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When Mom or Dad Has a Mental Illness: General Information and Memories of a Girl Whose Father Has Bi-polar Disorder

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**When Mom or Dad Has a Mental Illness:
General Information and Memories of a Girl Whose Father Has Bi-polar Disorder**

By
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of the degree of Master of Science in Education
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ABSTRACT

This original material answers common questions that children in middle childhood (8-12 years) may have about parental mental illness. *When Mom or Dad has a mental illness: General information and memories of a girl whose father has Bi-polar Disorder* defines mental illness, addresses symptoms, causes and treatments, provides definitions of related terms, and shares personal stories about having a parent with mental illness. A review of current literature shows the lack of similar work, and the developmental theories of Piaget, Kohlberg, Gilligan, Erikson, and Vygotsky confirm the importance and validity of the project. The motivation behind this work is to provide children with the information about parental mental illness that the author wishes she had as a child.

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PROJECT RATIONALE

According to the National Mental Health Information Center, “nearly half of the women and men in the United States report a lifetime prevalence of psychiatric disorder” (www.mentalhealth.samhsa.gov); the majority of them are parents (Nicholson, Biebel, Hindenm, Henry, and Stier, 2001). While Nicholson et al. (2001) indicate that the children of parents with a mental illness are at greater risk than the general child population for developing multiple psychosocial problems (30%-50% and 20%, respectively), many other studies identify a variety of factors that increase children’s resiliency and ability to cope. The National Alliance on Mental Illness (NAMI) stresses that one such factor is children having age-appropriate information about their parent’s illness (www.nami.org). Unfortunately, there is very little information published for children about mental illness, and even less about parental mental illness. Therefore, the goals for this project are to:

1. provide information to children about mental illness, particularly parental mental illness;
2. share personal stories from my own childhood about my father’s behavior (he has Bi-polar Disorder); and
3. create a piece of literature that children can relate to and refer to regarding their parent’s illness and their own feelings.

* * * * *

As young children, our parents are the ones we look up to and on whom we model ourselves. They are supposed to set limits, model healthy relationships and interpersonal behavior, and help us make sense of reality. Psychiatrist Jane S. Ferber,

M.D., who has worked with people with mental illness and their families for over 30 years, reports that children who have at least one parent with mental illness tend to develop a completely distorted sense of reality (Secunda, 1997). Imagine your father barging into a restaurant kitchen because he could “make the steak better himself;” imagine your mother throwing the TV out the window because “the government is trying to brainwash her;” or imagine either parent staying in their pajamas and not leaving the house for a week. Without information about their parent’s illness, it is understandable that children who observe this kind of behavior in a parent have such a skewed concept of what “normal” behavior is. It is also understandable that they tend to develop a high level of tolerance for inappropriate behavior in others. Dr. Ferber says that children with a mentally ill parent are easily overwhelmed by strong and powerful emotions, they tend to feel extremely helpless, and always try to please their ill parent. It is common for them to be emotionally and physically neglected (Secunda, 1997).

The Royal College of Psychiatrists in London (2004) notes that some children with a mentally ill parent “withdraw into themselves, become anxious, and find it difficult to concentrate on their school work... Children are often ashamed of their parent’s illness and worry about becoming ill themselves” (www.rcpsych.ac.uk). The National Mental Health Association (NMHA) describes the impact that a mentally ill parent can have on family life: “There can be confusion in family roles, with children assuming many adult responsibilities. For instance, children may be responsible for caring for younger brothers and sisters or managing household duties; they may even have the responsibility of taking care of the emotional or physical needs of their parents” (www.nmha.org, 2006).

Clearly, not all children respond to their parent's mental illness in the same way. Gender, race, and class influence the complex relationship between parental mental illness and child outcome. Regarding a child's gender, numerous studies cited by the National Mental Health Information Center indicate a variety of findings: some studies report that girls are more adversely affected than boys by a parent's depression; others indicate that boys fare worse; some research shows that girls and boys may show divergent responses, with girls more likely to develop depression, and boys more likely to show conduct problems; and one study suggests that gender may interact with family functioning, such that poor family functioning – secondary to maternal depression – predicts conduct problems in girls, but not in boys.

Styron, Pruett, McMahon, and Davidson (2002) suggest that the gender of the parent who has the mental illness also affects the child (and parent) outcome. They present overwhelming evidence that, to date, the majority of research has been focused on how mental illness in mothers impacts children. They demonstrate, however, that fathering is more important for healthy child development and family life than previously believed, and that having a father with a mental illness can have a significant impact on the child.

Families of color who have a parent with a mental illness face additional challenges in the diagnosis, treatment and outcome of mental disorders (Vedantam, June 26, 2005). The U.S. Census Bureau reports that in 2005 there were 46.6 million people without health insurance. The percentage of uninsured African Americans was 19.6 (7.2 million people), the percentage of uninsured Hispanics was 32.7 (14.1 million people, non including un-documented immigrants), and the percentage of uninsured Whites was 11.3 (22.1 million people) (www.census.gov). This data indicates that even though the majority of uninsured people in this country are white,

there is a much higher percentage of people without health insurance among people of color than among whites. The treatment of a mental illness requires ongoing care, and to get ongoing care one must have health insurance. Unequal access to health care results in an inequality of who can get treatment for mental illness – African Americans and Hispanics have far less access to the care and treatment that they need.

In addition to limited access to health care, the US Surgeon General's report, *Mental health: Culture, race, and ethnicity* (2001), reveals that the mental health system and its providers tend to have a general lack of cultural competence – the ability to work effectively and sensitively within various cultural contexts. For people of color, this limited cultural competence not only limits their access to services, it also negatively affects the quality of the services they receive. The Surgeon General's report concludes that because of racial and ethnic bias and the lack of cultural competence, "people of color may not seek services in the formal system, cannot access treatment, drop out of care, are misdiagnosed, or seek care only when their illness is at an advanced stage" (www.surgeongeneral.gov). Additional research confirms the racial disparities in diagnosis: "Although schizophrenia has been shown to affect all ethnic groups at the same rate, [scientist John Zeber] found that [African Americans] in the U.S. were more than four times as likely to be diagnosed with the disorder as whites. Hispanics were more than three times as likely to be diagnosed as whites" (Vedantam, June 28, 2005).

A National Mental Health Association publication reports that children living with a parent with serious mental illness are also adversely affected by the poverty that often accompanies the illness. Studies done on parents with serious mental illness indicate that 41% of such families live in poverty (www.nmha.org, 2006). In another independent study (Riebschleger, 2004), the children themselves (who have a

mentally ill parent) report a variety of concerns in their lives, including poverty, divorce, being teased, medical illness of a relative, moving frequently, and their parent's possible suicide, all of which are exacerbated by their parent's illness.

In contrast to the risk factors, the resiliency of children is also a common focus in research. There are many protective factors that help children deal with the stress of having a parent with mental illness. Studies name factors such as, help and support from family members, knowledge that their parent is ill and they are not to blame, a sense of being loved by the ill parent, inner strength and good coping skills in the child, help from outside the family, a strong relationship with a healthy adult, and interests outside the home (American Academy of Child and Adolescent Psychiatry, 2006). In addition, "efforts to enhance children's understanding of mental illness and parents' understanding of children's needs have shown promising results" (www.mentalhealth.gov, 2006).

My own experience as a child corroborates the risk and resilience research. My father has Bi-polar Disorder, and during middle childhood I experienced a lot of the documented challenges and risks indicated above. For example, like the majority of the children with a mentally ill parent (Secunda, 1997), my parents were divorced. I lived with my mother, but worried about my father a lot, and like the children in the Riebschleger study, I experienced "good days" and "bad days" with my father. On some days he would be calm and caring, engaging, loving, and funny. On other days he would scare me with his heavy drinking, nasty language and quick temper. I tried to make sense of his behavior and my situation, but could not. I began to notice that my family was "different" than those of my friends, and I started to feel different than them. Unsurprisingly, there were times that I felt scared, lonely, sad, angry, embarrassed, ashamed, anxious, guilty, confused, and even depressed.

What helped me survive was making use of some of the protective factors. I had a stable home-life with my mother and step-father, my grandmother (father's mother) and I talked regularly about our feelings concerning my father's situation, I had friends, I was involved in sports and other after-school activities, and I knew that my father loved me. But even with my resiliency, I was desperate for information about his illness. By creating a book for kids, *When Mom or Dad has a mental illness: General information and memories of a girl whose father has Bi-polar Disorder*, I hope to provide children with the information about mental illness that I wish I had as a child.

