

**Bundesarbeitsgemeinschaft Kinder psychisch
erkrankter Eltern**

**‘Young Carers und intergenerationale
Kommunikation’ Conference**

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**Learning from the Kidstime Model:
Implications for Young People’s Mental
health, Schools and Family Work**

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and

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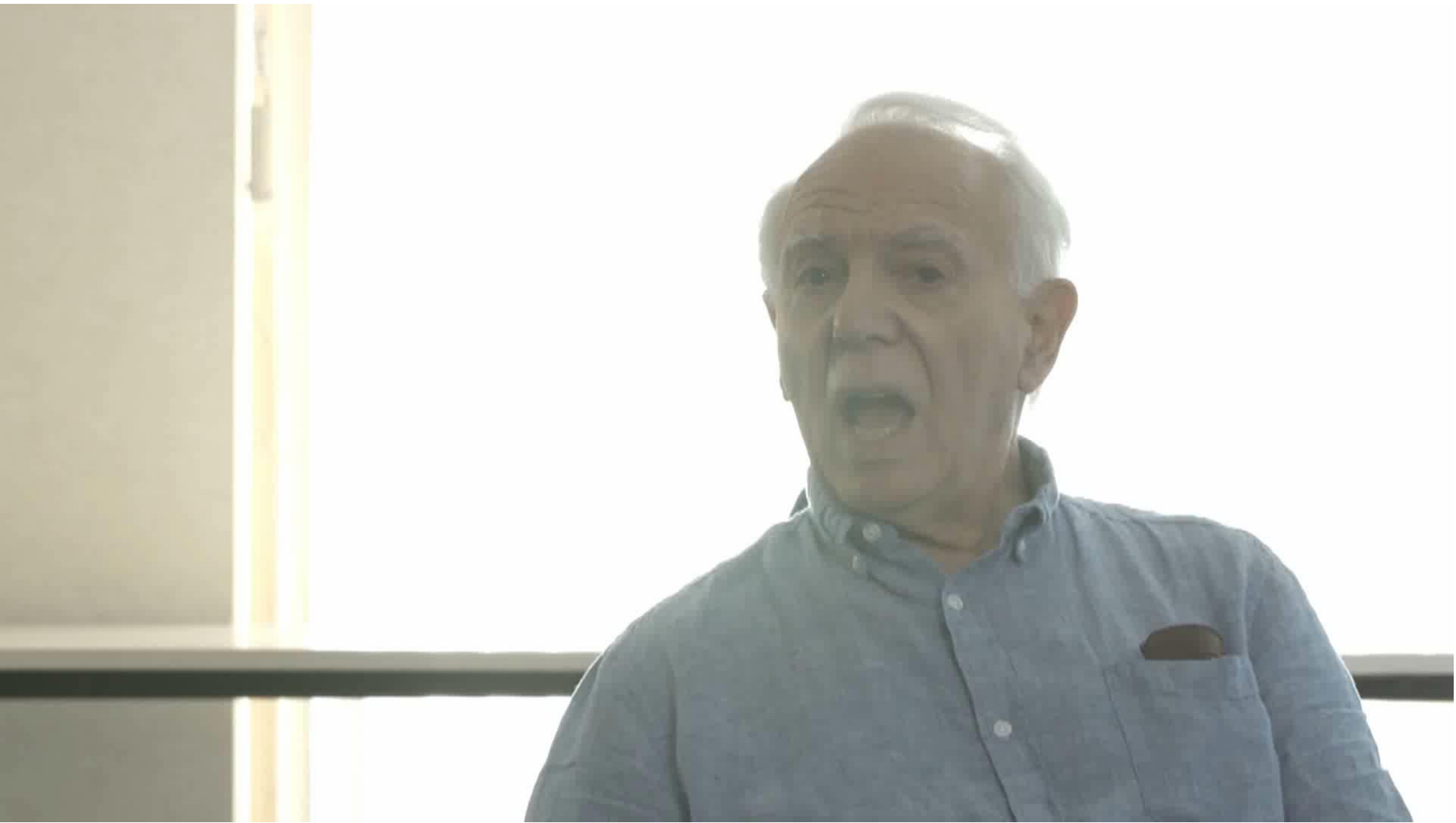
Kidstime Foundation



