This is the Author’s version of the paper published as:

Author: A. Reupert and D. Maybery
Author Address: areupert@csu.edu.au
dmaybery@csu.edu.au
Title: Strategies and issues in supporting children whose parents have a mental illness within the school system
Year: 2007
Journal: School Psychology International
Volume: 28
Issue: If applicable
Pages: 195-205
ISSN: 0143-0343
URL: Keywords: parental mental illness: children: schools
Abstract: It has been estimated that over 20% of children live in families where one parent has, or has had, a mental illness. Given the role of schools in children’s academic as well as psycho-social development, it was considered important to identify effective strategies that school personnel have used in supporting such children. Parents and children, affected by parental mental illness, were invited to nominate school personnel who had provided exemplary support to themselves and/or their children. Participants included six teachers (four secondary and two primary), two school counsellors and one high school principal. The strategies and issues for school personnel included (i) how they became aware that the child had a parent with a mental illness, (ii) how they acquired training in supporting such children, (iii) the specific teaching strategies employed, (iv) developing relationships, (v) home-school communication and finally, (vi) whole school community strategies. While the study had a small number of participants, the findings provide potentially useful information for school staff when working with this at risk group of children.
Strategies and issues in supporting children whose parents have a mental illness within the school system

Andrea Reupert, PhD.
Lecturer,
School of Education,
Charles Sturt University,
Locked bag 588
Wagga Wagga, 2678

ph: 02 6933 4376 or international +61 26933 4376
fax: 02 6933 2888 or international +61 269332888
areupert@csu.edu.au

Darryl Maybery, PhD.
Senior Lecturer in Psychology
Charles Sturt University
Strategies and issues in supporting children whose parents have a mental illness within the school system.

Abstract

It has been estimated that over 20% of children live in families where one parent has, or has had, a mental illness. Given the role of schools in children’s academic as well as psycho-social development, it was considered important to identify effective strategies that school personnel have used in supporting such children. Parents and children, affected by parental mental illness, were invited to nominate school personnel who had provided exemplary support to themselves and/or their children. Participants included six teachers (four secondary and two primary), two school counsellors and one high school principal. The strategies and issues for school personnel included (i) how they became aware that the child had a parent with a mental illness, (ii) how they acquired training in supporting such children, (iii) the specific teaching strategies employed, (iv) developing relationships, (v) home-school communication and finally, (vi) whole school community strategies. While the study had a small number of participants, the findings provide potentially useful information for school staff when working with this at risk group of children.

Word count: 4277 words

Key words: children whose parents have a mental illness, school support.

This paper has not been submitted to another journal. The Human Ethics Committee at Charles Sturt University, NSW DET and Catholic Schools Office gave ethics approval for the study.

1 Acknowledgements: We would like to acknowledge the funding support from the Research and Development Fund, at the Faculty of Education, Charles Sturt University.
Introduction

It has been estimated that there are between 21 and 23 percent of children where at least one parent has, or has had, a mental illness (Maybery, Reupert, Patrick, Goodyear & Crase, 2005). Mental illness often refers to a wide range of psychiatric symptoms that persist over time and are functionally disabling in living skills, social interactions, family relationships, jobs and/or education (Johnson, 1997), and in this paper, encompasses conditions such as schizophrenia, major depression and anxiety, and bipolar disorder.

Children whose parents have a mental illness (COPMI) experience more problems than children of parents without a mental disorder. COPMI experience higher than average levels of psychosocial stress (Cantwell & Baker, 1984; Seifer, 2003). Also common to these children are behavioural and emotional disturbances leading to mental illness diagnoses (Cantwell & Baker, 1984; Leadbeater, Bishop, Raver, 1996). Consistent with the higher rates of mental problems, are higher levels of suicidal behaviour (Kilmes-Dougan et al., 1999), antisocial behaviour, conduct and oppositional defiance disorders (Cantwell & Baker, 1984; Leadbeater, Bishop, Raver, 1996) and substantially higher incidence of learning difficulties and attention deficit disorder (Werner & Smith, 1982).

In addition, some COPMI assume caring responsibilities for their mentally ill parent and/or younger siblings, especially in single parent families (Aldridge & Becker, 2003). School success and attendance might be affected when young carers stay at home to care for their relatives (Dearden & Becker, 1995). At other times, a parent might need to be hospitalised leading to fostering or other accommodation arrangements for the children involved (Maybery, Ling, Szakacs, & Reupert, 2005). All the problems commonly associated with the offspring of mentally ill parents have the potential to disrupt children’s development, education and wellbeing into adulthood.

