

Speaking to your children about mental illness

Information for parents who have children receiving mental health care services with siblings under the age of 18.

Siblings should be involved

Children who have a sibling receiving help from the Child and Adolescent Mental Health Service (BUP) are considered 'affected siblings' – both biological, step, bonus or foster siblings.

When someone in the family is struggling with mental health issues, it is important that family members talk to each other, and that children have someone they can talk to about their experiences. The more siblings understand about what is happening, the easier it will be to make life predictable and help them feel safe. Predictability is something all children and young people need.

Here you will find tips and help that you and your family can use to cope with situations that, for many, may be perceived as difficult.

"I struggle with anxiety and depression and go to BUP. One day, my 11-year-old little sister overheard me telling my mom I wanted to die. Then my little sister started crying and was afraid; these were scary words to hear. I find it hard to explain how I feel, so I want my little sister to have someone to talk to so she can understand what I am going through and what help I am getting at BUP, so maybe she won't be so scared and upset."

Girl, 15 years



It is no one's fault that someone is struggling. Many children and parents think that "it's my fault that one of the children is struggling" or siblings think "I haven't been good enough." A good chat can lead to good solutions you hadn't thought of before you had the opportunity to talk about it.

Honesty makes it easier to find ways to enjoy time together, take advantage of the good days and do nice things together.

Remember:

- children and adolescents find it easier when their parents talk to them when someone in the family is struggling
- parents are usually the most important people in a child's life, and children are usually the most important people in their parents' lives

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How do I talk to my children about mental health challenges?

We encourage everyone to talk about mental health issues with their children, as difficult as it may seem. Gaining knowledge about mental health makes it easier to talk with the whole family about difficult topics.

What is the psyche?

«Psyche» is a term that refers to the thoughts and feelings that reside in our brain. Your psyche is unique, and it influences the way you express your thoughts and feelings. Knowing more about mental health can help everyone feel and stay healthy.

Good mental health can be understood as enjoying everyday life, that you feel a sense of belonging and meaning in life, and that you cope with difficult challenges that may arise. How you feel emotionally can change from day to day, and over time. Most people find that their mental health varies throughout their lives.

Mental disorders and diagnoses

- Anxiety, depression, eating disorders, self-harm, bipolar disorder, schizophrenia, psychosis, post traumatic stress disorder, obsessive-compulsive disorder and phobias.

This list contains the names of some mental disorders and diagnoses. They all influence and can change the way you think, feel and act. Living with a mental illness can make you feel incapable of meeting the many expectations and tasks of everyday life.

It is quite common for mental disorders to be difficult to understand, especially for those who suffer from them. It is not always easy to explain what is happening to you.

Cultural differences

Culture can influence how we talk about mental health. It can be easier for some people to understand and talk about physical injuries, like a broken leg, than to talk about mental health issues.

We can better understand mental disorders if we name them, just as we do with various diseases in the body.

Mental disorders can lead to

- Many negative thoughts about oneself and others.
- Life feeling darker, frightening and difficult to live.
- Feeling exhausted, getting angry with oneself or others easily, or being sad and worried.
- One may feel very afraid of things that they have not been afraid of before.



We know that the younger affected family members notice when siblings:

- lose interest in things that used to make them happy while being much sadder than usual
- become afraid and worried about little things that they were not afraid of before
- are afraid to leave the house and would rather be inside alone
- feel more tired than usual and want to lie on the couch a lot
- can't bear to go to school
- unable to eat, or eat a lot and throw it up again
- hurt oneself in different ways because of painful thoughts, feelings
- do the same things over and over again, much more than normal
- have more frequent, faster and stronger mood swings than before, like being angrier or sadder, or if your mood fluctuates from being super- happy to feeling completely miserable
- thinking that you have become magical, or that everyone is out to hurt you
- not knowing if what you see or hear is real

Talk to your kids

It is not always easy for brothers and sisters to understand that a sibling's behaviour is due to a mental illness, and we do not always see how worried they are when a sibling is having a hard time. They can be that afraid the sibling will suffer more if they say something, so they keep their feelings and thoughts to themselves.

In many cultures, talking about disorders in the family is a taboo. Many parents think they are helping their children by not saying anything.

Although the children may find it difficult to hear about mental illness, many kids say that it is actually a relief for them to understand what is happening around them. A conversation gives them an opportunity to talk and ask questions.

Affected siblings can wonder if they are doing something wrong when their brother or sister acts differently than before. They may begin to wonder if they might start to struggle in the same way, or if their sibling will ever be healthy again.

Once they understand more about what is happening, their lives become more predictable and they feel safer. Honesty makes it easier to find ways to enjoy time together, take advantage of the good days and do nice things together. A common understanding and a plan for coping with the difficult days is positive for the whole family.

On the next page you will find tips on what to say to your children.

What can you say to your children?

When you would like to talk openly to your kids about mental health issues, you can, for example, begin by sharing what you know about the situation.

Then ask questions that start with "how" your children experience the situation.