Mental Illness – A new Tower of Babel

- **The Myth of Nature V Nurture**
- **Explanations fostered by Drug companies, Media extrapolations of Psychiatry, Sentimentality**
- **Children left in the dark about parents or given misleading or confusing messages**



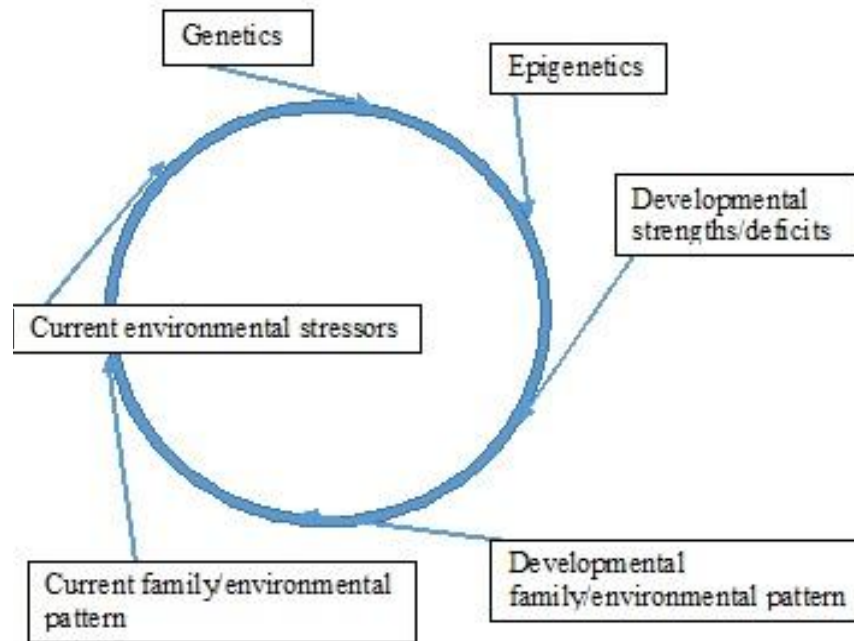


The Wheel of Causality

- This is a framework for thinking about mental illness – not a list of causes of different conditions
- It is offered to help think about the context in which mental illness may develop, and therefore to challenge common stereotypes



The Wheel of Causality



The Wheel of Causality – Key Principles

- With rare exceptions all Mental Illness results from a circular combination of most of these factors
- Questions of Nature V Nurture, or Genetics V Environment therefore miss the point
- A wheel is used to represent the process because the factors do not **summate**, but each **potentiates the other** so that they **combine circularly** to escalate the impacts of each other
- **Genetics** refers to the impact of one, or more likely a combination of, genes to impact on particular somatic and/or psychological responses. A specific gene rarely relates directly to a specific mental illness
- **Epigenetics** refers to inherited physical or psychological traits (not inherited directly via specific genes), whose inheritance can be affected by the environment in one generation, and which can then transmit either a strength or weakness to one or more future generations



The Wheel of Causality – Key Principles (2)

- **Developmental Strengths/Deficits** refer to factors which a child acquires or realises during development, and which build on inherited factors
- **Developmental Family/ Environmental Pattern** refers to repeated sequences of interaction either within the family – eg: a common argument between 2 parents into which the child is inducted, or in school – eg; a common bullying pattern – from which the child learns a limited range of responses, which in turn may inappropriately limit future responses to different relational contexts
- **Current Family/Environmental Pattern** refers to sequences of interaction which may be assumed to be in the past, which are *currently* active within the family or environment
- **Current Environmental Stressors** refers in general to external pressures acting on the individual; work, marital conflict, bullying, illness and loss, migration etc. However due to the circular nature of the interactions internal environmental (or psychological) factors may also play a part in the development of external stressors



The Wheel of Causality – Key Principles (3)

