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KIDSTIME AND MINDFUL SCHOOLS: SOCIAL INTERVENTIONS FOR CHILDREN AND ADOLESCENTS FROM FAMILIES AFFECTED BY PARENTAL MENTAL PROBLEMS[1]

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Abstract

About one in five children lives with a parent with a mental illness. These children bear high risks of developing an own mental illness and usually face a lot of obstacles like stigma, social isolation and feelings of guilt. Many of them take a role as a young carer, thus taking over more responsibilities within and outside the family than they can really bear.
The workshop will introduce children of parents with mental illness (COPMI) as a group and explain the impact and risk factors of parental mental illness on children. We will provide examples of approaches that can help children in this situation, using the KidsTime Workshop model as a case study. We will describe the approaches and methods of the KidsTime practice model and explain how a combination of family therapy and systemic therapy influences, together with drama, can create an effective multi-family therapy intervention.
It will describe the impact of the KidsTime model, including testimonials from children and families, and highlight the evidence in support of preventive approaches, as well as the barriers to securing investment for these interventions. The workshop also shows a concept of how to better address mental health in school contexts, this presenting a generic approach to raise resilience within a whole-school-project. The workshop will conclude with recommendations for practice.

Keywords: *Parental mental illness, resilience, stigma.*

1. Introduction

Having a parent with a mental disorder increases the risk of social and behavioral problems in childhood and mental health problems in adolescence. In Australia, approximately twenty percent of children grow up in a home where at least one parent is diagnosed with a mental health problem (Maybery et al., 2005), while in England this figure is estimated to be around two million (Parrott et al., 2008). Over 3,8 million children in Germany live with a parent with a mental health problem and a average of 4-8 children in an average classroom will be in this situation; this is 20–25% of the school population, similar figures in other EU-countries from which 70% likely to develop a mental health condition. Parental mental illness is one of the 10 adverse childhood experiences (ACEs),which has a lifetime impact on both physical and mental health. Parental mental illness (PMI) is a root cause of many other ACEs. WHO identifies PMI as one of the most important public health issues of our generation. Intervention late after the onset of an ACE is less likely to be effective and rising thresholds for acute support are exacerbated by significant reductions in early intervention spending by local authorities. By focusing on clinically diagnosable mental illnesses, interventions are often too late to address ACEs. Many of the young carers (80%) are not identified. Research into adverse childhood experiences, known as ACEs, identifies parental mental illness as one of the ten most powerful sources of toxic stress in young people. The presence of mental illness in a parent is known to negatively impact a child's cognitive and language development, educational achievement and social, emotional and behavioural development.

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It can lead to anxiety and guilt coming from a sense of personal responsibility. Where there is severe mental illness in a parent and no second parent who is well it can lead to neglect or abuse.These children are also at greater risk of bullying, a lower standard of living and financial hardship.

2. Risk factors and vulnerability to mental disorders

The fact that having a father or mother with a mental disorder increases the risk in children of presenting social and behavioral problems in childhood. Additionally, minors often assume role reversal, especially in single-parent families with severe mental illness (Huntsman, 2008). There are studies on severe mental disorders that have shown a greater risk of mental decompensation in minors who have a parent with schizophrenia in relation to controls (Niemi et al., 2003).

Among children and adolescents of parents with bipolar disorder, there is a higher percentage of behavioral problems, such as aggression, rule breaking, and attention problems (Dienes et al., 2002; Giles et al., 2007).

The children of adults with major depressive disorder have more problems in academic functioning, and in relationships with peers and with the family. Greater knowledge of the mental illness on the part of the patient and the family decreases the risk of distress in the minor, while a serious mental disorder with greater severity of the illness and a greater number of decompensations increases the risk (Huntsman, 2008). Family psychosocial factors of good prognosis are having a mother with good mental health ―that is, that the mental illness is in the father―, contact with health services, good maternal habits, social support, a good relationship between the couple, positive attitudes towards pregnancy, a high socioeconomic status, an older age in the infants and the late onset of the disease (Maybery et al., 2005; Huntsman, 2008; Logan et al., 2007). They constitute one of the most stigmatized groups in our society, especially those who suffer from schizophrenia. (Ochoa et al., 2011).

