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Children of parents with mental illness: Parental disclosure,
children's illness beliefs and the development of a shared
understanding of mental illness in the family.

Brooke Ferguson

School of Psychology

The University of Adelaide

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Declaration

I, Brooke Ferguson, certify that this work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

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Abstract

There is widespread agreement that children should be educated about a parent's mental illness. For this to occur there are a number of areas which require further research. To date, little is known about what parents themselves think about the disclosure of mental illness to their children. It is also unclear how the process of disclosure occurs in families with mental illness. Children's own knowledge of parental mental illness has not been systematically explored and it is not known what children know about aspects of their parent's illness. This thesis explored how families, where a parent has mental illness, discuss or do not discuss a parent's mental illness. This was explored from the perspective of different family members, including children whose parent has mental illness, the parent with mental illness, the partner of a parent with mental illness, ex-partners of parents with mental illness and step parents of children who have a parent with mental illness.

Study One was an explorative qualitative study which aimed to examine parental beliefs about the disclosure of mental illness. Semi-structured, face to face interviews were conducted with parents (n= 26) regarding their thoughts about disclosure to their children about the mental illness of a parent. Participants included parents with mental illness, partners of parents with mental illness, ex-partners of parents with mental illness and step parents of children whose parent has mental illness. Participants ranged in age from 27 to 50 years old (mean age of 39 years). Interviews were audio taped and interview data was analysed using thematic analysis. Analysis suggested that disclosure about mental illness is a difficult process and rarely are parents able or willing to provide their children with information about all aspects of their illness.

Study two was an explorative study, utilising the Leventhal (1980) framework of illness understanding, which aimed to examine children's knowledge of their parent's illness. Children's ideas about the disclosure process were also examined. Semi-structured, face to face interviews

were conducted with 40 children who had at least one parent with mental illness. Participants ranged in age from 7 to 17 years old (mean age of 11.9 years). Interviews were audio taped and subsequently analysed. Thematic analysis of the data suggested that children had varying degrees of understanding about their parent's mental illness and that this was not often associated with the age of the child. The data within the second study also highlighted that there are a number of children who would prefer not to know about their parent's illness.

In order to provide a comprehensive view of the disclosure of mental illness within a family context, this thesis briefly examined the family view of disclosure as well as familial beliefs about mental illness. Study three was a secondary analysis of selected findings from both studies one and two which aimed to compare three families' views about familial communication regarding mental illness. Individual family member's accounts of their beliefs about aspects of mental illness were examined and compared with other family members' beliefs. The congruence and incongruence of family accounts was highlighted.

This exploratory thesis provides a much needed insight into the experience of disclosure from both a parent and child perspective. It is also the first study to provide a structured examination of children's beliefs about parental mental illness. There are a number of key clinical implications which are informed by the findings of this thesis. The assumptions which underpin the claim that all children should be educated about a parent's mental illness need to be carefully considered. Parents have difficulty explaining aspects of mental illness to children and, importantly, some parents actively choose not to explain specific elements of mental illness to their children. Some children do want more information about their parent's mental illness, however others actively avoid talking about the illness or avoid seeking out further information. From a clinical perspective, people working with parents with mental illness or their children need to be mindful of the difficulties for both parents and children around the disclosure of mental illness to children.