



From Inability to Act to Ability to Act;

Identifying the Care Conditions of Children who have Parents with Mental Illness, Drug or Alcohol-Related Problems

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Amount of children in Norway and consequences

- 115, 000 children (10,4 %) have parents with severe mental illness.
- 30, 000 children (2,7 %) have parents with comprehensive alcohol use (Bang Nes & Clench-Aas, 2011).
- Children that have parents with moderate to severe mental, drug, or alcohol problems have **twice the risk** of developing their own problems (Torvik & Rognmo, 2011; Lindgaard, 2008; Christoffersen & Sothill, 2003).
- More than 25 % of mental problems among children are **related to their parents' mental illness** (Torvik & Rognmo, 2011).
- Offended and hurt children experience more frequent illness as adults (Kirkengen, 2011).

Strengthen focus

- The Norwegian authorities have recently directed strong attention towards these families with the aim of preventing these children from developing their own social problems.
 - Changes in the statutory framework.
 - Require that professionals in health and social services shall take care of children's needs.
 - Establish professionals in health services to have a special responsibility for children.
 - Implementation of training programs.
 - Research and report with guidelines.
- In spite of this effort, research shows
 - Lack of practical success in identifying these children.
 - For almost everybody who works in mental institutions, it is important to take care of these children, but measures show that less than half of these children receive intervention.

Possible explanations

- Possible explanations might be related to
 - Organizational structures like time, human and economic resources, and training (Lauritzen & Reedtz, 2013; Maybery & Reupert, 2009).
 - Professionals do not think it's their job to use their time and resources on patient's children,
 - or they lack knowledge about children that makes it hard to see the children's perspective (Lauritzen & Reedtz, 2012).
- A systematic review of research literature and reports show that
 - Professionals in mental institutions for adults report that the lack of knowledge prevent them from exploring the children's care situation (Maybery & Reupert, 2009).

Aim and Research Question

- Aim:
 - Contribute with knowledge that can increase our understanding of the kind of competence that is important for successfully identifying children's care situation in families with mental illness, alcohol or drug related problems at an early stage.
- Research question:
 - What competence do professionals in health and social services think is crucial to succeeding in identifying the care situation for children who have parents with mental illness, alcohol or drug related problems?

Study design

- **A quality design**
 - A phenomenological - hermeneutic approach (Hummelvoll, 2003; Kvale & Brinkmann, 2009; Polit & Beck, 2008).
 - Explored character
 - a research questionnaire that focused on professionals' understanding.
 - **Five focus groups**
 - 22 professionals that worked with families with mental illness, alcohol or drug problems.
 - All had bachelor's degree or higher education
 - **Sample size**
 - Not appropriate for statistically generalizing and not representative for the population.
 - But ideal for producing knowledge (Eriksen, 2007).

Results: Quotations

- **To be more challenging**

“We have to be more challenging, more direct in the communication with mom and dad, but also towards the child. Even if the mom or dad deny that their problems have any effect on the child, or the child do not show any negative signs. We have to be able to explore how the child's care condition really is, when we get this uneasy feeling.”

- **Preserve the relationship**

“We are afraid of destroying the relationship with the adults; we do not want to step on their feet, its all about respect. We want mom and dad to have a good time here and come back.”

- **Distance to their own parenthood**

“We have to master our uneasy feelings because it's all about our vulnerability as parents, to bear the children's burden. I don't believe either of us wants to talk about it because it hurts so much.”

- **Train on different ways of acting**

“It isn't lack of engagement, but it is hard to know what to say. We need to role- play, to train on ways to handle potential situations. Then we can test different approaches, so we can overcome the barrier to tell the parents that we are worried. It is important because we do not even manage to have this communication with friends...”

Confirming previous research

- The result confirm previous research
 - Professionals' lack of action, or inability to act (Lauritzen&Reddtz, 2012; Maybury & Reupert, 2009).
 - Hansen (2008), who also has been engaged on professionals' lack of action, called them "the cowardly", because they do not attempt to investigate the child's care situation.
 - Professionals do not master the situation to uncover the children's care situation,
 - even if professionals are in the position to identify the consequences of the parents' problems for the children (Houlihan, Sharek, & Higgins, 2013; Wiechelt & Okundaye, 2012).

Findings discussion; Strategies

- Children and parents strategies
 - May prevent professionals from uncovering the children's real care situation.
 - The children do not show any symptoms (SIRUS, 2006).
 - The children's symptoms may be difficult to interpret,
 - may vary in form, seemingly peaceful, passive, devoted, obedient but also aggressive. (Killén, 2012; SIRUS, 2006).
- The child's ability to master problems
 - May be misinterpreted by the parents
 - Like the child is not influenced by their problems,
 - that's what they tell professionals.
 - Also a defense mechanism to prevent what is emotionally hard for the parents to handle.