- These factors can either ***promote*** or ***undermine*** a person's ***resilience***
- To varying degrees people are resilient and can accommodate the combined impact of negative factors to a remarkable degree
- At some point a person will become overwhelmed. That is ***not illness***, as they may still fight to regain control
- **Mental illness** may be defined as the point at which the individual can no longer fight to regain personal control over their internal environment, and they then lose control
- The nature of the mental illness will also be influenced by these 6 factors
- These six factors will be ***more predictive*** of the degree of interference in the person's ability to manage their key life functions (such as work or child care) than will be ***diagnosis***
- The effectiveness of the point of entry of different interventions will depend on the timing of the illness in the life cycle
- ***Interventions*** can be useful at any point in the circle, but are likely to be more effective ***the more factors*** are addressed

Parental Mental Illness and the Significance of ACE

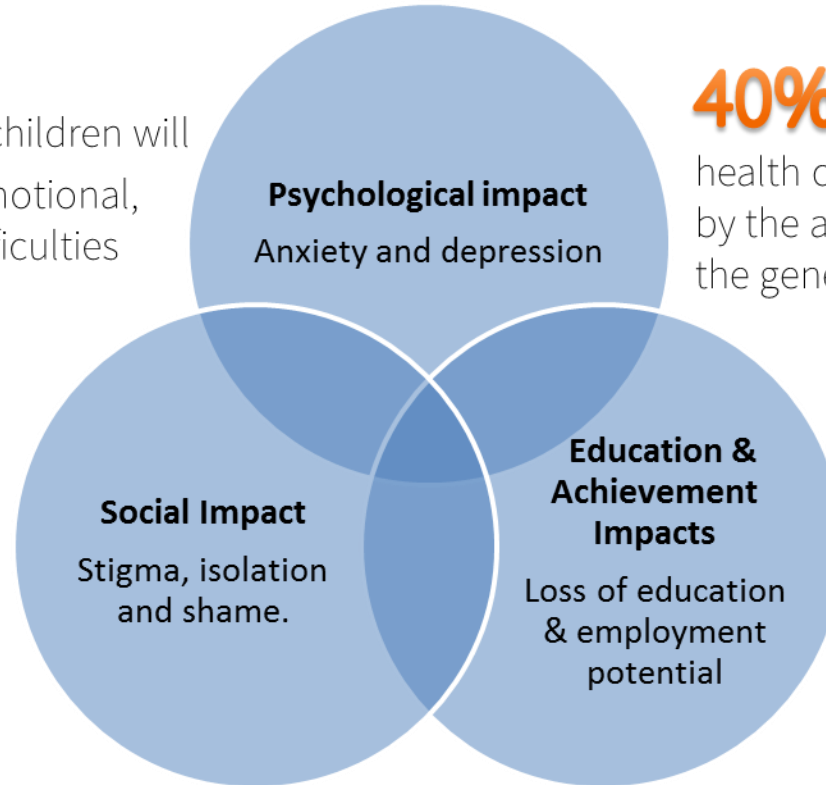
Parental Mental Illness is an ACE –
Adverse Childhood Experience – which
has very significant research findings for
both future physical and mental health.

Dympna will explain.



The effects on the child...

70% of affected children will have some level of emotional, cognitive or social difficulties