I target my work on children ages 8 to 12 – the middle childhood/latency/pre-adolescent stage of development. In *The development of children*, Cole and Cole (2001) present a synthesis of the cognitive, emotional, social, and biological changes that occur in middle childhood, which suggest that an informational book about mental illness would benefit children at this age. The developmental theories of Piaget, Kohlberg, Gilligan, Erikson, and Vygotsky support that notion in different ways

Jean Piaget coined this stage of life as “concrete operational” because of children's increase in logical thinking and their increased ability to take the point of view of another person. He asserts that during middle childhood, children have a marked decrease in egocentrism, which is accompanied with an increase in social interaction away from the immediate family. Social relationships begin to take on greater importance for children; they begin to categorize objects (including themselves, I would argue) using logical thinking, but their logic is still limited to only their physical reality (Labinowicz, 1980). Children who have a parent with a mental illness may see themselves as different than (i.e., not as good as) their peers,

and therefore may define themselves in a separate category. These children need information to combat their limited or faulty logic that they are not as good as their peers on account of their “different” parent. This faulty logic can lead to depleted self-worth and self-esteem (Cole and Cole, 2001).

Piaget (1972) also contends that as children move through the middle childhood stage, they develop the concept of “conservation.” Not only do they begin to understand that there is the same amount of water in a tall, thin glass as there is in a short, wide glass, etc., but they begin to communicate about things that the listener cannot see, they think about how others perceive them, and they understand that a person can feel one way and act another. They start to understand that the appearance of objects (people, too, I would argue) may change, while their quality, or some other feature, remains the same. They begin to understand, therefore, that their parent can love them even though they may say or do mean and hurtful things to them.

Lawrence Kohlberg extended Piaget’s description of cognitive development to include theory of a progression of six stages of moral development within three main levels: pre-conventional (with the point of view on the individual), conventional (with a relational/communal/societal point of view), and post-conventional (with moral judgments universal in application). Children in middle childhood are transitioning from Level I/Stage 2 – Instrumental Morality, where they are focused on their own interests and needs – to Level II/Stage 3 – Good-child Morality, where they are aware of the needs of others, they want to maintain relationships, and they want to be a good person as defined by themselves and others (Cole and Cole, 2001). As children of this age struggle with their relationship with a parent who is mentally ill, information about mental illness will help them incorporate the point of view of their parent, no matter how irrational or immoral it may seem to be.

As a research assistant to Kohlberg, Carol Gilligan (1982) recognized that his theory and the developmental theories of most theorists was flawed in that they focused on boys as the norm, and saw developmental differences in girls as deficient. Through her research, Gilligan asserts that moral problems are problems of human relations – relationships which require the ability to listen to others and learn their language, take their point of view, and have one’s own voice and language. According to Gilligan, moral development is the development of an “ethic of care,” which has as its central insight that the self and other are interdependent in the relationship. Gilligan states that as girls develop the ethic of care, they progress through three main stages of moral development: 1) caring for the self; 2) connection between self and others (concept of responsibility); and 3) dynamics of relationships (interconnections between other and self). As children of age 8-12 transition into the second stage, their relationship with parents takes on a different form – one that has a shared responsibility to the relationship itself.

Eric Erikson (1959) agrees with Gilligan in that the child’s relationship with the parent(s) and family environment is of particular importance during this age. “Children feel the tensions, insecurities, and rages of their parents even if they do not know their causes or witness their most overt manifestations. Therefore, you cannot fool children. To develop a child with a healthy personality, a parent must be a genuine person in a genuine milieu” (p. 99). Erikson suggests that children in middle childhood develop the “concept of mutuality,” which is a coordination between their developing, autonomous, self and their social environment, which includes their parents.

Erikson (1950) termed this stage of development as “Industry vs. Inferiority” due to the need children of this age have to develop competence as they gain insight

into their identity. It is when children begin to feel useful, are able to make things, and take the care to make them well. This is an ideal age for children to have access to information regarding a parent's mental illness because information could help a child gain a sense of industry, or mastery, over the subject of parental illness and protect their self esteem, whereas lack of knowledge could lead to a sense of inadequacy, or inferiority.

It was around age nine or ten when I began to have specific questions about my father's illness and behavior. By this age, I knew that he had something called *manic depression*: "he takes medicine every day, sometimes he can't control his behavior, he may have to go to the hospital." But I wanted to know more. "Why isn't he getting out of bed today? Why is he smoking so much all of a sudden? Why is he talking so much? When can I see him? When will he be out of jail?"

Lev Vygotsky's analysis of how children are better able to cope with difficult life situations when they have more knowledge about a given situation confirmed for me the importance and validity of this project. Like Gilligan and Erikson, Vygotsky (1994) asserts that the environment in which children live is of utmost importance to their development, but he also places great emphasis on *the relationship between a child's environment, the knowledge he or she has about that environment, and the way that the child experiences that environment*. In a 1934 lecture he said, "...[T]he influence of environment on child development will, along with other types of influences, also have to be assessed by taking the degree of understanding, awareness and insight of what is going on in the environment into account...[W]hatever the situation, its influence [on the child] depends not only on the nature of the situation itself, but also on the extent of the child's understanding and awareness of the situation" (p. 343). Armed with information about their parent's illness, children will

be able to discuss their situation with others. According to Vygotsky, through this process of communication and social contact, children will develop relevant “inner speech” to help them cope and understand their situation at a higher level (Wertsch & Tulviste in Daniels, 1996, p. 58), and hopefully experience it without causing psychological dysfunction.

In Riebschleger’s 2004 study, children who had a parent with mental illness and who were receiving therapeutic services were asked what they would recommend to other children in a similar situation. Their recommendations support Vygotsky’s analysis: They say, “‘get help earlier,’ ‘go to counseling,’ ‘gain your feelings,’ ‘communicate,’ ‘find somebody you can trust,’ ‘just have friends,’ ‘know that it’s not [your] fault’” (p. 30). Having information available to children about parental mental illness would help realize their recommendations. But there are no informational (i.e., non-fiction) books about mental illness available for children between the ages of eight and ten years old.

There are numerous books in print about mental illness, including parental mental illness, for adults and teenagers/young adults, but there are less than a dozen for children, and of these books, most are written for young children. *Sometimes my mommy gets angry* (Campbell, 2005), *Please don’t cry, Mom: A book about depression* (Denboer, 1994), and *Sad days, glad days* (Hamilton, 1995) are realistic fiction picture-books with stories about young people and their mentally ill parent. Though they certainly educate the reader – through experiences of the characters – they do not provide direct information or advice to the reader. *Why is mommy sad?: A child’s guide to parental depression* (Chan, 2005), *Why are you so sad?: A child’s book about parental depression* (Andrews, 2002), and *Wishing wellness: A workbook*

for children of parents with mental illness (Clark, 2006), are written in the informational genre, but they explicitly target children under eight years old.

There is an obvious gap in the mental illness literature. During the ages of eight to twelve years old, children may want to know more than what is presented in the children's picture books, but they may not be ready – academically or developmentally – for the information or writing style in the books for young adults. When considering how to provide information about mental illness to children of different age groups, the American Academy of Child and Adolescent Psychiatry notes, “Older children [including those in middle childhood] may want more specifics. They may ask more questions...their concerns and questions are usually very straightforward: ‘Why is that person crying? Why does Daddy drink and get so mad? Why is that person talking to herself?’ They may worry about their safety or the safety of [others]. It is important to answer their questions directly and honestly and to reassure them about their concerns and feelings” (www.aacap.org, 2006). I hope to do exactly that with this project.

In addition to the limited amount of literature about mental illness for children, there is a blatant dearth of books with fathers as the mentally ill parent. The overwhelming majority of existing books for children, including the above-mentioned *Sad days, glad days* depict the mother (i.e., not the father) as the ill parent. The title *Why are you so sad?: A child's book about parental depression*, sounds like it would be about both mothers and fathers, and indeed the text consistently reads, “moms and dads,” but the illustrations only depict mothers as the depressed parent. The virtual nonexistence of books that focus on the father-child relationship is regrettable since recent research, though limited, indicates the importance of children having a healthy relationship with their father (Styron, et al., 2002).

While it is unfortunate that there are hardly any books about mentally ill fathers, it is encouraging that there are so many books about mental illness in general (see Bibliography). Mental illness has historically been stigmatized in public opinion. This stigma has not only led to limited funding for services and public education, difficulty in finding employment, and discrimination when applying for a mortgage, but it also encourages feelings of shame, and can discourage people to seek treatment or even to admit that symptoms they are experiencing may be related to a mental illness (www.rethink.org, 2006). I believe that information (such as books!) and education are the best ways to eliminate social stigma; I sincerely hope that this project can contribute to that ongoing process.

ORIGINAL MATERIAL

When Mom or Dad Has a Mental Illness:
General Information and Memories
of a Girl Whose Father has Bi-polar Disorder

When Mom or Dad Has a Mental Illness:
General Information and Memories
of a Girl Whose Father has Bi-polar Disorder

By Lisa R. Levesque

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1. What is a mental illness?

A mental illness is like a physical illness, such as asthma or diabetes, but instead of affecting a particular part of the body, such as the lungs or pancreas, mental illnesses affect the brain.

Mental illnesses affect the ways in which a person behaves, thinks, feels, and how he or she relates to other people. People with a mental illness may get mad and yell about something that would usually be “no big deal;” they may think that someone is “out to get them;” or they may stare off into space. A person with a mental illness often does or says things that he or she usually wouldn’t.

