst et al., 2004, above).

## Pre-school children in families with parental mental illness cont'd

### Family Care Plans

Pre-schoolers should be reassured that if their parent is unable to care for them there is someone who will until their parent is well enough. Family care plans<sup>8</sup> are a practical way to show children that adults in their world are keeping them in mind, and can be regularly updated (see [http://www.copmi.net.au/jsp/resources/resource\\_view\\_all\\_type.jsp?type=8](http://www.copmi.net.au/jsp/resources/resource_view_all_type.jsp?type=8) for care plans).

### Interventions

When there is parental mental illness children should be observed for signs of distress. Behaviours such as withdrawal or acting out, extreme responses to situations, inappropriate familiarity with strangers or an inability to seek comfort from their parent may indicate that the child is being adversely affected and is in need of help. Possible interventions include:

- individual therapy with the child, accompanied by parallel sessions with the parent<sup>9</sup> for those children who find it difficult to express themselves in front of their parent, as they are fearful of hurting their feelings, or where children are over-reliant on their parents and the parent is overprotective.
- child-parent group intervention such as the 'Circle of Security'.<sup>10</sup> COS is an intervention based on attachment theory, which aims to establish the parent as a secure base for the child. Video vignettes of the children are used to enhance the parent's reflective capacity and their attunement to their child.
- community based interventions include parenting programs that focus on enhancing parents' capacity to encourage

their children to talk about their feelings,<sup>11</sup> so they learn that their parents are there to help them understand and manage their emotions<sup>12</sup>; assistance through programs which may include home visiting to support parents in fulfilling their parenting role and to meet the developmental needs of their child<sup>13</sup>; and attendance at childcare<sup>14</sup> or pre-school.

### Limitations

There are many opportunities for further research relating to pre-school children, including the perspective of parents, and of families with pre-school children of Aboriginal<sup>15</sup> or culturally and linguistically diverse backgrounds. The role and experiences of partners, and grandparents<sup>16</sup> as carers are two further areas of research that could enhance service provision to pre-school children and their families.

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