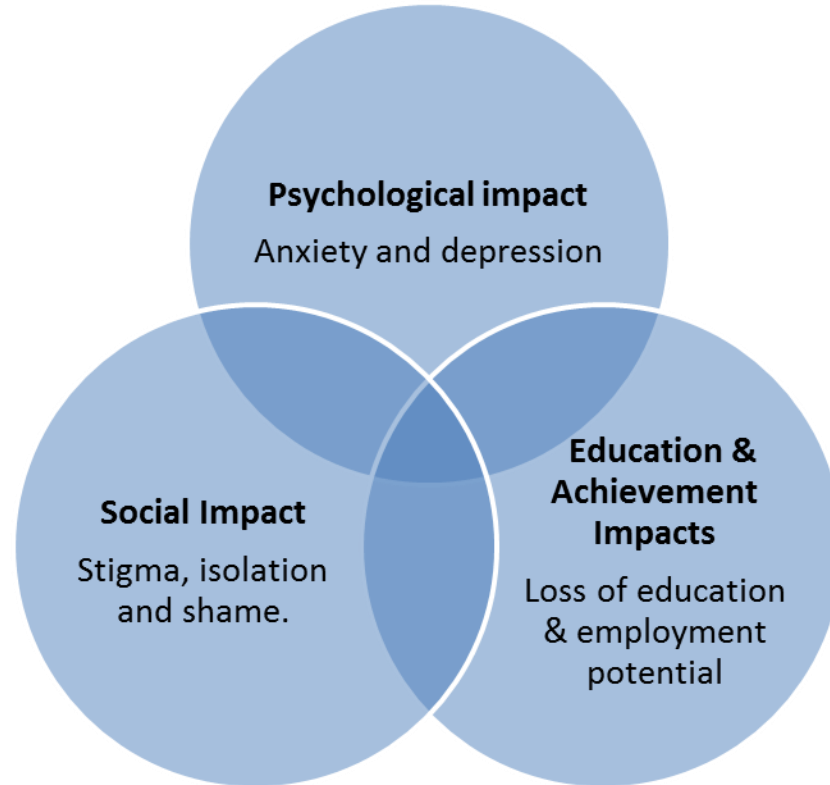


40% go on to develop a mental health condition requiring treatment by the age of 20, twice the number in the general population.

Finding small interventions which support and build resilience can significantly reduce these outcomes.



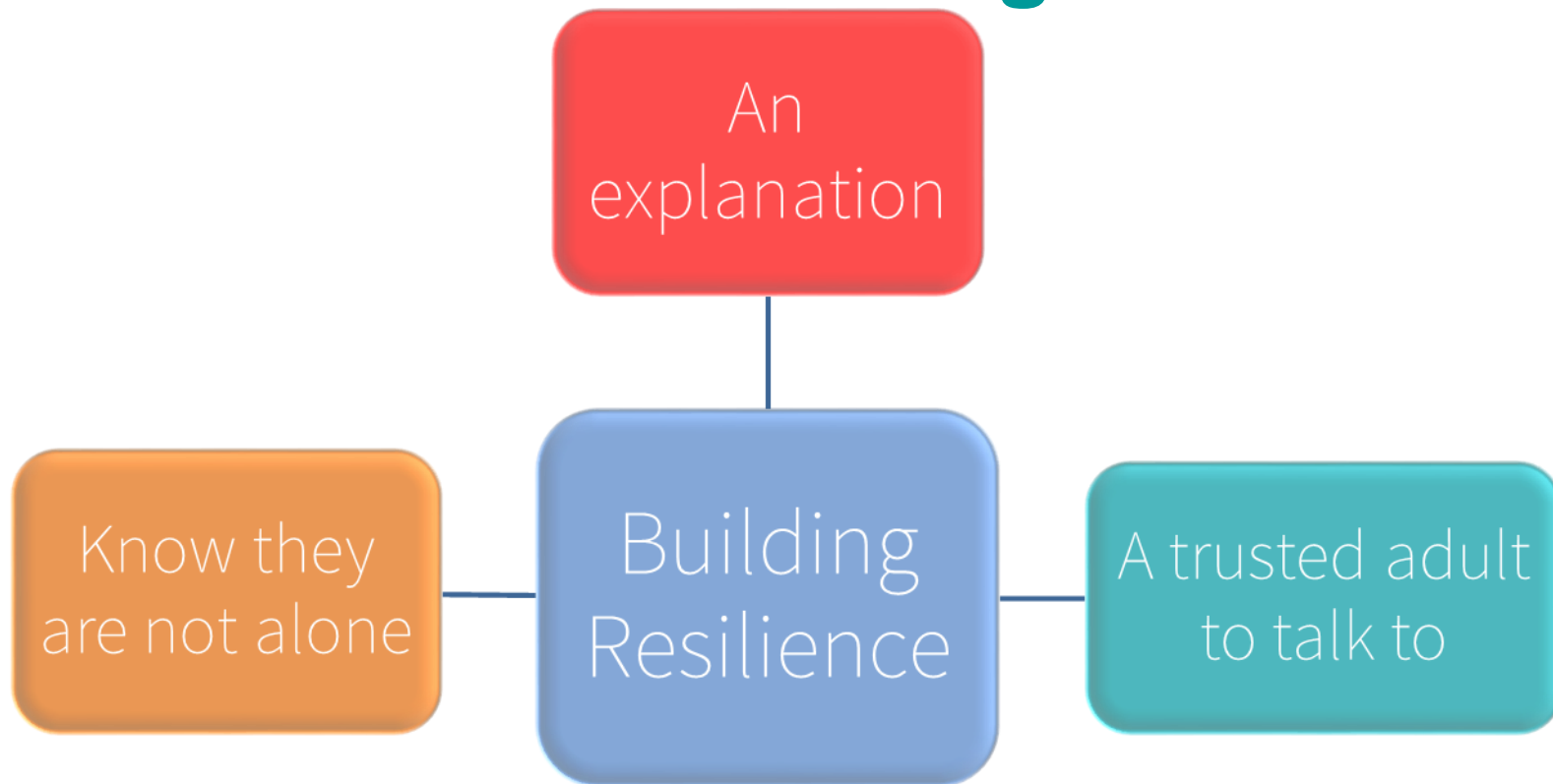
The effects on the child...



