

COPMI

Keeping families in mind

GEMS

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Gateway to Evidence that Matters

Children who care for parents with a mental illness: A UK perspective

Quick Facts

- Girls are more likely to care than boys and are also more likely to care for mothers with mental illness.
- Children take on caring responsibilities – ranging from domestic chores to emotional care and nursing-type tasks – when there is no one else available to care.
- Mental health practitioners and other health professionals can often be too patient-focused and can overlook the needs and responsibilities of their patients' children.
- Young carers and their families require both family focused interventions and dedicated services for children to help them cope with their caring roles.
- Caring can have long term negative consequences for children when their responsibilities and needs are overlooked.

Parental mental illness and children's caring responsibilities

Young carers are children under the age of 18 who care for a sick or disabled relative (usually a parent) in the home¹. It is estimated that in the UK around 175,000 children are caring for parents who are ill or disabled². Where adults experience mental illness and they are also parents it is not uncommon for their children to be undertaking some form of caring responsibility³. The likelihood that children will be undertaking long term caring that is disproportionate to their age or level of maturity increases where parents with mental illness are also lone parents, experience poverty, low income, or the impacts of social exclusion³.

The nature of children's caring responsibilities

Studies have shown that children undertake a range of domestic and caring responsibilities when parents are sick or disabled. These include household management tasks such as cooking, cleaning and managing family budgets, caring for siblings and providing nursing and emotional support to ill or disabled parents^{4,7}. When parents have serious mental health problems, child may provide high levels of emotional care and nursing-type responsibilities such as administering medication^{3,8}, as well as participate in household tasks. The following young carer (aged 16) describes a typical day caring for her mother who has psychosis and depression:

I put the washing in and then I take it out and I put it on the clothes horse. And I do my room as well, but I don't have time most of the time because I have to look after my mum...give her medication...I have to give her medication morning and night...I do the housework. The weekends – she can't bath herself you see properly – so at weekends when the carer doesn't

come...I bath my mum and I wash her hair as well sometimes. I don't like [having to bath my mum]. But I feel that I have to help my mum because if I didn't do it then who else? My mum would end up being unclean and I wouldn't want that (3;70).

The impacts of caring on children

Children can experience adverse consequences of long term caring. These include poor educational attainment, low self esteem and difficult transitions into adulthood^{9,10}. The nature and extent of children's caring responsibilities when parents have mental illness fluctuates depending on parents' changing mental state. For example, children may be expected to take on more household duties and care of siblings if and when parents are physically incapacitated by their illness, such as during depressive or psychotic episodes³. However, children also demonstrate resilience and develop a range of coping strategies in respect of living with and caring for a parent with mental illness⁸. experiences of caring are also common, in particular strong or enhanced parent-child relationships:

We are still the best of friends. We do really have a strong relationship and I feel that I've matured a lot quicker which to me I think is a good thing (young carer, (3;84)).

However, children also worry a great deal about their parents' ill health and these anxieties can affect their school work, concentration levels and attendance at school. It is not uncommon for children to return home from school to find that their parent has been hospitalised³. It is argued that children have the right to deal with worries about their mentally ill parent by caring for them¹¹, but that it is the responsibility of practitioners to support children in these contexts, both with the emotional consequences of living with a parent with mental illness and with their caring roles and experiences.

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Useful UK website for carers, their families and professionals:

The Children's Society:

www.youngcarer.com/

The Princess Royal Trust for Carers:

www.youngcarers.net/professionals/

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The needs of young carers and their families

Research studies have revealed consistent patterns of need among young carers¹². When children care for parents with mental illness they require both family support and dedicated services to address their needs as carers. Young carers need recognition for their caring roles and access to age appropriate information, particularly relating to mental health conditions and to information about support services and benefits. Young carers also need someone they can talk to about their own emotional needs, their family circumstances and their caring responsibilities⁹. Mental health patients who are also parents may also require parenting support.

Family focused and dedicated interventions

A critical factor in helping young carers access support services is to ensure that their caring contributions are recognised. In the UK, the needs of young carers have been addressed by including them in health and social care policy and in guidance for professionals working with vulnerable children. Young carers can be assessed as children in need under the 1989 Children Act and in the Carers (Recognition and Services) Act 1995. This means that local authorities have a duty to make a formal assessment of young carers' needs and those of their families^{13,14}. There are also now more than 140 young carers' projects in the UK that offer a range of dedicated services to children, including befriending support, homework clubs and respite services¹⁵.

Limitations

More research is required that focuses on specific parental conditions, for example personality

disorder, mental illness and alcohol and substance misuse (combined) and the impact this has on young people and their caring responsibilities.

Clinical implications

Where adults have mental health problems it is vital for practitioners to ascertain whether their patients are also parents and to consider the needs and responsibilities of the children in these families. One of the critical triggers for children taking on caring tasks for parents in the home is the onset of mental illness, especially when combined with lone parenthood, low income and/or poverty. Practitioners who have contact with such families should consider whether children are taking on domestic and caring duties and either make an assessment of children's needs in these instances or make appropriate referrals. It has been shown that children who care often try to hide the fact that they are caring because they (and their families) fear professional interventions that could lead to family separations^{4,9}. Thus, it is important for young carers (and the relatives for whom they care) to be able to talk openly about their emotional, health and care needs to the health and social care professionals with whom they have contact. Effective needs assessments are essential in any strategy for supporting young carers and their families and the introduction of formal needs assessments for young carers is a fundamental first step in facilitating access to professional services and support for young carers and for their families. There are obvious policy implications here – it is vital that the needs of young carers and their families are highlighted and included formally in both health and social care policies and in practice