However, having a parent with a mental illness does not mean that a child will necessarily experience problems in school or later life. They may still access the
curriculum and perform just as well or in advance of their peers. One of the most significant factors that enhances a child’s long term prospects are the opportunities that he or she has to develop an attachment relationship with a significant and functional adult. Various studies (Kauffman, Grunebaum, Cohler, & Gamer, 1979; Masten, 2001; Rutter, 1987) found that strong and warm attachment relationships will significantly decrease the likelihood of at risk children developing later problems or disorders. Subsequently, opportunities for developing and maintaining strong and significant adult relationships have been an important strategy in a number of intervention programs, with a particular emphasis on strengthening the parent-child bond (e.g. The Circle of Security Project, see Marvin, Cooper, Hoffman, & Powell, 2002). Another important, significant relationship for many children is a teacher or other school personnel such as school counsellor or principal.

Given the incidence of children whose parents have a mental illness, and subsequent risks to their well-being, many teachers will have such children in their classroom. However, in an interview based study, Bibou-Nakou (2004) found that while many teachers acknowledged that supporting children whose parents had a mental illness were a part of their responsibilities, they did not feel that they had adequate training and knowledge to do so. SKIPS (Supporting Kids in Primary Schools) is a direct initiative aimed at enhancing teachers’ capacity to support COPMI. While Joyce and colleagues (2003) found that teachers knew more about mental health issues and held less negative stereotypes about mental illness after attending a SKIPS session these same teachers were not able to report how such information might be transferred into the running of their classrooms.

No research has attempted to examine how educators might most effectively support COPMI. Identifying the issues and strategies for supporting COPMI, within the school system, would inform future support and training for school personnel, and ultimately improve children’s school experiences. Accordingly, the target group for this study was school staff, as nominated by families affected by parental mental illness. These exemplary educators, as nominated by family members themselves, have demonstrated how they teach and support such children and hence might be able
to provide some guidance as to how other school personnel might work with these families.

**Methodology**

*Procedure*

Media releases (radio and newsprint) and posters placed around various community centres invited families (parents, children, adolescents, caregivers) affected by parental mental illness (living the rural and isolated areas around the Riverina, Australia) to anonymously nominate school staff who had been supportive to them, from within the school system. Extensive recruiting was implemented over 18 months. Nominated school staff were then sent a letter (via their respective principals), congratulating them on being nominated and inviting them to participate in a one hour, audio taped interview. Semi-structured, individual interviews were conducted. Questions were framed around how the child was identified, what training, support and information was useful, what they did in terms of teaching and/or counselling practices and finally, how they worked with the child’s family. Additionally, the principal was asked several questions concerning organisational issues. The names of children and their families were not elicited at any point.

*Participants*

Six teachers (two primary and four secondary), two school counsellors and one high school principal were interviewed to identify the issues and strategies in supporting children whose parent/s had a mental illness, from within the school environment.

*Results*

Data analysis was undertaken in two parts: intra-interview analysis and then across-interview analysis. Intra-interview analysis focused on identifying themes within individual transcripts. These themes were then re-presented to each participant for verification (Lincoln & Guba, 1985). Across interview analysis was then considered
Six themes were identified including:

1. how participants became aware that the child had a parent with a mental illness;
2. how participants acquired training in supporting such children;
3. specific educational strategies;
4. developing relationships;
5. home-school communication; and
6. whole school community strategies.

1. How participants became aware that the child had a parent with a mental illness.

‘Gossip’ was the main way in which most school staff described finding out about a child’s family circumstances. This occurred during informal chats with other teachers and when interacting with others in the community. Less often participants said that they knew about a child’s circumstances via the student him or herself (second most common) parent (third most common), school counsellor or Principal.

2. How participants acquired training in supporting such children

Personal experiences with mental health issues was the main way three teachers acquired training in this area, for example, two teachers had a mentally ill parent themselves, while another had suffered from depression for several years. For other participants, the school counsellor or other community worker were useful sources of
advice. Most said that getting support from others and working with the child at the same time was their main form of training.

On the whole however, participants reported inadequate training in this area. Many of the schools involved were isolated and/or in rural locations, which meant that communities were some distance from major services. Additionally, participants believed that the way in which they and their schools responded to COPMI was not always as effective as it might be (even though they knew they had been nominated for exemplary work). They describe schools reacting to a child’s outward behaviour, particularly challenging behaviours, rather than the family’s circumstance. For instance, one teacher described working with several children from the one family, affected by parental mental illness. In this case, the school reacted differently to one of the children who had severe behavioural difficulties (and usually in a reactionary and ineffective way) than to the other children (from the same family) who exhibited behaviours such as withdrawing and tearfulness. This participant reports that when the behaviours were internally focused the school was better able to accommodate and support children.

3. Specific teaching practices

Several participants made the comment that a child’s academic progress was not a priority given the difficulties he or she was facing at home. Instead these teachers focused on addressing the child’s emotional and often physical needs, such as offering breakfast. The principal made the comment that ‘kids nowadays are drowning in it’ and that a child’s educational and welfare needs were ‘often chasms apart’. At the same time, teachers also stressed the importance of teaching to a curriculum, as one teacher reported ‘because that is the purpose of school really isn’t it?’

