Parents' communication to primary school-aged children about mental health & ill-health

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Background

The stigma of mental health problems remains persistent and pervasive despite anti-stigma policy and campaign efforts

Existing interventions have focused upon adult or adolescent populations

Theoretical frameworks and empirical research have largely failed to consider:

O How children initially develop stigmatized views about mental health problems

O How stigma may be perpetuated intergenerationally
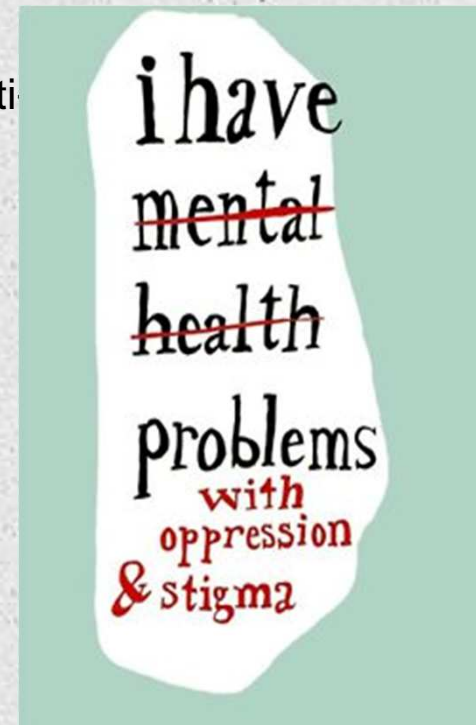
Socio-cognitive Theories

Stigmatised attitudes towards people with mental health problems are reported from age 7-8 years, when children develop the cognitive ability to:

O Conceptualise mental illness as distinct from physical illness

O Form attributions about people with MH problems
  O Causes of a person's difficulties, their perceived responsibility, dependency, and dangerousness (Corrigan, 2000)

O Understand ingroups ('us') and outgroups ('them') according to subtle or unseen characteristics

Social Theories

Children develop prejudiced views via cognitive and developmental mechanisms alongside **socializing experiences**

Parents are a crucial social influence in children's development of prejudiced attitudes in general

- O Especially for young children
- O Directly (conscious, unconscious processes; verbal, non verbal processes)
- O Indirectly (influencing other social interactions)
- O Mechanisms?

Parental attitudes about mental health problems are correlated with those of their teenage children (Jorm & Wright, 2008)

Mechanisms of Transmission

Possible social mechanisms of transmission of mental health stigma are:

O Learning and conformity (Allport 1954, Aboud, 2005)

O Modeling of parental anxiety (Fisak & Grills-Taquechel, 2007)

O Misattribution and classical conditioning (Ottati et a, 2005)

O Transmission of cultural knowledge via epistemic trust (Fonaghy, 2013)

Present Study

Almost nothing is known about the parent-child communications that might influence children's developing views about mental ill-health.

- O Studies with clinical samples indicate an environment of silence
- O No studies have focused on communications to young children
- O No studies have looked at a non-clinical sample

This study aimed to address this gap by exploring parental communication about mental health problems to primary school-aged children (7-11 years).

- O An exploratory Grounded Theory (GT) approach was chosen given the limited theoretical and empirical understanding

Methods

Participants

O 10 parents (7 mothers, 3 fathers from separate families) with a child aged 7-11 years

O Varied demographically & culturally; all Caucasian

O Varied their familiarity with mental health problems

   O Mix of parents with personal experience with MH problems, or child with MH problems, or family members

   O Mix of parents with educational or professional experience of MH problems

O Theoretically sampled

Procedure

O Recruitment through three primary schools in SE England.

O Semi-structured interviews, face-to-face at their home or in a quiet neutral location (e.g. café).

Analysis

O GT approach of Strauss & Corbin (1998).

O Quality ensured through memoing and diagramming, data triangulation, independent secondary coding of transcripts, use of a reflective research diary.

Results

O Five categories and 17 subcategories were identified:

| Meta-Category	Category	Sub-category
Us & Them	Us & Them	What is Us
		What is Them
		Taboo & stigma
	Degree of overlap - Us & Them	Disconnect
		Merging
		Unconscious confusions & contradictions
	Parental experiences impacting on communication	Parental knowledge
		Parent personal experiences
		Intergenerational parenting patterns
	Purpose - Them	Acceptance & empathy
		Protection
	- Us	Promote child mental health
	- Both	Balance
	Approach - Them	Non-deliberate, reactive, limited, avoided
	- Us	Indirect yet deliberate
	- Both	Barriers to communication
		Facilitators & prompts

Core category – Us & Them

Weaved throughout parents' responses was a distinction between 'Us', associated with mental health and wellbeing, and 'Them', people with mental illness.