COPMI V. Young Carers



Young People whose parents experience mental illness consistently ask for 3 things:



Explanation and capacity to think and Appraise (Rutter 1964) is most avoided

- ‘Counselling’ tends to address child’s feelings and avoid helping him/her to think
- Explanations when offered are often either Scientism or sentimentality
- Child’s right to both have and be helped to use their own mind is rarely addressed
- Children generally know and can understand much more than adults often like to think



Video – Hearing from Children



The Goals

For family:

Child >>>>>>> from anxious 'fusion' to independent thinker

For professionals:

Child seen >>>>> from passively 'in need' to having a mind which needs to be supported



CARLI

The ill parent's beliefs and thinking can invade the child's mind





And an almost universal anxiety:
(Ricci – then age 5)

‘It may happen to me too
maybe..’



Why does this happen? Why does explanation matter.

When a parent develops a mental illness, many children experience it as emotional withdrawal from themselves...(think on)



RESILIENCE

Better if:

- Another adult – if not too intrusive
- Siblings
- Social network
- Explanation

Worse if:

- Ill parent is physically or emotionally violent
- No other adult
- No siblings
- Socially isolated
- No explanation



Goals into Action ?

Some things in the family that can help...



A few Messages for the Family:

- Encourage debate and dialectic – But also
- Hold your ground about what really matters
- Avoid conflicts about trivial ‘bees in bonnets’
- Remember that warmth and pride is a key tool for change, and coldness and shame are potent for remaining stuck
- Avoid confusing disagreements with ‘betrayal’ of affection
- Be open about ones own feelings, but do not invade a child or young person with what they cannot use or do not need to understand about

A few Messages for the Family (2):

- Beware child becoming parent or couple caretaker – almost impossible to totally avoid – But
- Strenuously avoid child/young person becoming ‘go between’ or communicator between or about the other parent
- In a re-partnered (‘step’) family, be careful not to delegate authority to the ‘step’ parent until s/he has earned the child’s respect
- In a re-partnered (‘step’) family; Openly discuss children’s experience of changes in their ordinal positions.



Goals into Action ?

What are useful goals for professionals/therapists...



What's a Bad Idea for the professional

- To assume that the way the family has defined a problem in one individual is a useful one
- To accept any one person's definition of what is happening/has happened
- To collude in conflict avoidance of uncomfortable topics
- To assume that those who speak little or none do not have a valid view to express



What's a Good Idea for the professional

- To assume that there may be different and valid points of view
- To challenge the assumption 'if you don't agree with me you don't love me'
- To help the family recognise positives in each other, and particularly in those being only defined in negative ways
- To challenge assumptions about power and rights – in the adults or children
- To demonstrate that conflict can be faced usefully
- Challenge invalidation of experience