Many teachers report being torn in their curriculum obligations and in addressing children’s welfare needs and highlighted the lack of time to do both effectively. Simultaneously however, these teachers found creative and innovative ways in which the welfare of children might be supported through and not instead of curriculum and
pedagogy. For instance, one primary teacher described how she was positive and encouraging via the child’s school work:

I am not really a praise sort of teacher… I know it is important but I just don’t find it that easy or comfortable to praise… but for this kid…. I knew she needed some extra help… so what I did was actively look for things she did well… it wasn’t that easy really, because, well academically, she is a pretty average sort of kid really… so I made sure that the work that I asked her to do, gave me opportunities to be positive… genuinely positive….

One teacher described using the content of her subject (English) to raise issues, feelings and thoughts about mental illness and coping. Another teacher described her disciplinary role ‘in the best possible sense’ by giving clearly defined expectations and encouraging students to work and listen to each other. This same high school teacher provided time for peers to support and work with the COPMI student, by releasing them from class together and developing group projects.

In the recognition that the COPMI might be feeling that everything is out of his or her control one high school teacher described how she

… departmentalises things in terms of what [the student] had control over, and what [she] didn’t have control over’… [because] some kids just float and don’t plan [for things like school work], I can help them with this… by explicitly telling her what to focus on, and show her what she does have control over.

For example, this teacher gave the COPMI an extension to a piece of work, but because she did not want the student to get behind, she negotiated with the student what aspect/s of the project she was able to do, within a reasonable deadline. Along with the student, the teacher departmentalised larger, seemingly insurmountable tasks into smaller, more manageable tasks and at the same time give her some control over her situation, at school at least.

Other teachers report negotiating homework deadlines, allowing students to complete homework in class time and/or providing a space for children to complete their work at school, with the support of the library, themselves and peers.

4. Developing relationships
All participants reported the importance of establishing and maintaining relationships with the child or adolescent, though different relationships were described according to the various subgroups of teachers, counsellors and principal. Most teachers were clear that they did not provide a counselling service, and as one teacher reported ‘I would not talk in depth’ with the student about his or her circumstances. Instead they describe ‘chatting’ to the students, and ‘making extra time’ for these kids, ‘even if it just to say hello, how are things going?’. Teachers also report taking extra interest in their school work (see above). Teachers described encouraging children to fully engage in school life, for example, by participating in school events such as sports and school council; ‘If I had not suggested that she could and should do it [school council], I don’t think she would have put herself forward’. Some of these teachers had referred children on to the school counsellor but saw their relationship with the child as ongoing, regardless of the additional counselling support the student might be concurrently receiving.

In terms of providing support, one female, high school teacher reported

I did give her a gentle embrace… without pulling myself up against her though… this breaks the rules, I know. But on one hand I am parent in loci and at the same time I am her teacher… you can’t just stand there…

She clarified her relationship with the student by arguing there appears to be

… two extremes of being either detached or a sexual perpetuator… I think we need to find the middle ground with kids like this…

The school counsellors were less keen to provide long term, one to one support because of their limited availability to children. Instead they preferred to encourage teacher support and worked with teachers in this way.

The principal described a different relationship again. At times it was personal (for example, he described writing permission slips and paying for a child’s excursion) while other times it was having a ‘quiet word to a year level coordinator or class
teacher’ about a particular child. The principal described his role like a ‘lotto machine… and having lots of things going on in my head’.

5. Home-school communication

On the whole, the teachers and the principal had minimal or no contact with parents or caregivers. Strategies that participants had used, though with limited success, were letters, newsletters and telephone calls. The principal reported that he offered to ‘put on a feed [morning tea]’ for a parent in his office, but that she did not turn up for the interview. He continued by arguing that, ‘There were many occasions… parents were no help at all, hence the focus on the student’. At times the children did not want the school to communicate with home. For example, the principal reported that a student had said to him, ‘Sir, don’t ring my mum, she’s crazy in the head’.

Additionally, participants recognised that families’ difficulties were often compounded by variables other than a parent's mental illness, such as drugs and alcohol, unemployment, isolation. In the face of these overwhelming problems one teacher concluded that the school could not change or ‘help some of these elements’ and instead focused on what he could do within the classroom, by providing one-to-one support to the student.

The two school counsellors describe a closer relationship with the parents. One said that he rarely meet the parent at the school and instead went to her home to discuss school related issues. For the two counsellors in this study, the relationship with families affected by parental mental illness was described in terms of an intermediary between the family and the school.