Doing normal things can be very difficult for a person with a mental illness. It can be hard to get out of bed, get dressed, make a sandwich, wash the dishes, or go food shopping. Going to work, taking the kids to school, even talking to other people – including their children, husbands or wives – may feel impossible.

There are many different mental illnesses (also called “mental disorders,” “mood disorders,” or “psychiatric disabilities”). Their names include:

- Schizophrenia (skit-suh-free-nee-uh)
- Schizoaffective Disorder (skit-soh-uh-fek-tiv dis-awr-der)
- Bi-polar Disorder or Manic Depression (man-ik di-presh-uhn)
- Major Depressive Disorder (may-jor di-press-iv dis-awr-der)
- Obsessive-Compulsive Disorder (uhb-ses-iv kuhm-puhl-siv dis-awr-der)
- Panic and Severe Anxiety Disorders (pan-ik/ang-sahy-i-tee dis-awr-ders)
- Borderline Personality Disorder (bawr-der-lahyn per-suh-nal-i-tee dis-awr-der)
- and others

*My father has a mental illness called **Bi-polar Disorder**, also called **Manic Depression**. Most of the time he acts normal. He asks me about school, he takes me to the park and helps me with my homework, and we watch TV together. I call these days “good days.”*

But sometimes he acts really, really hyper and yells a lot or else he sleeps most of the time and hardly talks to me at all. I call these the “bad days.”

It is normal for children who have a parent with a mental illness to feel confused, worried or scared, angry, ashamed or embarrassed, and alone.

I remember when I was in the fourth grade and my dad and I went camping. The campground had very specific rules about where campers could pitch their tent. My dad put up the tent in the woods even though it was not allowed.

A park ranger came by our campsite and asked that we move the tent. My dad started yelling and swearing at the ranger, saying that it was a free country and he could pitch the tent wherever he wanted. I felt embarrassed. I didn't want the ranger to get mad at us or kick us out. I wanted to camp under the trees, too, but I understand that sometimes there are rules that have to be followed.

2. Who gets mental illness?

Anyone can get a mental illness. Millions of people in the United States are mentally ill – they are people of every race, religion, income level, physical ability, and cultural background – and most of them are parents.

Mental illnesses not only affect the person with the illness, but also their family and friends. When someone in the family gets sick with a mental illness, he or she acts differently than they used to, which causes the family dynamic – how family members relate to one another – to change.

I don't think I understood what was happening when my dad first got sick because I was too little. But as I got older and he was never home, I started to feel confused and sad. Where was he? Why wasn't he living with us any more? Mom was sad a lot, so I didn't want to bother her with my questions.

Later, when I was in elementary school, I realized that he was different from other dads. My friends didn't have dads who went into a restaurant kitchen to cook the food himself, and they didn't have dads who stayed in the hospital for a long time like my dad did even though he didn't look sick. I started to feel very different from my friends.

3. What are the symptoms of mental illness?

What does a person act like if they have a mental illness?

Someone with a mental illness may...

- ... have a hard time thinking clearly, making decisions and talking to others
- ... get mad about something that normally would be no big deal
- ... yell, curse or swear when they normally wouldn't
- ... act nervous or **anxious**
- ... cry a lot and not feel like doing anything
- ... have a hard time finishing what they started
- ... not be able to concentrate or listen to what someone says
- ... not be able to sleep for many nights, or may sleep all day and night

They may also...

- ... repeat the same thing over and over again, such as washing their hands
- ... think the worst of everything and everyone
- ... be extra sensitive to sounds, light, and colors
- ... believe strange things about themselves, such as having special powers
- ... hallucinate (see things that are not there) or hear voices in their heads
- ... think about being dead or talk about wanting to die

I remember days when my dad would hardly sleep and talk almost non-stop. Sometimes he would smoke and drink beer more than usual. He had all kinds of crazy ideas about how to become rich.

I also remember days when he would only get out of bed to go to the bathroom and have a little something to eat. He didn't come to my school play, which made me sad.

And there were also times when he would say mean things to me like, "Did you ever notice that I went crazy after you were born? So, who do you think caused me to get sick, huh? You, that's who!" It took me a long time to learn that his sickness is not my fault.

People who are sick with a mental illness often do things that seem really bizarre or strange, and you may feel uncomfortable around them.

My dad is a math teacher, and he usually acts like a normal person. But one day, he arrived late to his class. He sat down in his chair, put his feet up on

the desk, and began talking really fast about how he was personally going to create world peace, and while he was at it he would make millions of dollars selling shoe polish. His students didn't know what to do.

As you read this book, you might think that you or someone you know is sick with a mental illness. But it is important to know that if a person acts differently all of a sudden, it does not necessarily mean that they have a mental illness. It is common for people to feel and act very differently when they experience a stressful situation or have a major life change, such as moving, changing schools, getting divorced, starting a new job, or grieving when someone they love dies. It is only when the strange behaviors last more than a few weeks that there may be a mental illness.

4. What causes mental illness?

The exact cause of mental illnesses is unknown, but what is known is that the human brain works within a balance of natural chemicals. Doctors believe that when the chemicals are out of balance – when there is too much or too little of one or another – the brain doesn't work quite right and a mental illness might happen.

Mental illnesses can happen at any age, but they usually occur during adolescence (teenage years) or early adulthood. These are times when we experience many physical and social changes all at once, such as going to high school or college, growing more physically mature, starting a job, becoming a mother or father. Sometimes these changes are so difficult and stressful that a person may become mentally ill, but it's not their fault.

People don't get a mental illness because they are a weak or bad person. It just happens. However, doctors and scientists say that there is a genetic component to mental illness, which means that an illness might pass from a parent to a child or grandchild. **This does not mean that if a member of your family has a mental illness that you will definitely become mentally ill.** Nor does it mean that if no one in your family has a mental illness that you

definitely will not get one. If you are worried that you are mentally ill or will become sick, talk to an adult you trust about your feelings (see #8).

You **cannot** get a mental illness from germs that you touch, the way you can catch a cold. You **cannot** get a mental illness by talking to, visiting, hugging, kissing, or loving someone with a mental illness.

It is important to remember that it is not the person's fault that he or she has a mental illness. It is no one's fault. No one can make themselves or someone else sick, it just happens. And with medical or psychiatric (sy-kee-at-rik) help most people with a mental illness live healthy and happy lives.

I spent years worrying that I was going to get sick like my dad. There were times when I felt very alone and anxious when I had to interact in a group, and sometimes I would cry without knowing why. I didn't want to get out of bed or go to school, so I pretended to be sick. I wondered if I was getting a mental illness. I talked to my guidance counselor at school about my questions, feelings, and thoughts. I was nervous to talk to her at first, but it really helped! Looking back, I think it would have been helpful to talk with other kids who also had a parent with a mental illness.

5. Are there treatments for mental illnesses?
Are there things that people can do to feel better?

YES!

Asthma and diabetes do not have cures, but with professional help and medicine, most people with these diseases feel better. Most mental illnesses do not have cures either, but there are treatments to make people feel better.

There are two parts of good treatment for most mental illnesses: 1) talking with a mental health doctor on a regular basis, such as twice a week; and 2) medicine.

With good and ongoing treatment people with mental illness can live normal lives and enjoy happy times with family and friends.

“Run, Lisa, run!” yelled my dad. He and I went to the park to fly a kite and he let me fly it by myself. It was so fun! I have many wonderful memories of things we did together – when he was getting treatment.

My dad taught me how to play tennis, ride a bike, ice and roller-skate, ski, throw a boomerang, horse-back ride, take good photos, and when I got older, he taught me how to drive a car. He took me to amusement parks, to the movies, concerts, to the beach, and other fun places. I felt happy and safe.

Sometimes people with a mental illness have to go to the hospital to receive their treatment. They may have to stay there for several days, weeks, or months. Most kids do not like it when Mom or Dad has to stay in the hospital. Maybe another relative stays with them, or maybe they go live with grandma and grandpa, or maybe they live in a foster home for awhile.

My grandmother used to take me to visit my dad when he was in the hospital. We would sit in this big room with tables and chairs and try to talk about normal things, like school and the weather. Other families were always there visiting, too. And there was always someone crying. Sometimes it was me.

6. Does everyone with a mental illness get better?
What happens if they don't get better?

Talking with a mental health doctor and taking medicine is very important to getting better, but many people do not have the money to pay for this treatment. As a result, only people with enough money have a chance of getting better. People without enough money have less chance of getting better. This means that people who are poor – many of whom are African American, Latino, undocumented immigrants, or people from other minority groups – often end up with no choice but to stay sick. It isn't fair.

Have you ever seen a person asking for spare change or sleeping outside in a doorway? He or she is probably homeless – with nowhere else to go, and little or no money. Most homeless people have an untreated mental illness. Their illness makes it really hard for them to go to school or work or do other grown-up things. Because they have little or no money, they can't pay for a

mental health doctor, so they may not get better. There are places, like community centers and homeless shelters, that may give free or low-cost treatment and that help people find a job or a place to live, but there is not enough of this help for everyone who needs it.