The model shows that the extent to which parents are in the 'Us' or the 'Them' mode, and how much these concepts overlap, governs communication to their children

Constructed Theoretical Model

Us & Them

US
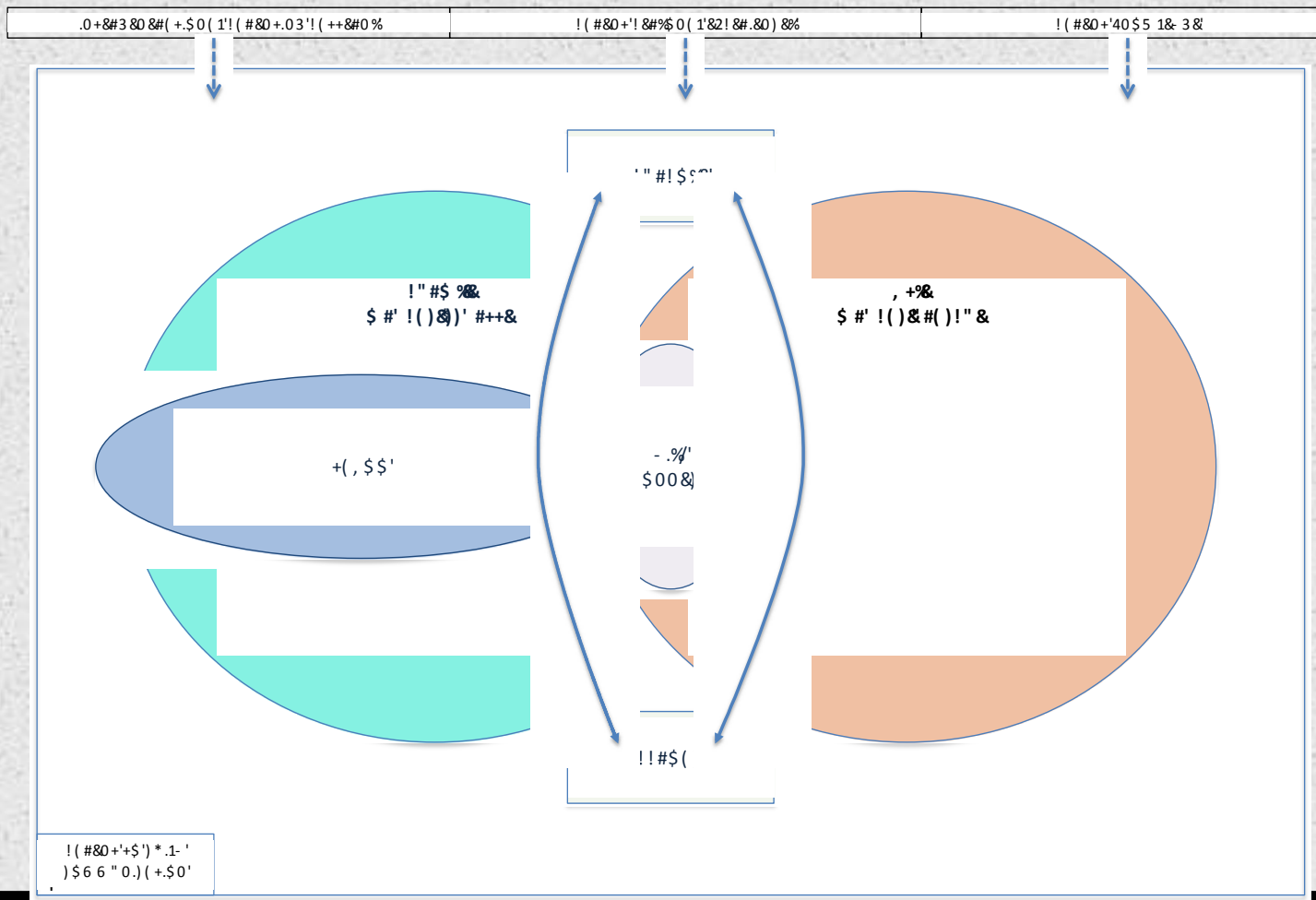
- Emotional wellbeing
- Understandable, recoverable
- Impact of personality/experience
- Family and friends
- Lay language ("stress")
- Physical disability, learning disability, dementia
- Ethnicity, death, sex

THEM

- Mental illness
- Chronic, non-recoverable
- Diagnostic categories
- Stigmatised phrases ("not right in the head")
- Visibility/invisibility
- Help, protection vs dangerous, unpredictable