6. Whole school community strategies.

Several school wide programs were explicitly described as being useful including, MindMatters, an internet resource that deals with mental health issues in schools (http://cms.curriculum.edu.au/mindmatters/) and a school wide breakfast program.
However, in the main most participants, including the principal, referred to less formal approaches to supporting such children. For example, the principal stated:

This school has systems and procedures to provide welfare support but individuals and groups of teachers sometimes operate independently to provide a level of discretion along with the support. As a principal, I did things which no teachers or parents knew about, but the student community knew where support came from and where they could access it.

The principal in particular described the importance of ‘a culture of caring’ though found it difficult to articulate what this meant. He had an open door policy, knew the at risk kids in their school well, and worked hard at following up with students.

On the other hand, one teacher described how some teachers and administrators were not sensitive to mental health issues. She reported that some believed mental illness to be ‘a choice… or a weakness’ and were generally intolerant and insensitive to those suffering from mental illness, either in the students, their parents or teachers.

**Discussion**

While the school personnel in this study were selected by families for their exemplary practice, they nonetheless felt ill prepared to handle the issues of children from families with a parental mental illness, particularly when working in isolated and/or rural schools. Additionally, they suggest that at times the strategies that they had employed were not as good as they could have been. This finding confirms Bibou-Nakou (2004) study of Greek teachers who report not receiving adequate training and knowledge to support such children. Participants do not report attending any formal training in supporting those affected by mental illness. Instead, participants describe their own personal experiences with mental health issues and working alongside mental health professionals as their primary sources of training, though all still regarded these as inadequate in supporting such children in educational settings.

The findings also showed that formal systems need to be in place to appropriately identify these children within the school system. While confidentiality and stigma should be paramount considerations, the current systemic approaches need to
acknowledge that in this study at least, ‘gossip’ was the main way children were identified. Together with participants’ concerns regarding training, such data indicates the importance of accurate and up to date information, for these school personnel at least, in a rural and isolated setting regarding children whose parents have a mental illness.

At the same time however, participants were able to identify some useful educational strategies for supporting these at risk children. For instance, teachers describe creating opportunities through the curriculum for children to succeed. They discuss being acutely aware of what was happening for these individual children and then creating opportunities within their teaching material, for children to do well. Practical strategies included negotiating with and supporting children in their homework, explicitly departmentalising tasks thereby giving students control over their school work, encouraging supportive peer networks and facilitating class discussions on general coping and mental health issues. In this way, teachers were able to support these at risk children through the curriculum and in various pedagogical approaches. This is an important finding as it adds a positive dimension to the deficits in school communities initially described by Bibou-Nakou (2004), but more importantly indicates how schools can best support these children.

Individual relationships with COPMI was important for teachers and principals, though less so for counsellors, due to limited availability. Nonetheless, counsellors still encouraged a strong relationship between teacher and student. This finding confirms previous literature regarding the importance of relationships within schools for at risk students and the importance generally of connectedness and engagement for children outside of their sometimes volatile homes (Masten, 2001; Rutter, 1987). One teacher talked about the tension between acting in parenti and being detached, but believed that she could not ‘just stand there’ and that a gentle embrace was an effective way to support the student. Participants described their relationships with COPMI as personal and outside of their normal school responsibilities.

While participants described the importance of building individual relationships with students, they were less able or willing to develop relationships with parents. School-
home links were not strong, for participants in this study, except for the school counsellors who described a relationship that served as an intermediary between the school and the home. Consequently, the relationship between the counsellors and the family did not necessarily bring the family closer to the school.

Similarly, while participants referred to some formal whole school approaches to support these at risk children, such as school wide breakfast programs, participants tended to stress less formal and in many ways individual or child focused approaches rather than an integrated and organisational focus that might have involved the school community as a whole. In general, participants did not describe significant school wide policies for supporting COPMI. Even though there was some mention of a ‘caring culture’ that the principal found difficult to articulate, he was still very still very much centred on his individual relationships with students and teachers. Further highlighting the lack of a systemic focus, one teacher talked about the lack of sensitivity that she has found in schools towards mental health issues generally.

Collectively, these results highlight the need to promote school wide programs, which identify at risk students, train teachers in appropriate strategies and acknowledge and address the lack of parental support and input in schools. Corbin (2005) argues that the connection between school level policies, interpersonal relationships, curriculum and student achievement is not usually articulated in schools, a finding that is confirmed here. Additionally, future studies need to consider parental perspectives and needs within the school system, in the recognition that there are multiple perspectives when working with children.

Overall, however, the importance of individual strategies has been confirmed in this study, as nominated by families, though the need for systemic structures for COPMI has also been shown. A positive social and educational environment is essential to the health and wellbeing of all students, and in particular those whose parent has a mental illness. While the study had limited participants, it was able to identify the types of individual strategies that families considered typify best practice, as well as some of the issues educators face when supporting this group of particularly vulnerable children.

CSU Research Output
http://researchoutput.csu.edu.au
References