When someone with an untreated mental illness does something strange in public, like yell and throw bottles at monsters that aren't there, or does something illegal, such as steal food because they are hungry, a police officer will probably arrest and take that person to jail. This happens a lot. Many mentally ill people spend years in jail for crimes that they would not have done if they had been able to receive the care and treatment that they needed.

I visited my dad in jail. The sight of him with chains around his wrists, waist, and ankles is a sight I will never forget. The sound of the metal doors slamming shut is a sound I will never forget. And the sadness of not being able to hug him, but only being able to talk to him on a phone through a glass wall is a sadness I will never forget.

7. Other questions about mental illness

➤ ***If someone in my family has a mental illness, will I get one too?***

Not necessarily. There are many relatives of people with a mental illness who never get a mental illness. But there are also families that have mental illness in every generation. If someone in your family has a mental illness it does not mean that you are automatically going to get it. If you think about it a lot and feel worried, talk with someone you trust. Ask him or her to make an appointment for you with someone who knows a lot about mental illnesses and who can answer your questions. There is no reason for you to feel alone or scared that you will get sick.

➤ ***My neighbor seems fine most of the time, but around Christmas time she gets all weird. One year she came out of the house in her bare feet and bathrobe, yelling and dragging the Christmas tree into the street – with the decorations and everything!***

Most people with a mental illness act normal most of the time. They may only get ill, or have an **episode** (brief period of time when they don't act like usual) during specific times of the year, such as holidays, birthdays or anniversaries. Some people get sick during the time of year when there is not much sunlight.

➤ ***My friend's parents got divorced a year after his father got sick with a mental illness. It is common that parents get divorced if one of them gets sick?***

Every family and every situation is different. Sometimes parents get divorced, sometimes they do not – a lot depends on the treatment, help and support that the person with the mental illness receives. A lot also depends on the support that the rest of the family receives. If parents get divorced, sometimes the kids live with the parent who is mentally ill and sometimes they live with the parent who is not. Sometimes both parents have a mental illness.

➤ ***My sister has a mental disorder and it seems as if no one wants to talk about the strange things she does or how she is affecting us. Why not?***

People are learning more about mental illness, and becoming more understanding, but there is still a **social stigma** attached. Many people feel uncomfortable talking about mental illness – maybe they are worried that if they talk about it they will get sick, too. Or maybe they just don't know what to say.

8. I think my mom/dad may have a mental illness, what can I do?"

➤ ***Find an adult to talk to***

Whether your parent just started acting strange lately or they have been mentally ill for a long time, it is completely normal to feel scared, alone, confused, angry, embarrassed or ashamed, or any other feeling. These feelings are too intense, or strong, to keep to yourself. Find an adult you trust that you can talk to about how you are feeling and what's going on at home.

Who can you talk to?

- **A teacher**
- **A school guidance counselor**
- **The school vice principal or principal**
- **Another family member**
- **A friend's mother or father**
- **A religious leader**

You may have to talk to more than one person until you find someone who can help you.

➤ **Tell yourself, "It's not my fault."**

You may say things like, "If only I cleaned my room like she asked she wouldn't be so mad," or "Maybe he'd still be well if only I behaved better." WRONG! There is nothing that you did or didn't do, or said or didn't say, that caused your mom or dad or step-mom or step-dad to get sick. Their being sick ***is not your fault***. Instead of saying those things, try telling yourself, over and over again, "it's not my fault," until you believe it because it is not your fault.

➤ **Get help for the family**

Lots of kids with a parent with mental illness do very grown-up things, such as make dinner or take care of younger brothers and sisters. Some kids feel good about helping out, some kids feel angry or resentful about doing what their parents should be doing, and some kids feel good sometimes and angry other times. However you feel about doing grown-up things is absolutely fine. There is just one problem. You are not a grown up. You are a kid, and you should not have to do grown-up things yet. You need to be able to do kid things. You might have to make dinner tonight or this week because no one else will, but it is very important that you get some adults to help you. Talk with people listed above until your family gets help with the grown-up things because **they are not your responsibility or job to do.**

➤ **Talk to other kids**

Talk to your school guidance counselor about starting a support group. And the internet can be a great way to find and meet other kids like you – who have a parent with a mental illness. Search for a chat room or blog, or start one yourself!

I wish there had been a group at my school for kids who have a parent with a mental illness. I think I would have felt less alone and less different from my friends because I would have seen that there are other kids like me.

9. Glossary of terms

Anxiety – State of agitation, restlessness or heightened animation.

Bi-polar Disorder – Mental disorder when a person is sometimes very excited and sometimes depressed

Depression – Feeling so sad that you can't do things that you normally do. A person with depression is depressed.

Episode – A period of time, such as a week, when someone is acting differently than normal.

Manic – Extremely excited

Manic Depression – (See Bi-polar Disorder)

Psychiatrist – Medical doctor trained to treat people with mental disorders, usually with the use of medication; specialist in psychiatry

Psychologist – A person trained to treat people with mental disorders by discussing feelings and thoughts; specialist in psychology

Social stigma – something (such as mental illness) judged by others as a sign of disgrace or shame; something that sets a person apart from others.

Therapy – Talking with someone about how you are feeling and what you can do to feel better

10. Resource for support

National Alliance for the Mentally Ill (NAMI)

2101 Wilson Boulevard, Suite 302

Arlington, VA 22201

Tel. 1-800-950-NAMI

<http://www.nami.org/youth/>

This group has local offices and support groups for family members throughout the country.

APPLICATIONS

APPLICATIONS

When Mom or Dad has a mental illness: General information and memories of a girl whose father has Bi-polar Disorder is primarily intended to be used by children, ages 8-12 years old, as a resource about mental illness, particularly parental mental illness. However, it can also be used by teachers, mental-health providers, and parents or other family members.

As explained in the Project Rationale, children in the middle-childhood stage of development begin to define their identity, which is directly related to their social setting and immediate family, especially their parents. As they compare themselves and their families to those of their peers, they begin to have questions about the behavior of their parents, and begin to experience a new range of feelings. *When Mom or Dad has a mental illness* can be read by children to help them recognize that they are not alone, that their feelings – whatever they are – are normal, and that their parent’s illness is not their fault, nor their responsibility to cure. The book is intended to answer questions they may have about mental illness and what is happening to their parent. It can be read from cover to cover, or used as a resource to address specific questions. The hope is that it will provide insight to children in order to help them cope with the challenges that accompany having a parent with a mental illness.

As teachers, we may become aware that a child in our class has a parent with a mental illness. The stigma associated with mental illness is so great that the family may be unwilling to discuss the situation. But it is our responsibility as educators to provide information in order to forward the process of dismantling this stigma and help the child deal with their situation. Therefore, teachers have to be creative in introducing the book. The book could be a resource in a Health unit, or part of a non-

fiction genre study, or it could be used within the Family or Community units in Social Studies. We could also give a copy of the book to the family and/or read it with the student ourselves.

If a child has been referred for therapeutic services, *When Mom or Dad has a mental illness* can be used by clinicians with children to generate discussion about a child's own feelings. And finally, on a "good day," the book can be read by the parent him or herself with her child. In this way, both people will have the opportunity to share their feelings and thoughts, and hopefully strengthen the relationship.

Whoever uses this book, and in whatever setting, the author hopes that it will be used to increase understanding and communication between children and the adults in their life.

REFERENCES

REFERENCES

- American Academy of Child and Adolescent Psychiatry. (2002 July). Talking to kids about mental illnesses. *Facts for Families 84*. Retrieved March 6, 2007 from the World Wide Web: <http://www.aacap.org/>.
- American Academy of Child and Adolescent Psychiatry. (2004 July). Children of parents with mental illness. *Facts for Families 39*. Retrieved March 6, 2007 from: <http://www.aacap.org/>.
- Andrews, B. (2002). *Why are you so sad?: A child's book about parental depression*. Washington, D.C: Magination Press (American Psychological Association).
- Campbell, B. M. (2005). *Sometimes my mommy gets angry*. New York: Puffin.
- Chan, P.D., M.D. (2006). *Why is Mommy sad?: A child's guide to parental depression*. Laguna Hills, CA: Current Clinical Strategies Publishing.
- Clark, L.A. (2006). *Wishing wellness: A workbook for children of parents with mental illness*. Washington, D.C.: Magination Press (American Psychological Assoc.)
- Cole, M & Cole, S. (2001). *The development of children*. New York: Worth Publishers.
- Denboer, H. (1994). *Please don't cry, Mom: A book about depression*. Minneapolis: Carolrhoda Books.
- Department of Health and Human Services, U.S. Public Health Service. (2001). *Mental health: Culture, race, and ethnicity. A supplement to Mental health: A report of the Surgeon General*.
- Erikson, E. (1950, 1963). *Childhood and society*. New York: W.W. Norton.
- Erikson, E. (1959). Growth and crises of the healthy personality. *Psychological Issues, 1*(1), 50-100.
- Gilligan, C. (1993). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Hamilton, D. (1995). *Sad days, glad days: A story about depression*. Morton Grove, IL: Albert Whitman.
- Labinowicz, E. (1980). *The Piaget primer: Thinking, learning, teaching*. Parsippany, NJ: Dale Seymour.
- National Mental Health Association. (n.d.) Serious mental illness and parenting. *Strengthening Families Fact Sheet*. Retrieved March 6, 2007 from the World Wide Web: www.nmha.org.