"We saw a man in the street actually... it turned out that he'd just been released from erm... a hospital, and he was Bipolar. And he was wearing a dressing gown. And he had shaving foam all over his face." (Parent 3)

Purpose & Approach

US

- O Deliberate, proactive, comfortable
- O Indirect, problem solving
- O Aims to promote child wellbeing and child ability to talk about emotions
- O Talking vs. children coping on their own (more so for fathers-sons)
- O Facilitated by child younger age

THEM

- O Reactive, non-deliberate approach
- O Limited amount & depth of information
- O Avoidance – delaying, glossing over, euphemisms
- O Barriers to communication numerous:
  - O Not age appropriate; Not necessary
  - O Child won't understand
  - O Parent not enough knowledge
  - O Worry, scare, upset, burden child
  - O Child misuse knowledge
- O Acceptance & empathy VS. protection
- O Discuss when older

"I do try and steer clear of it… I don't wanna lie to them… so I do sort of jitter off that part of it. I suppose I would jump off the subject a little bit maybe but… I wouldn't not answer them… I'd talk round it." (Parent 6)

"It's not like…you know like you'd sit down with a child and tell them about I don't know, the birds and the bees… I don't think I'd sit her down and say right, this is depression, this is what this means, this is schizophrenia, this is what this means." (Parent 2)

Degree of overlap – Us & Them

Parents' models of 'Us' and 'Them' are sometimes overlapping and sometimes distant.

"Pictures that spring to mind are probably stressed mums, feeling like it's all a bit too much, or… that would be one end of the spectrum, and then at the other end of the spectrum you'd have the classic homeless person, addict, person with any one of several diagnoses." (Parent 2)

Parents made statements separating themselves from 'Them', whilst in some cases acknowledging that they may be present but invisible.

"He's met the girl who is bipolar once but I don't think he realized... I said, you know, they look like you and me." (Parent 8)

At other times, parents' descriptions showed a merging of these two models. Depression was seen as a 'grey area' that was more easily accommodated in the concept of 'Us'.

"It's very common… a lot of my friends who go through depressive phases come out the other side." (Parent 7)

Parents were often unsure what 'counted' as a mental health problem, illustrating the blur between 'Us' and 'Them'.

Degree of overlap – Us & Them

Parents noticed that children had a greater overlap of 'Us and Them', describing children as being naturally accepting and empathetic, and not fazed by mental health problems

Parents' responses showed a clear distinction between 'Us' and 'Them' when talking about children. In particular, parents had generally not considered the possibility of their child developing mental health problems

"It's very interesting because it's the first time I've rationally thought about… I think I've always assumed she wouldn't have any mental health problems. And whether that's naivety on my part or hopefulness, I'm not sure. And possibly with a degree of not understanding explicitly how certain mental health problems are created. And possibly to a degree not really wanting to know. (Parent 10)

"I mean I think the figures are that 1 in 4 people will have some sort of mental health issues. And… [everybody just always talks as though it will never be them. And I think its… most parents are, you're quite naïve, you just think all these really bad things happen to other people somewhere else, they don't happen to you." (Parent 9)

Parental experiences impacting on communication

Overlap between 'Us' (mental health) and 'Them' (ill-health) was promoted by:

- Greater parent knowledge about mental health issues – from education or work
- Greater experience of cultural openness and community connectedness

"I find from having an alternative lifestyle living as a traveller very tolerant. Because you get used to living in large groups of people, and you deal with people's ups and downs in life. So I'm quite lucky that I've perhaps had that less prejudiced environment." (Parent 9)

Personal or familial experience of mental health issues does not necessarily result in greater overlap or openness.

"I got post-natal depression… and obviously Daisy went through that. Now, I've never told her I had depression." (Parent 7)

Parental experiences impacting on communication

Parents either consciously aimed to replicate their parents' approach to communication around mental illness, or to do the opposite.

"I knew that my aunty used to come home with bruises, I had this vision of them being all violent, which of course they're not. But I suppose I was just a bit scared because I didn't know much about it…. So I'd probably try to do the opposite and make sure he does understand it as he gets older." (Parent 4)

However, intentions were often undermined by unconscious processes of replicating patterns from parents' own childhoods.

Stigma & Taboo

Consciously, parents noted that mental illness is stigmatized

"She'll know words like crazy, or words like loony. And yet she perhaps would use those every day not thinking about what she was doing in the same way that perhaps I do as well." (Parent 10)

One parent noted the silencing effect of stigma upon herself

"I choose who I tell. I don't want everybody to know. And I have learnt that from the fact that… when I first got depression I told people and I actually had people walk away." (Parent 7)

Parents noticed stigma persists despite reductions in the stigma of other issues.