- An explanation

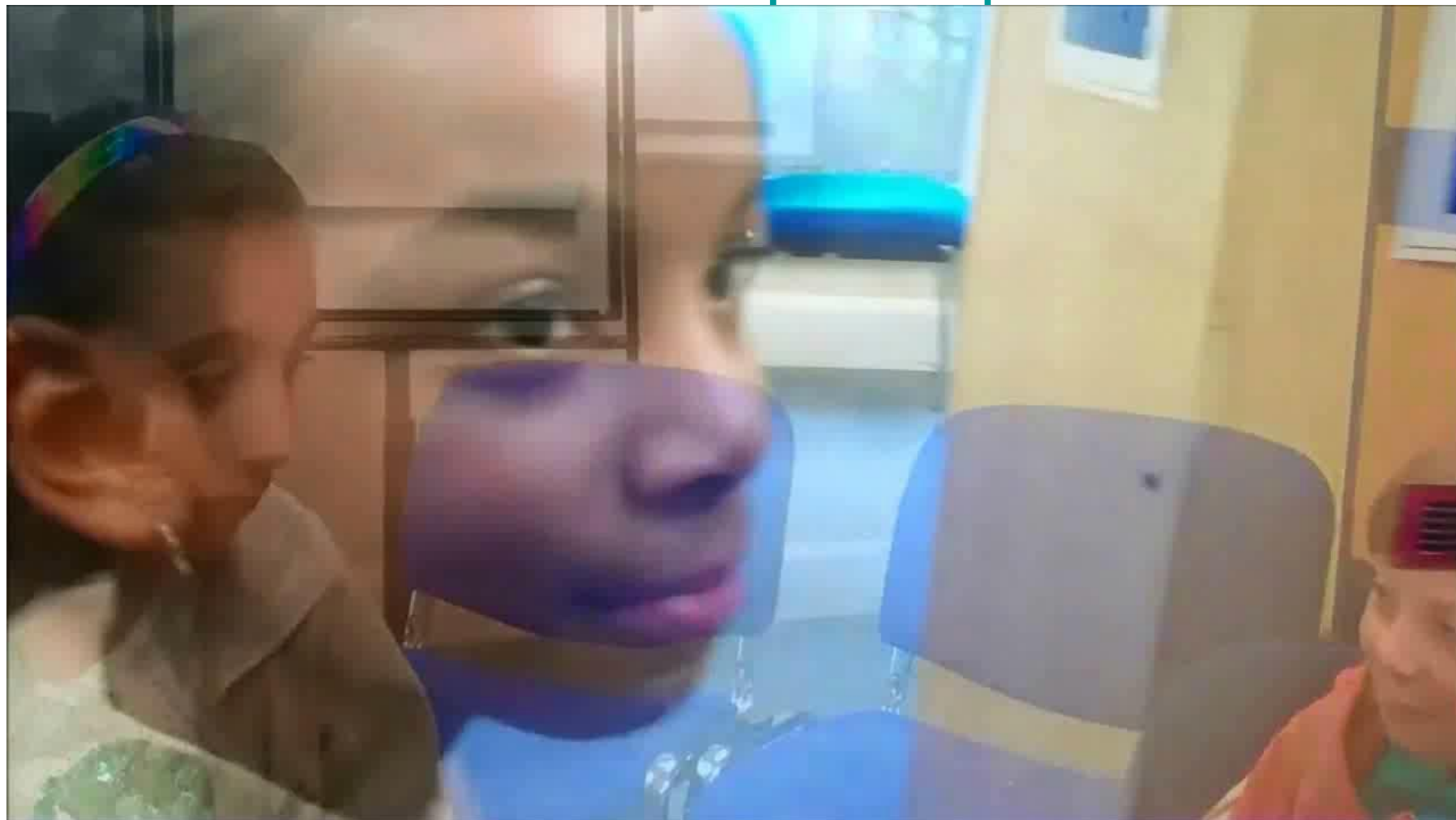




- And an explanation.....(few months later)



Kidstime Workshops - Explanation



Four Young People (14 -20 +) who have faced mental health problems in their parents and themselves describe their approaches to resilience