- National Mental Health Association. (n.d.) From risk to resiliency: Protective factors for children. *Strengthening Families Fact Sheet*. Retrieved March 6, 2007 from the World Wide Web: www.nmha.org.
- Nicholson, J., Biebel, K., Hinden, B., Henry, A., Stier, L. (2001). *Critical issues for parents with mental illness and their families*. Prepared for the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. MA: Center for Mental Health Services Research, Department of Psychiatry, University of Massachusetts Medical School.
- Rethink. (n.d.) *Stigma and mental illness*. Retrieved from the World Wide Web on March 5, 2007. http://www.rethink.org/living_with_mental_illness/everyday_living/stigma_mental_illness/index.html.
- Piaget, J. (1972). *The child and reality*. New York: Viking.
- Riebschleger, J. (2004). Good days and bad days: The experiences of children of a parent with a psychiatric disability. *Psychiatric Rehabilitation Journal*, 28(1), 25-31.
- Royal College of Psychiatrists. (2004). Parents with a mental illness: the problems for children. *Mental Health and Growing Up Fact Sheet 16*. Retrieved August 9, 2006 from: www.rcpsych.ac.uk.
- Secunda, V. (1997). *When madness comes home: Help and hope for the children, siblings, and partners of the mentally ill*. New York: Hyperion.
- Schnittker, J., Freese, J., & Powell, B. (2000). Nature, nurture, neither, nor: Black-White differences in beliefs about the causes and appropriate treatment of mental illness. *Social Forces*, 78(3): 1101-1132.
- Styron, T., Kline Pruett, M., McMahon, T., and Davidson, L. (Winter, 2002). Fathers with serious mental illnesses: A neglected group. *Psychiatric Rehabilitation Journal*, 25(3), 215-222.
- United States Census Bureau (n.d.) Health insurance coverage: 2005. Retrieved April 27, 2007 from: <http://www.census.gov/hhes/www/hlthins/hlthin05/hlth05asc.html>.
- Vedantam, S. (2005, June 26). Patients' diversity is often discounted. *The Washington Post*, p. A01.
- Vedantam, S. (2005, June 28). Racial disparities found in pinpointing mental illness. *The Washington Post*, p. A01.
- Vygotsky, L. (1994) The problem of the environment. In R. van der Veer & J. Valsiner (Eds.), *The Vygotsky reader*, (chap. 14, pp. 338-354). Cambridge, MA: Basil Blackwell.

Wertsch, J. & Tulviste, P.L.S. (1996). Vygotsky and contemporary developmental psychology. In H. Daniels (Ed.), *An introduction to Vygotsky*, (pp. 53-74). New York: Routledge.

BIBLIOGRAPHY

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This bibliography is divided into five sections:

- I. Books for children that address parental mental illness (annotated);
- II. Books for children that provide general information about mental illness and related issues, such as alcoholism (annotated);
- III. Resources (including books) about mental illness for teens and young adults;
- IV. Resources about mental illness for adults;
- V. Resources about the relationship between race, culture and gender and mental illness.

I. Books for children that address having a parent with a mental illness:

Andrews, B. (2002). *Why are you so sad?: A child's book about parental depression*. Washington, D.C: Magination Press (American Psychological Association).

This informative and interactive book is excellent at explaining to children what depression is, what it might look like in their parent, how the child might feel, and some ideas for the young reader about how to make him or herself feel better. It assures children that their parent's depression is not their fault and they can't fix it. Throughout the book there are opportunities for the reader to draw or write directly into the book: what your depressed parent looks like; how your depressed parent acts; what questions do you have; how you are feeling. Though the text consistently reads "moms and dads," the illustrations only depict the mother as the depressed parent. According to the back cover and end-note to parents and other caregivers, this book is for children ages three through eight and designed to be read to or by children with the help of an adult.

Campbell, B. M. (2005). *Sometimes my mommy gets angry*. New York: Puffin.

This realistic and beautifully illustrated book is about an African-American girl living with her mother who has bi-polar disorder. It accurately conveys how unpredictable and extreme a parent can behave, and conveys the insecurity and fear such behavior creates in a child. The story is honest in its portrayal of how difficult it is for a child to have to assume the role of parent, while it also offers coping strategies – calling grandma or a neighbor – and helps children understand that their parent’s problems are not their fault. Even though this book does not provide definitions or general information about mental illness, this book is an excellent resource to introduce bi-polar disorder to young children. It could be read at home with a parent or another family member, at school, or in the therapist’s office.

Chan, P.D., M.D. (2005). *Why is Mommy sad?: A child’s guide to parental depression*. Laguna Hills, CA: Current Clinical Strategies Publishing.

This 12-page book provides basic information about depression and reassurance to children that their parent’s sadness is not their fault, nor their job/responsibility to “cure.” The cover says that the book is a “read-together book for children of parents with depression.” The book has short and simple sentences in the first person/child’s point of view, and on the same page it has more information about depression intended to be read by an adult. There are blank pages at the end of the book for “notes” or pictures.

Clark, L.A. (2006). *Wishing wellness: A workbook for children of parents with mental illness*. Washington, D.C.: Magination Press (American Psychological Assoc.)

This workbook is for children who have a parent with a severe, incapacitating disorder, such as psychosis, suicidal depression, extreme anxiety, or those undergoing psychiatric hospitalization or day treatment. It is designed to educate children about

their parent's illness while allowing them to process their thoughts, feelings, and experiences. This is done by presenting information at a slow pace and providing innovative and fun activities, such as drawing pictures, that teach self-coping, confidence, self-esteem, stress management, and play skills. This book is for children, but it is designed as a therapeutic tool for therapists.

Denboer, H. (1994). *Please don't cry, Mom: A book about depression*. Minneapolis: Carolrhoda Books.

Stephen, a young, African-American boy, is the character that narrates this book about his mother's depression. The content and tone of the book is realistic, yet sympathetic to the challenges that families often face: at first the mother refuses treatment; she threatens suicide; the father (finally) intervenes to get her help; her improvement is gradual. Stephen attends some of his mother's therapy sessions, which demystifies the process of treatment and conveys the importance of family participation in the parent's treatment. Although intended for young children, this out-of-print book is appropriate for all ages, as the symptoms of depression are well-defined and the black-and-white illustrations are mature.

Hamilton, D. (1995). *Sad days, glad days: A story about depression*. Morton Grove, IL: Albert Whitman.

Although written for children, this book has a helpful foreword for adults that defines what depression is and how children who have a parent with depression are often affected. The story is about a girl who tells how she acquired her cat, which she takes care of on sad days (when Mom is depressed), and how some days are glad days, but most days are in-between days. Even though the story doesn't have much depth in terms of character development, it conveys an honest and loving relationship between mother and daughter through which the child learns that she is not the cause, nor the

solution to her mother's illness. The book is touching. It provides hope for an often seemingly hopeless situation, yet it does not deny the ongoing struggles that parents and children must face. This book would be appropriate for a parent who has a mental illness to read and discuss with her or his child.

II. Books for children that provide general information about mental illness and related issues, such as alcoholism;

Chaplan, R. (1991). *Tell me a story, paint me the sun: When a girl feels ignored by her father*. Washington, D.C.: Magination Press.

When her father loses his job and withdraws from her life, Sara feels confused and unworthy until her teacher helps her to realize her own "specialness" despite a disappointing experience with her dad.

Frahm, A. (2001). *Tickles Tabitha's cancer-tankerous mommy*. Hutchinson, MN: Nutcracker Publishing.

Tabitha's mom has cancer, and her treatments make her cranky – different than she used to be. This story helps kids understand how physical illness can affect a parent's mood.

Goldman, L.E. (n.d.). *Bart speaks out: Breaking the silence on suicide*. Manson Western Corporation.

Sensitive, interactive book on feelings a child might experience after a family member commits suicide.

Hanson, R. (1997). *The face at the window*. New York: Clarion Books.

Set in Jamaica with dialogue in Jamaican dialect, this picture book confronts stereotypes and stigma about mental illness while addressing the issue of peer pressure. The main character, Dora, is afraid of Miss Nella, who her older schoolmates convince her is a witch that turns children into two-headed chickens.

“Any time Miss Nella show her face at her window, something terrible goin’ to happen.” Ever since Dora’s mischief brought Miss Nella to look out the window, she is terrified. Her parents lovingly discuss mental illness with her and accompany her to meet Miss Nella who she befriends.