3. Protective factors

Contact with other people who have a mental disorder, and sharing experiences, facilitates changes in stereotypes (Cooklin, 2010). Some resilient social and educational aspects are having access to a good support network, good schooling and belonging to social and religious groups (Fonagy et al., 1994; Kotliarenco et al., 1997).

4. Objectives

The main objectives in the Kidstime workshops are focused on:

- Help parents suffering from mental illness to find means through the which the disorder and its impact can be discussed between them and their children
-Help parents access or redirect their pride, confidence, and competence as parents
-Address fears, confusion, and lack of knowledge about the mental disorder and its treatments
-Help children and youth increase their understanding of information about their parents' mental disorder and parental behavior associated with disease
-That children may experience a more positive response from their parents

5. Intervention model

These workshops were developed in England in 1999 by Alan Cooklin, (Cooklin, 2010; Cooklin et al., 2012). The structure of workshops includes monthly workshops, which take place in the community, in non-sanitary facilities (such as a social center, library), with two-hour sessions. These sessions are structured in three parts: a first multifamily part; in the second part, the groups are separated, a seminar is held with the parents and a psychodrama activity with the minors, which is usually recorded on video; In the third part, a closing multi-family group is held aimed at sharing what has been worked on in the separate groups and the video is viewed while a snack is offered.

6. Discussion

The Kidstime workshops are a multifamily group event that provides an atmosphere of trust and equality, and, through psychodrama techniques, using art as a resource, a space is fostered to talk about mental health problems and their impact on family life. The use of play and psychodrama to communicate and teach children to address the issue of mental health, allows them to find a place to meet friends, play games, make movies, eat pizza and understand what is happening to their parents. Parents seem to feel relieved after being able to speak in the group and later explain mental health problems to their children. In families, bonds are strengthened by understanding these problems. In forming and finding a safe space and dealing with stigma. A study of the German KidsTime Workshops found that 95% of families

(similar reports from adults, adolescents and younger children) submitting individual form evaluations stated they benefited from attending the workshops and wanted to continue attending. All family members stated they had learned something new about mental illness at the workshops and that the workshops helped them to talk about mental illness within and outside of their families. Watching and reflecting on the children's drama film, as well as the multi-family group format (particularly the feeling of solidarity among families) were viewed as helpful catalysts in enabling the open discussion of issues that may have been perceived as being too "shameful" to talk about outside of the group. In Barcelona, a research was made with 65 parents who participated in the workshops. There were administered: Self-perception of Social Stigma Scale SSQ, Rosenberg self-esteem scale, CD-RISC Resilience Scale, Inventory of Parenting Practices IPC, SDQ, Satisfaction survey for children and adults, collecting a total of 173 surveys. The results showed significant pre-post differences in the "involvement" and "expression of affection" subscales of the Parenting Guidelines Inventory and "Prosocial behavior" of children measured with the SDQ and in adult self-stigma.

7. Intervention in schools

The Mindful School Project has been developed as a complement to the Kidstime Workshop, and it is based on the kidstime model and philosophy. It offers Awareness raising for the whole school staff, lessons on mental illness and mental health plus ideas on how to develop a Mindful School atmosphere to support better the students most at risk when identifying young carers. Withn an Erasmus+ project mindful schools has been running in Berlin, Barcelona and Reykjvik for 8th to10th grade in 2022 and is currently followed by a similar Project in primary school in Berlin, Barcelona, Reykjvik and Viena.

8. Conclusions

Kidstime workshops have proven to be effective when it comes to enhancing the affective support of parents towards their children, improving the prosocial behavior of boys and girls and reducing the stigma of parents affected by mental health problems.

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