# Young carers of adults with mental health issues

Please note these search results are not exhaustive but provide an overview of the topic areas.

**Impact on these specific young people/carers**

* Increased risk of mental health difficulties [1, 10]
* Lack of parental support/attention (emotional, informative and instrumental) [2, 7]
* Hard asking for help, fear stigma [2, 7]
* Higher risk of adverse childhood experiences (ACEs) [3, 14]
* Social support undermined by stigmatization [4] friends didn’t know [9, 10, 12]
* Blame themselves for their parents’ illness [6, 10]
* Friendship issues, hard to make/keep friends [6]
* Mental illness can be difficult to understand, may fear becoming ill themselves [6]
* Parent behaviour can be confusing, scary, overwhelming or distressing [6, 10, 11]
* Role reversal/responsibility [7, 9, 12]
* Emotional and behavioural problems [7]
* Feel different [9]
* Worrying about parent [11, 13]
* Unpredictability and instability [11]
* Loneliness [11]
* Loss and sorrow [11]
* Embarrassed/feel shame [6, 12]
* Barriers to addressing health and social care needs [18]

**Experiences of these specific young carers**

‘My mum has a mental illness, but no one told me why she was acting so weird. None of the doctors told me. It was scary. I had to find out for myself. They didn’t think how I was feeling and worrying.’ [18]

‘No one ever sat down and explained to me and my brother what a manic depressive was. Mum might have done, but no professional person… if someone had explained what it was it would have helped.’ [18]

**Specific needs of these young people/carers**

* Support from others they can trust (partner, employer, sibling, friends) [2, 12, 14]
* Practitioners’/policy makers to include screening for ACEs [3]
* Bespoke services to meet their needs [3]
* Different types of online support services, self-help groups, chance to speak out [4, 5, 9, 10]
* Advocacy support [5, 14]
* Mentoring [5]
* Peer support from children in similar situations [5]
* Timely age appropriate information about their parents’ condition [4, 5, 8, 10, 11, 12, 13, 18]
* Whole family approach, support for resilience/coping/needs [5, 8, 9, 14, 18]
* Emotional support [7, 14]
* Security [7]
* Mental health professionals to be aware of impact on children [7]
* Schools - counselling and mental health education to reduce stigma [7]
* Empowerment by focusing on them [7]
* Collaboration/Multidisciplinary/Multi-agency support [7, 14, 18]
* Parenting support [7, 9, 14]
* To be a child; play, see friends, normality [12, 13]
* A key worker or main contact in a crisis [18]
* Included in discussions (parent’s mental health, family needs, impact of caring) [18]
* Back up care plans if parent in hospital [18]
* Messages to mental health professionals from young people - Barnardo’s project Liverpool [6]:
  + Introduce yourself. Tell us who you are and what your job is.
  + Give us as much information as you can.
  + Tell us what is wrong with our parents.
  + Tell us what is going to happen next.
  + Talk to us and listen to us. Remember it is not hard to speak to us; we are not aliens.
  + Ask us what we know and what we think. We live with our parents; we know how they have been behaving.
  + Tell us it is not our fault. We can feel really guilty if our mum or dad is ill.
  + We need to know we are not to blame.
  + Please don’t ignore us. Remember we are part of the family and we live there too.
  + Keep on talking to us and keep us informed. We need to know what is happening.
  + Tell us if there is anyone we can talk to. MAYBE IT COULD BE YOU.

**Examples of specific support for these young people/carers**

A family focused initiative Think Family Social Work Assessment, included 3 elements: a family conversation, assessment and review [15]. Reported the following outcomes:

* A positive shift in perceptions by social workers, family and professionals
* Improved communication between family and professionals
* Better understanding of the impact of mental health on the family
* Strengths-based approach to identify perspectives on resources, needs and concerns
* Professionals reported improved collaboration between services

Following a training programme ‘Raising awareness of the impact of parental mental illness on children and families’ professionals reported increased knowledge/awareness of mental illness and impact of parental mental illness on children/families. The importance of training for professionals working outside of adult mental health services was highlighted [16].

The Champions’ Model was introduced in Health and Social Care Trusts in Northern Ireland to increase professionals’ capacity to engage in Family Focused Practice for supporting parental mental illness. Found to have positive impact and contributed to addressing barriers [17].

‘Minds, Myths and Me’ is a fact pack for young people who live with someone with a mental illness, put together by 4 young carers from their own personal experiences. Explains mental health conditions, who’s who, what words mean and a section on looking after yourself/getting help [19].

The North Wales Safeguarding Board has developed a practice guide for professionals and staff in; Adult Mental Health, Children Services, Substance Misuse Services and all Health Professionals. Sets out what is required of them and what is needed to facilitate a co-ordinated response [20].

Our Time is a charity for children of parents with a mental illness, support they offer includes [21]:

* ‘KidsTime’ workshops - supportive safe space to ask questions, learn about their parent’s mental health difficulties and explore their own feelings, using games, activities and drama
* Schools Training - help staff feel confident/able to support children, emotionally and practically
* Expert training/resources - professionals are empowered to support young people, talk to them about their situations, without requiring them to become counsellors

EIF lists interventions that improve parental mental health and support children’s development [22]:

* Universal mental health screening during perinatal period has good evidence of increasing mothers’ awareness of their moods and helping them access treatment when needed
* Effective therapeutic treatments for adult mental health outcomes include; cognitive behavioural therapy (CBT), psychodynamic therapy and counselling
* Pharmaceutical treatments have causal evidence of helping adults manage mental health problems, benefits for children have not been consistently tested
* The extent children benefit from effective mental health interventions offered to parents has yet to be fully tested, but growing evidence they may be beneficial for children
* Child First and Child-Parent Psychotherapy are psychotherapeutic interventions that improve behaviour and reduce child protection risk
* MST-CAN proven to support a variety of important child outcomes, and reduces the likelihood of parental neglect and need for an out-of-home placement

They also found interventions aiming to prevent the onset of mental health problems through selective targeting of disadvantaged mothers and other parents who may be at risk, is less effective.

ON FIRE peer support programme aims to cultivate hope, resilience and well-being in children aged 8–17 in families affected by sibling or parental mental illness. At 4 months they found significant differences in children's hope and connections outside the family [23].

**Summary**

In addition to the impacts faced by other young carers, young carers of those with a mental illness include; higher risk of mental illness, stigma/shame, self-blame, reduced parental support, and higher risk of ACEs. Some specific needs included; peer support, age appropriate information, parenting support, mental health professionals to consider them, and reducing stigma. Many examples of good practice included; peer support or family-centred approaches.

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