Langsen, R. (1996). *When someone in the family drinks too much: A guide for children*. New York: Dial Books.

This is the book that initially inspired the format for my children’s guide on parental mental illness. The book features a cast of bears depicted in colorful and occasionally humorous illustrations that accompany explanations of feelings that alcoholism can cause and the ways in can affect a family. This powerful book is educational, comforting, and can promote healing for children of all ages, including adult children.

Sherkin-Langer, F. (1995). *When Mommy is sick*. Morton Grove, IL: Albert Whitman. This book does not address mental illness specifically, but its gentle and encouraging text addresses the anxiety of a young girl whose mother is repeatedly hospitalized for a non-specified illness. The water-color illustrations of an attractive white family reflect the girl’s sadness and later joy when Mommy returns home.

Thomas, J. (1996). *Daddy doesn’t have to be a giant anymore*. New York: Clarion Books.

The main character tells about how much fun she has with Daddy – singing songs, going to the park, swinging on the porch swing – but how scared of him she is when he sneaks into the garage to drink whisky. The book’s vivid portrayal of the girl’s feelings is honest, yet optimistic. The confrontation/intervention organized by the mother is very intense, yet touching, when Dad agrees to go to residential treatment.

Vigna, J. (1988) *I wish Daddy didn’t drink so much*. Morton Grove, IL: Albert Whitman.

After a disappointing Christmas, a young girl learns to deal with her father's ongoing drinking with help from her mother and an older friend.

III. Resources about mental illness for teens and young adults;

Adler, C. S. (1983). *The shell lady's daughter*. New York: Putnam.

Cammarata, D. (2001). *Someone I love died by suicide: A story for child survivors and those who care for them*. Grief Guidance, Inc.

Dinner, S. (1989). *Nothing to be ashamed of: Growing up with mental illness in your family*. Lothrop Lee & Shepard.

Gantos, J. (2000). *Joey Pigza loses control*. New York: Harper Trophy.

Hyde, M. & Forsyth, E. (1996). *Know about mental illness*. New York: Walker and Company.

Johnson, J. (1990). *Understanding mental illness: For teens who care about someone with mental illness*. New York: First Avenue Editions.

Ross, A. (2001). *Coping when a parent is mentally ill*. New York: The Rosen Publishing Group.

Seixas, J. S. (1989). *Living with a parent who takes drugs*. New York: Beech Tree Books.

Sherrow, V. (1995). *Mental illness – Overview series*. San Diego: Lucent Books.

Silsbee. (1984). *The big way out*. New York: Simon and Schuster.

When your parent has a mental illness. *University of Illinois Counseling Center*. Retrieved August 9, 2006, from the World Wide Web: <http://www.couns.uius.edu/brochures/parents.htm>

IV. Resources about mental illness for adults;

Aldridge, J., & Becker, S. (2003). *Children caring for parents with mental illness: perspectives of young carers, parents and professionals*. London, England: The Policy Press.

American Academy of Child and Adolescent Psychiatry. (July 2002). Talking to kids about mental illnesses. *Facts for Families 84*. Retrieved August 9, 2006 from the World Wide Web: <http://www.aacap.org/>.

American Academy of Child and Adolescent Psychiatry. (July 2004). Children of parents with mental illness. *Facts for Families 39*. Retrieved

August 9, 2006 from: <http://www.aacap.org/>.

Beardslee, W. (2003). *When a parent is depressed: How to protect your children from the effects of depression in the family*. New York: Little, Brown & Company.

National Mental Health Association. (n.d.) Serious mental illness and parenting. *Strengthening Families Fact Sheet*. Retrieved August 9, 2006 from the World Wide Web: www.nmha.org.

National Mental Health Association. (n.d.) Interventions and services for families. *Strengthening Families Fact Sheet*. Retrieved August 9, 2006 from the World Wide Web: www.nmha.org.

National Mental Health Association. (n.d.) From risk to resiliency: Protective factors for children. *Strengthening Families Fact Sheet*. Retrieved August 9, 2006 from the World Wide Web: www.nmha.org.

Royal College of Psychiatrists. (2004). Parents with a mental illness: the problems for children. *Mental Health and Growing Up Fact Sheet 16*. Retrieved August 9, 2006 from: www.rcpsych.ac.uk.

V. Resources about the relationship between race, culture and gender and mental illness

Department of Health and Human Services, U.S. Public Health Service. (1999). *Mental health: Culture, race, and ethnicity. A supplement to Mental health: A report of the Surgeon General*.

McLaren, C. (2005). How does mental illness differ cross-culturally? An interview with Lawrence Kimayer. *Stay Free! 21*. Retrieved August 9, 2006 from: http://www.stayfreemagazine.org/archives/21/lawrence_kirmayer.html.

Nguyen, A. (2002). Cultural and social attitudes towards mental illness in Ho Chi Minh City, Vietnam. *SURJ*.

Schnittker, J., Freese, J., & Powell, B. (2000). Nature, nurture, neither, nor: Black-White differences in beliefs about the causes and appropriate treatment of mental illness. *Social Forces*, 78(3): 1101-1132.

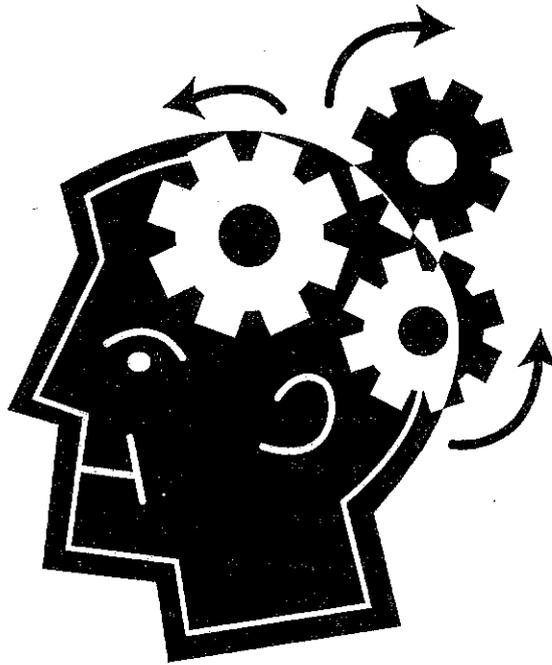
Vedantam, S. (2005, June 26). Patients' diversity is often discounted. *The Washington Post*, p. A01

Vedantam, S. (2005, June 27). Social network's healing power is borne out in poorer nations. *The Washington Post*, p. A01.

Vedantam, S. (2005, June 28). Racial disparities found in pinpointing mental illness. *The Washington Post*, p. A01.

When Mom or Dad Has a Mental Illness

*General Information and Memories of a Girl
Whose Father Has Bi-Polar Disorder*



By Lisa Renée Levesque

**Bank Street College
2007**

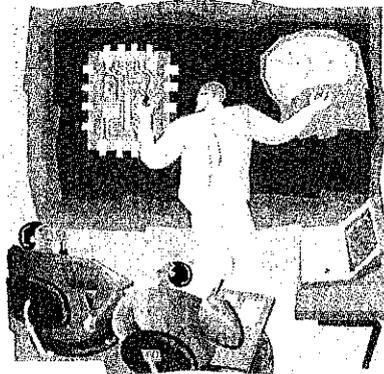
**For my father, his mother,
and kids like me**



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1. What is a mental illness?



A mental illness is like a physical illness, such as asthma or diabetes, but instead of affecting a particular part of the body, such as the lungs or pancreas, mental illnesses affect the brain.

Mental illnesses affect the ways in which a person behaves, thinks, feels, and how he or she relates to other people. People with a mental illness may get mad and yell about something that would usually be “no big deal;” they may think that someone is “out to get them;” or they may stare off into space.

A person with a mental illness often does or says things that he or she usually wouldn't.

Doing normal things can be very difficult for a person with a mental illness. It can be hard to get out of bed, get dressed, make a sandwich, wash the dishes, or go food shopping.

Going to work, taking the kids to school, even talking to other people – including their children, husbands or wives – may feel impossible.

There are many different mental illnesses (also called “mental disorders,” “mood disorders,” or “psychiatric disabilities”). Their names include:

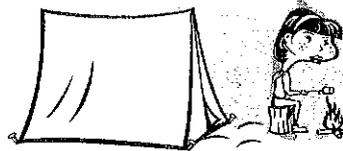
- Schizophrenia (*skit-suh-free-nee-uh*)
- Schizoaffective Disorder (*skit-soh-uh-fek-tiv dis-awr-der*)
- Bi-polar Disorder or Manic Depression (**man-ik di-presh-uhn**)
- Major Depressive Disorder (**may-jor di-press-iv dis-awr-der**)
- Obsessive-Compulsive Disorder (*uhb-ses-iv kuhm-puhl-siv dis-awr-der*)
- Panic and Severe Anxiety Disorders (**pan-ik/ang-sahy-i-tee dis-awr-ders**)
- Borderline Personality Disorder (**bawr-der-lahyn per-suh-nal-i-tee dis-awr-der**)
- and others

*My father has a mental illness called **Bi-polar Disorder**, also called **Manic Depression**. Most of the time he acts normal. He asks me about school, he takes me to the park and helps me with my homework, and we watch TV together. I call these days "good days."*

But sometimes he acts really, really hyper and yells a lot or else he sleeps most of the time and hardly talks to me at all. I call these the "bad days."