Findings discussion; Professionals barriers

- Professionals over-identification with the parents
 - Not mastering their own vulnerability to parenthood and to children who hurt because of their conditions (Grimsgaard, 2008; Meybury & Reupert, 2009).
 - Not wanting to contribute to causing the parents more trouble or creating feelings of guilt (Grimsgaard, 2008).
 - Killen (201, p. 14) writes: “With over-identification, the parents get ascribed more positive quality than they have. Over-identification may lead to rationalizing and explaining away the child’s real care situation. Minimizes the child’s care situation and creating distance from the child’s real life, which might be vulnerable and characterized by anxiety and great pain.”

Findings discussion; Relationship

- Keeping the good relationship
 - Conversations about children's care condition are best in relationships characterized as an **alliance** with the parents (Grimsgaard, 2008).
 - May perceive conversations about children as involving in conflicts of interest.
 - They take the children's side against the adults (Halsa, 2008; Jørgensen & Sør Dahl, 2008; Knibe, Aashamar & van der Meijde, 2006).
 - More emotionally pleasant for the professionals to be a good helper.
 - The unpleasantness to balance between help and control, between liberation and discipline (Erichsen, 2002, p. 10),
 - To be the controller is often seen as incompatible with being the good helper. (Erichsen, 2002; Svensson, 2006).

Findings discussion; The lack of language

- The lack of language
 - Connected to the idea that mental illness, alcohol or drug related problems are taboo subjects. (Halsa, 2008; Hansen, 2008; Lossius, 2011; Mevik & Trymbo, 2002; Trembacz, 2009).
 - Taboo and privatization creates barriers to talking about problems,
 - both for professionals and those who experience the shame.
 - Taboos contribute to concealment, which makes it harder to find a natural language to us (Hansen, 2008).

Findings discussion; Improvement of competence

- Education programs
 - Is the education programs inadequate?
 - Professionals in the field represent many different educational programs with different focus at children as carer, is that the case?
 - Are they forgetting what they once learned in university ?
 - Do they believe that relationships with parents who have mental, drug or alcohol related problems require different competencies than those they have learned?
- Is it different to use the knowledge in the reel meeting face to face, where you get challenged in so many ways?
 - Is that the case, then it is not enough to strengthen the education.

Findings discussion; Improvement of competence

- **Workshops and Role-play**

- Good arenas for
 - becoming more challenging and exploring the children's' care situation by handling the parents' and children's strategies.
 - Gives possibilities for repetitions and by that effect full for development of practical competence as integrated knowledge, skill, insight, experiences and attitude and develop the participants to professionals on their own personal way (Røknes& Hanssen, 2010).
 - training on how to develop a relationship with the parents that was not characterized by over-identification.
 - finding good formulations for questions and establishing a good relationship to mom, dad and the child.

Summing up the findings

- Professionals do not have the competence necessary for implementing the authorities' requirements for investigating the children's care situation in these families.
- Another way to say this is that institutions with the responsibility to implement the authorities orders have not taken the necessary steps to implement the statutory guidelines demanded of their professionals.

The finding illustrate

- Even though the Norwegian authorities have put strong emphasis on the children in these families.
 - **This has not been sufficient.**
- The authorities have to take exceedingly responsibility by
 - **Giving professionals in these jobs the extended competence** they believe is necessary.
 - **Providing money to institutions** that work with parents with mental illness, alcohol or drug problems,
 - both for big and small organizations, public as for ideal organizations.
 - **Including teaching programs about children in families with mental illness, alcohol or drug problems in educational institutions** in health and social science and other educational programs where children are the focus.

Take the findings seriously

- All reasons to take the findings seriously
 - The informants in this study were engaged professionals, most of whom had a bachelor's degree or higher, and long experience in the field,
 - said it is a need for improved competence to transform inability to act to ability to act.
- Professionals did not only talk for themselves.
 - They talked on behalf of what they experienced as a necessity in the field to succeed with early identification of children who have parents with mental illness, drug or alcohol problems.

Thank you for listening!



- A-mail: kristin.humererfelt@uis.no
- For references, see
 - Humerfelt, Kristin (2014). Fra handlingslammelse til handlingskraft - Å identifisere omsorgssituasjonen til barn som har foreldre med rus - og psykiske problemer. I: Fontene Forskning, 02/14 p. 31-43

Abstract

- This article focuses on professionals' understanding of the necessary competences for improving the successful identification of the care conditions of children with parents suffering from mental illness or drug or alcohol related problems.
- The study applied a qualitative design with five focus groups formed from a sample of professionals working in informal caregiver and support centers, as well as cooperative health practitioners from four different areas in Norway.
- Results indicate that sufficiently investigating children's care conditions requires health practitioners to become more competent about managing the strategies of the parents and children, building relationships with the parents, improving their own identification of the parents' situation, and articulating taboos.
- Authorities, health organizations, social organizations, and educational institutions must all contribute to improving professionals' competence to strengthen their ability to act.