"I think if you compared it to say how race relations were, even when I was growing up in the 70s… I think mental health in its equivalent is still at that start point in a way." (Parent 9)

Stigma & Taboo

Taboo and stigma affected parents and their communications, and this was mostly unconscious

O   Seen in the frequency of 'pausing' terms such as 'erm' and 'um', and in fidgeting

O   Parents felt only other parents were affected by stigma

O   Parents were not generally aware of how stigma and taboo was impacting on their communications, or how this might be perpetuating the culture of silence & stigma

"We've been at the pub, numerous times, and there's been incidents where the police have had to come to take the client back to the Blue unit. So… something like that happens, we just say well they're from the Blue unit… But he probably hasn't got a very good perception of that place at all really. I should probably explain it to him better…" (Parent 4)

Unconscious Contradictions

Complex understandings of mental health and ill-health alongside stigma leads to contradictions parents are mostly unaware of:

- Parents' conscious aim of openness is undermined, with stigma driving lack of communication around mental ill-health
- Non-verbal communication (e.g. social avoidance) contradicts verbal messages of acceptance & empathy
- Parents want communicate more openly than their parents but often repeat similar patterns
- Parents justify not talking about MI because it is not affecting their child, but also describe their own or family members' MH problems
- Parents say children understand mental health problems, are empathetic and accepting, and are not fazed, but justify not discussing the subject as children may not understand and may be frightened

"I'd dislike it very much if Ava thought that mental illness or mental health issues was sort of different… or that there was a stigma attached to it as opposed to being physically disabled or having a learning difficulty. I wonder if my lack of openness, or because I don't talk to her about it… I wonder if that perhaps leads to a stigma attached to it because you don't know about it." (Parent 10)

Conclusions

This study offers a preliminary theoretical model of parental communication to primary school-aged children around mental health and ill-health

- We are all affected by stigma
- Parents are keen to be open and have a lot of knowledge about mental wellbeing
- Parents aren't openly talking to their children about mental ill-health (child's, parents', family's, others')
- This is worst when ill-health is seen as a separate issue of 'mental illness' – "Them"
- Parents aren't aware of the impact stigma has on them, or their role in children's stigmatised views, or the possibility of MH probs affecting them

Clinical implications

Mental health practitioners across both child & adult services should be alert to family communication practices

O   Research shows clinicians rarely address this – service structures do not help

O   Other professionals who work with parents (e.g. GPs, paediatricians) should be alert to these issues too

Clinicians should focus on:

O   Increasing parents' identification of mental ill-health as part of a spectrum of mental wellbeing

O   Helping parents to draw on their existing knowledge & parenting about mental health and wellbeing

O   Giving information where needed

O   Reassuring parents about children's ability and need to understand mental ill-health

O   Bringing parents' unconscious behaviours and beliefs around mental illness into their awareness

O   Being aware of the impact of stigma on us and our practice

Clinical/Research Implications

O Anti-stigma interventions should target parents with similar messages in order to address intergenerational communication patterns around mental health problems that may perpetuate stigma
  O Plus helping parents see mental health problems as something that could affect them or their child

O School-based interventions should work collaboratively with parents

O Targeting parents may lead to:
  O Reduced stigma
  O Increased help-seeking
  O Better adjustment in children of families affected by MH problems

O Further research needed!

Thank you!
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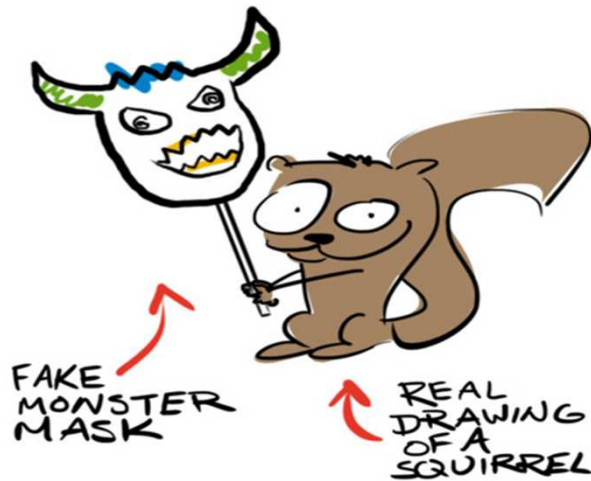
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