It is normal for children who have a parent with a mental illness to feel confused, worried or scared, angry, ashamed or embarrassed, and alone.

I remember when I was in the fourth grade and my dad and I went camping. The campground had very specific rules about where campers could pitch their tent. My dad put up the tent in the woods even though it was not allowed.



A park ranger came by our campsite and asked that we move the tent. My dad started yelling and swearing at the ranger, saying that it was a free country and he could pitch the tent wherever he wanted. I felt embarrassed. I didn't want the ranger to get mad at us or kick us out. I wanted to camp under the trees, too, but I understand that sometimes there are rules that have to be followed.

2. Who gets mental illness?



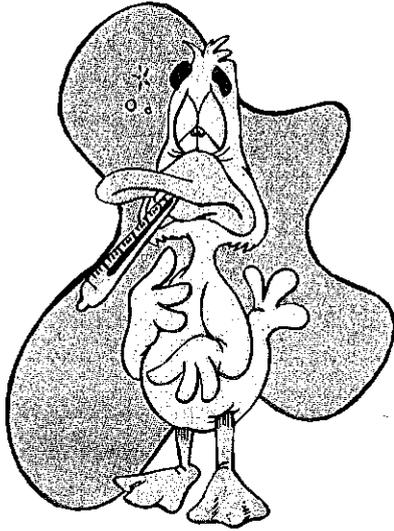
Anyone can get a mental illness. Millions of people in the United States are mentally ill – they are people of every race, religion, income level, physical ability, and cultural background – and most of them are parents.

Mental illnesses not only affect the person with the illness, but also their family and friends. When someone in the family gets sick with a mental illness, he or she acts differently than they used to, which causes the family dynamic – how family members relate to one another – to change.

I don't think I understood what was happening when my dad first got sick because I was too little. But as I got older and he was never home, I started to feel confused and sad. Where was he? Why wasn't he living with us any more? Mom was sad a lot, so I didn't want to bother her with my questions.

Later, when I was in elementary school, I realized that he was different from other dads. My friends didn't have dads who went into a restaurant kitchen to cook the food himself, and they didn't have dads who stayed in the hospital for a long time like my dad did even though he didn't look sick. I started to feel very different from my friends.

3. What are the symptoms of mental illness? What does a person act like if they have a mental illness?



Someone with a mental illness may...

- ... have a hard time thinking clearly, making decisions and talking to others
- ... get mad about something that normally would be no big deal
- ... yell, curse or swear when they normally wouldn't
- ... act nervous or **anxious**
- ... cry a lot and not feel like doing much
- ... have a hard time finishing what they started
- ... not be able to concentrate or listen to what someone says
- ... not be able to sleep for many nights, or may sleep all day and night

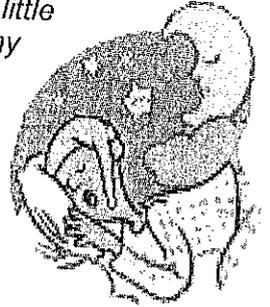
They may also...

- ... repeat the same thing over and over again, such as washing their hands
- ... think the worst of everything and everyone
- ... be extra sensitive to sounds, light, and colors
- ... believe strange things about themselves, such as having special powers
- ... hallucinate (see things that are not there) or hear voices in their heads
- ... think about being dead or talk about wanting to die



I remember days when my dad would hardly sleep and talk almost non-stop. Sometimes he would smoke and drink beer more than usual. He had all kinds of crazy ideas about how to become rich.

I also remember days when he would only get out of bed to go to the bathroom and have a little something to eat. He didn't come to my school play, which made me sad.

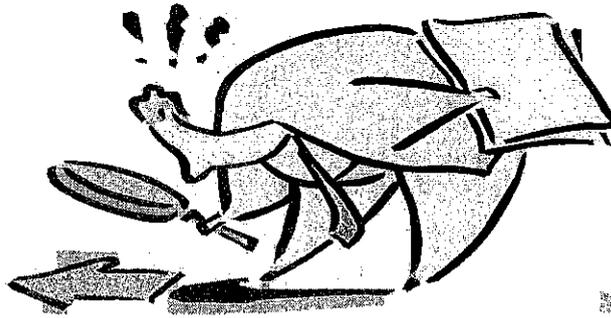


And there were also times when he would say mean things to me like, "Did you ever notice that I went crazy after you were born? So, who do you think caused me to get sick, huh? You, that's who!" It took me a long time to learn that his sickness is not my fault.

People who are sick with a mental illness often do things that seem really bizarre or strange, and you may feel uncomfortable around them.

As you read this book, you might think that you or someone you know is sick with a mental illness. But it is important to know that if a person acts differently all of a sudden, it does not necessarily mean that they have a mental illness. It is common for people to feel and act very differently when they experience a stressful situation or have a major life change, such as moving, changing schools, getting divorced, starting a new job, or grieving when someone they love dies. It is only when the strange behaviors last more than a few weeks that there may be a mental illness.

4. What causes mental illness?



The exact cause of mental illnesses is unknown, but what is known is that the human brain works within a balance of natural chemicals. Doctors believe that when the chemicals are out of balance – when there is too much or too little of one or another – the brain doesn't work quite right and a mental illness might happen.

Mental illnesses can happen at any age, but they usually occur during adolescence (teenage years) or early adulthood. These are times when we experience many physical and social changes all at once, such as going to high school or college, growing more physically mature, starting a job, becoming a mother or father. Sometimes these changes are so difficult and stressful that a person may become mentally ill, but it's not their fault.



People don't get a mental illness because they are a weak or bad person. It just happens. However, doctors and scientists say that there is a genetic component to mental illness, which means that an illness might pass from a parent to a child or grandchild. **This does not mean that if**

a member of your family has a mental illness that you will definitely become mentally ill. Nor does it mean that if no one in your family has a mental illness that you definitely will not get one. If you are worried that you are mentally ill or will become sick, talk to an adult you trust about your feelings (see #8).

You **cannot** get a mental illness from germs that you touch, the way you can catch a cold. You **cannot** get a mental illness by talking to, visiting, hugging, kissing, or loving someone with a mental illness.

It is important to remember that it is not the person's fault that he or she has a mental illness. It is no one's fault. No one can make themselves or someone else sick, it just happens. And with medical or psychiatric (sy-kee-at-rik) help most people with a mental illness live healthy and happy lives.

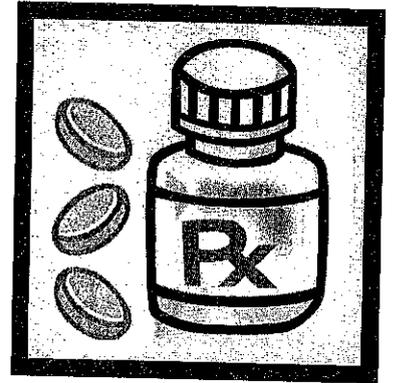
I spent years worrying that I was going to get sick like my dad. There were times when I felt very alone and anxious when I had to interact in a group, and sometimes I would cry without knowing why. I didn't want to get out of bed or go to school, so I pretended to be sick. I wondered if I was getting a mental illness. I talked to my guidance counselor at school about my questions, feelings, and thoughts. I was nervous to talk to her at first, but it really helped! Looking back, I think it would have been helpful to talk with other kids who also had a parent with a mental illness.



**5. Are there treatments for mental illnesses?
Are there things that people can do to feel better?**



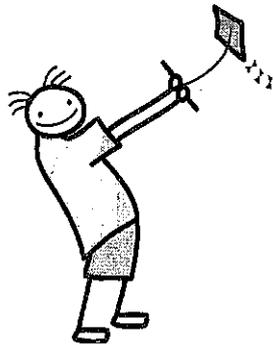
YES!



Asthma and diabetes do not have cures, but with professional help and medicine, most people with these diseases feel better. Most mental illnesses do not have cures either, but there are treatments to make people feel better.

There are two parts of good treatment for most mental illnesses: 1) going to therapy/talking with a mental health doctor on a regular basis, such as twice a week; and 2) medicine.

With good and ongoing treatment people with mental illness can live normal lives and enjoy happy times with family and friends.



"Run, Lisa, run!" yelled my dad. He and I went to the park to fly a kite and he let me fly it by myself. It was so fun! I have many wonderful memories of things we did together – when he was getting treatment.

My dad taught me how to play tennis, ride a bike, ice and roller-skate, ski, throw a boomerang, horse-back ride, take good photos, and when I got older, he taught me how to drive a car. He took me to amusement parks, to the movies, concerts, to the beach, and other fun places. I felt happy and safe.

