



Challenges in the communication with parents

-having mental illness or substance abuse problems –
focusing on their children

Milan

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Secretary general Randi Talseth

Voksne for Barn (Adults for Children)



Where did it start?

- **Knowledge about the transgenerational mental illness (Basel 2016)**
- Research about children in families with mental illness; depression by 1/3 within their 18 years – impact from both environment in family and inheritance (genetics) 1990->
- The closing of hospitals; adults in treatment stayed at home also in active ill episodes, polyclinical treatment 1995 ->
- Focus on maltreatment, abuse and neglect of children (1987 – illegal by law)
- Focus on being a good enough parent – the psychology focus on attachment, children's development etc

What is it to be good enough parent

- Able to give priority to the child first and self be a second
- Have a realistic expectation of the child's achievements adapted to the age and maturity of the child

How does it effect the parent – child relation if you as the adult have a mental illness and/or addiction?

- Many dramatic stories in the media and in the justice system, also in Italy, continuesly – also now
- The impact for the child will depend on
 - is there any other adult who provides care in the family?
 - The characteristics of the illness (lack of communication, withdrawn socially and emotionally)

(continue)

- The period of illness
 - The age and maturity of the child
 - AND MOST OF ALL – THE COMMUNICATION WITH THE CHILD ABOUT THE PARENT'S CONDITION
 - THE ELEPHANT IN THE ROOM
- The children tell us:
- « I thought I was the problem»
 - « What did I do wrong?»
 - « I feel guilty»
 - « I haven't told anyone»

What do parents think

- We protect the child from the situation, we handle it ourselves
- We try to avoid involving the children, we won't burden them
- I am afraid of the social welfare/child protection service – if I say anything or ask for help – it is a risk the children will be taken away and put in foster care or institutions

We know from research and the children's feedback

- It is a coping factor if the children know that the condition is an illness
- It takes away the self blame the children often feel
- It will be easier to ask for help also for practical tasks – also for the children
- It is also a healthy factor/recovering factor for the parent if they know that the children are helped – because all have this worry about them and their condition
- Many of mentally ill parents are also single parents – the children ask for an adult that can see them and be there for them. Who could this be? Health or social service, grandmother, an aunt, a volunteer in Caritas or..?

The very brief story of copmi

- Interventions aimed to help the children
- The children are not patients
- The big question – who have the responsibility to follow up on the family and especially the children of a parent who are ill?

Norwegians believe in laws to make a change

- In the middle of the twenties – Voksne for Barn brought to the Minister for Child and Family affairs – copmi children who told their stories to the minister and also other politicians in the Parliament
- 2010 a new law was put in practice
- The content of this was:
 - The children of seriously ill parents (mentally, somatically or in addiction) should receive information from health personell, and
 - the unit who give treatment to the adult must register in the adults record if they have children.
 - all units who give treatment are obliged to have at least 2 child responsibel personell.
 - The parents' consent are needed before giving information to the child

Continued

- The latest changes in this law is also to include the follow up on children who have ill siblings or if there is a bereaved child
- Voksne for Barn is also working for the children recieving help practically from social welfare, not the case yet

What are the obstacles

- The parents are afraid of losing custody of the child to social services
- The therapists are afraid of losing trust in the therapeutic relation
- Uncertainty about who should talk to the children and will the parent get more ill if we raise the focus on the situation of the child?
- Whose task is it to follow up – health personnel and child responsible staff, but do they manage to carry out these tasks

Oslo university hospital

- The largest hospital in Norway
- Have 240 child responsible staff in all kind of units like
 - Unit for treatment of mental illness
 - Unit for treatment of cancer
 - Unit for treatment of cardiovascular diseases
 - Unit for treatment for substance abuse

A part of a regular job – but positions part time for coordinators in these units

To have a law fixes everything?

- There is a fight between responsibility between municipalities and the state services – who should do what and pay for it
- Evaluation shows that the hospitals register if the adult patient has a child, but stop there
- There is an assignment for all hospitals to report on what they do – indicators are on the way this year
- The municipalities have no systematic work with this, even if the health personell have the responsibility
- TTT – things take time!!!

How to make it happen

- Acknowledge that the most important for the child is the communication at home
- The parents ability to talk about their illness with the children is crucial
- Most of the interventions, even the groups for children, now involves the parents in quite another way than 10 years ago
- Health personell need training and experience confidence in their work here

Message from the children

- «It has to be adults who give you HOPE, who are committed and who show that it is possible to do something to give you a better life»

Join forces

- Look at not only children of parents having mental illness or substance abuse, but also include the often more strong somatic fields in health

«It takes a village to raise a child»

Oslo 13. - 16. May 2019 - Welcome!!!