For example, you might say:

"I know your older brother has been very sad and feeling down lately; how do you feel about that when you are with him?"

Then invite the children to talk about the situation based on how they experience it. Listen to what the children say and acknowledge what they are saying. Children feel safe when adults confirm what they say by e.g. giving small nods or friendly glances.

Remember that there is no wrong way to experience a situation. Let your children talk freely about what they are experiencing and avoid correcting what they say. Put away your cell phone and take the time to listen and answer questions they may have.

A good chat can lead to good solutions you hadn't thought of before you had the opportunity to talk about it.

"I'm kind of the one who has to get the family back in balance again. If my brother has problems, I will not have them too."

Words from one adolescent.



What does BUP do?

At BUP, children and adolescents aged 5-18 receive help to deal with mental challenges and disorders. BUP also has its own infant and toddler unit that works with preventive healthcare for children aged 0-5.

In Norway, health personnel have a duty to provide adequate information and necessary follow-up for brothers and sisters of children receiving mental health care services and treatment. (Section 10a of the Health Personnel Act).

When kids come to BUP, they have the chance to talk to a therapist and get to know each other a little better. BUP's therapists are very knowledgeable when it comes to children and young people. Sometimes the children and therapist talk with the parents, and sometimes they talk alone. Over the course of these conversations, the therapist gets an overview of the situation and what the child needs help with.

The most common way of working at BUP is by talking about what the kids find difficult, whether it is thoughts, feelings, their bodies, problems in school, in the family or with friends. A diagnosis is then made, which is the name of what the child or adolescent is struggling with.

Diagnosis

The therapist reviews the notes from the conversations, tests and forms that were filled out to arrive at what we call a diagnosis. A diagnosis is a name for what the patient is struggling with, and that determines what treatment the patient receives.

Treatment

Treatment is when the therapist works to help make the patient feel better by talking with them. Some are offered medication in addition to conversations with a therapist. The therapist and patient will create a plan together that can make it easier to cope with the difficult days.



More about BUP

When someone in the family struggles with painful, scary or sad thoughts and feelings, their siblings also notice it, perhaps without realising why this is happening.

As a parent, it can be painful and difficult to see one of your children struggle and go through challenges. It can take a lot of time and energy, and it can be difficult to find time and energy for the other kids in the family.

BUP also offers the opportunity for parents and siblings to talk with a provider, either with the person undergoing treatment at BUP present, or alone. When someone in the family is undergoing treatment at BUP, it is common for parents and siblings to wonder about what is happening and want more information. BUP uses family conversations to discuss how they can help. Parents and siblings can get help to understand what it is like to have painful and difficult thoughts, feelings and what these can lead to.

For example: what to do when dark thoughts make school unbearable? Why do mental health issues make one want to be alone all the time? Why do some people stop eating? These are very common things to wonder about, and it can be very helpful to talk about it.

Filling out the municipal/district forms

BUP and the municipalities cooperate to help affected siblings and their families. Parents of BUP patients are asked if they have children under the age of 18 with whom the child or adolescent lives. If the answer is yes, the therapist will then ask if you consent to BUP sending a form to the district or municipality you live in.

Consent means that the parents and therapist agree on what information is written and shared with the municipality or district, so that affected siblings can get help.

Among other things, the children are offered the opportunity to talk to a contact person or public health nurse about how they are doing. They can also have their questions about mental health answered.



Services for children and adolescents

Municipalities and districts offer many different services to affected siblings, including public health clinics and the school health service.

Health clinics

Parents are eligible for services from the public health clinics that follow-up with small children 0-6 years of age. Parents can contact their nearest public health clinic whenever they need to, even outside the regular follow-up appointments that they are offered. The public health clinic offers advice, help and answers to questions about child health and development. All of these services are free of charge.

School health service

School age kids from 6-20 (24) years of age are offered health services from their school. The health clinic for adolescents serves youth aged 12 – 20 (24).

The school health service offers children and adolescents help from a public health nurse – and in some cases also a school doctor, physiotherapist and psychologist. Children feel seen and heard by the school health service, and various activities are available to learn more about living with mental health issues in the family. You can also talk about what often happens when a family member is struggling emotionally, or has other illnesses.

Children and adolescents can contact the adolescent health clinic directly by drop-in. They do not need an appointment to talk to a public health nurse or others in the school health service. Public health nurses can also answer questions and talk about whatever the kids may be wondering about.

Talking to a trustworthy and caring professional can often help. They will receive advice and guidance on topics such as body and health, friends or family, difficult thoughts, feelings and concerns. If they need more help, the school health service can put them in contact with their family doctor, a dentist, physiotherapist or psychologist, for example.

The contact person or public health nurse also has an overview of various activities that the municipality or district offers to kids affected by mental health issues that may be suitable for your child. They also have an overview of various services for parents such as parental guidance courses and groups.

Confidentiality

Those who work at the public health clinics and in the school health service are bound by confidentiality. Confidentiality means that healthcare personnel cannot tell anyone why a child or adolescent has been in contact with them, or what they talked about.