Sometimes people with a mental illness have to go to the hospital to receive their treatment. They may have to stay there for several days, weeks, or months. Most kids do not like it when Mom or Dad has to stay in the hospital. Maybe another relative stays with them, or maybe they go live with grandma and grandpa, or maybe they live in a foster home for awhile.

My grandmother used to take me to visit my dad when he was in the hospital. We would sit in this big room with tables and chairs and try to talk about normal things, like school and the weather. Other families were always there visiting, too. And there was always someone crying. Sometimes it was me.

6. Does everyone with a mental illness get better?

What happens if they don't get better?

Talking with a mental health doctor and taking medicine is very important to getting better, but many people do not have the money to pay for this treatment. As a result, only people with enough money have a chance of getting better.

People without enough money have less chance of getting better. This means that people who are poor – many of whom are African American, Latino, undocumented immigrants, or people from other minority groups – often end up with no choice but to stay sick. It isn't fair.

Have you ever seen a person asking for spare change or sleeping outside in a doorway? He or she is probably homeless – with nowhere else to go, and little or no money. Most homeless people have an untreated mental illness. Their illness makes it really hard for them to go to school or work or do other grown-up things. Because they have little or no money, they can't pay for a mental health doctor, so they may not get better. There are



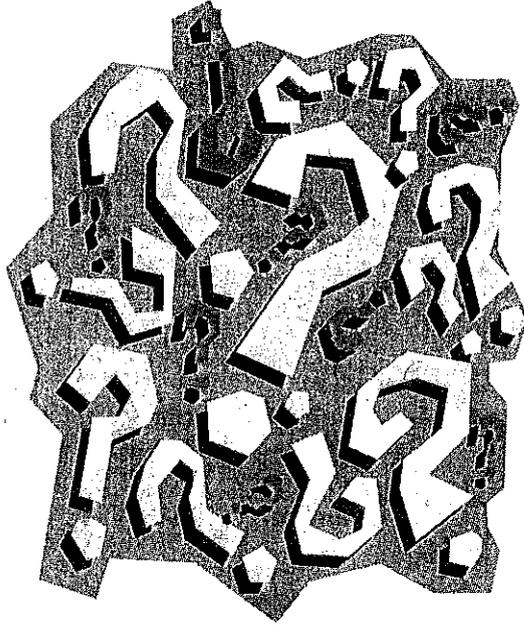
places, like community centers and homeless shelters, that may give free or low-cost treatment and that help people find a job or a place to live, but there is not enough of this help for everyone who needs it.

When someone with an untreated mental illness does something strange in public, like yell and throw bottles at monsters that aren't there, or does something illegal, such as steal food because they are hungry, a police officer will probably arrest and take that person to jail. This happens a lot. Many mentally ill people spend years in jail for crimes that they would not have done if they had been able to receive the care and treatment that they needed.



I visited my dad in jail. The sight of him with chains around his wrists, waist, and ankles is a sight I will never forget. The sound of the metal doors slamming shut is a sound I will never forget. And the sadness of not being able to hug him, but only being able to talk to him on a phone through a glass wall is a sadness I will never forget.

7. Other questions about mental illness



➤ ***If someone in my family has a mental illness, will I get one too?***

Not necessarily. There are many relatives of people with a mental illness who never get a mental illness. But there are also families that have mental illness in every generation. If someone in your family has a mental illness it does not mean that you are automatically going to get it. If you think about it a lot and feel worried, talk with

someone you trust. Ask him or her to make an appointment for you with someone who knows a lot about mental illnesses and who can answer your questions. There is no reason for you to feel alone or scared that you will get sick.

➤ ***My neighbor seems fine most of the time, but around Christmas time she gets all weird. One year she came out of the house in her bare feet and bathrobe, yelling and dragging the Christmas tree into the street – with the decorations and everything!***

Most people with a mental illness act normal most of the time. They may only get ill, or have an **episode** (brief period of time when they don't act like usual) during specific times of the year, such as holidays, birthdays or anniversaries. Some people get sick during the time of year when there is not much sunlight.

➤ ***My friend's parents got divorced a year after his father got sick with a mental illness. It is common that parents get divorced if one of them gets sick?***

Every family and every situation is different. Sometimes parents get divorced, sometimes they do not – a lot depends on the treatment, help and support that the person with the mental illness receives. A lot also depends on the support that the rest of the family receives. If parents get divorced, sometimes the kids live with the parent who is mentally ill and sometimes they live with the parent who is not. Sometimes both parents have a mental illness.

➤ ***My sister has a mental disorder and it seems as if no one wants to talk about the strange things she does or how she is affecting us. Why not?***

People are learning more about mental illness, and becoming more understanding, but there is still a **social stigma** attached. Many people feel uncomfortable talking about mental illness – maybe they are worried that if they talk about it they will get sick, too. Or maybe they just don't know what to say.

8. I think my mom/dad may have a mental illness, what can I do?

➤ **Find an adult to talk to**

Whether your parent just started acting strange lately or they have been mentally ill for a long time, it is completely normal to feel scared, alone, confused, angry, embarrassed or ashamed, or any other feeling. These feelings are too intense, or strong, to keep to yourself. Find an adult you trust that you can talk to about how you are feeling and what's going on at home.

Who can you talk to?

- A teacher
- A school guidance counselor
- The school vice principal or principal
- Another family member
- A friend's mother or father
- A religious leader



You may have to talk to more than one person until you find someone who can help you.

➤ **Tell yourself, "It's not my fault."**

You may say things like, "If only I cleaned my room like she asked she wouldn't be so mad," or "Maybe he'd still be well if only I behaved better." **WRONG!**

There is nothing that you did or didn't do, or said or didn't say, that caused your mom or dad or step-mom or step-dad to get sick. Their being sick ***is not your fault***. Instead of saying those things, try telling yourself, over and over again, "it's not my fault," until you believe it because it is not your fault.

➤ ***Get help for the family***



Lots of kids with a parent with mental illness do very grown-up things, such as make dinner or take care of younger brothers and sisters.

Some kids feel good about helping out, some kids feel angry or resentful about doing what their parents should be doing, and some kids feel good sometimes and angry other times.

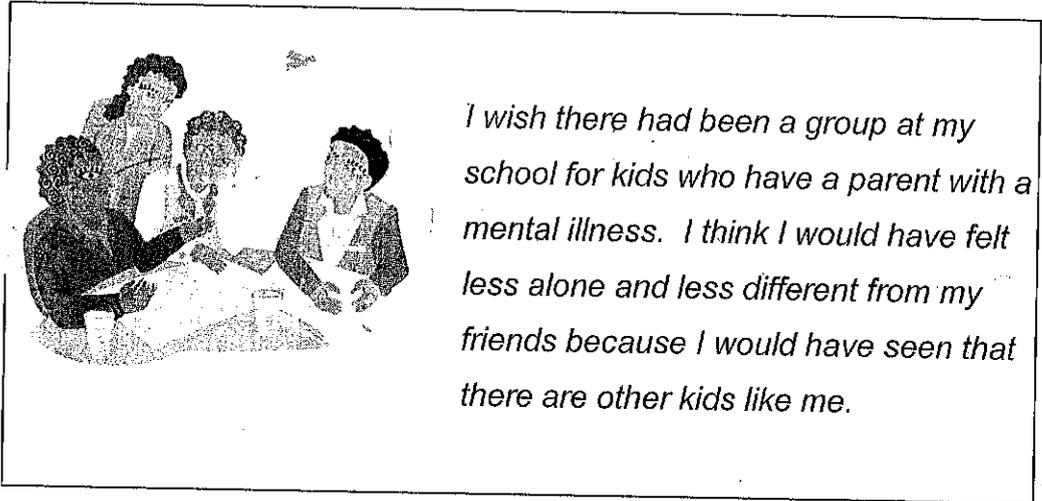
However you feel about doing grown-up things is absolutely fine. There is just one problem.

You are not a grown up. You are a kid, and you should not have to do grown-up things yet. You

need to be able to do kid things. You might have to make dinner tonight or this week because no one else will, but it is very important that you get some adults to help you. Talk with people listed above until your family gets help with the grown-up things because **they are not your responsibility or job to do.**

➤ **Talk to other kids**

Talk to your school guidance counselor about starting a support group. And the internet can be a great way to find and meet other kids like you – who have a parent with a mental illness. Search for a chat room or blog, or start one yourself!



I wish there had been a group at my school for kids who have a parent with a mental illness. I think I would have felt less alone and less different from my friends because I would have seen that there are other kids like me.

9. Glossary of terms

Anxiety – State of agitation, restlessness or heightened animation.

Bi-polar Disorder – Mental disorder when a person is sometimes very excited and sometimes depressed

Depression – Feeling so sad that you can't do things that you normally do.
A person with depression is depressed.

Episode – A period of time, such as a week, when someone is acting differently than normal.

Manic – Extremely excited

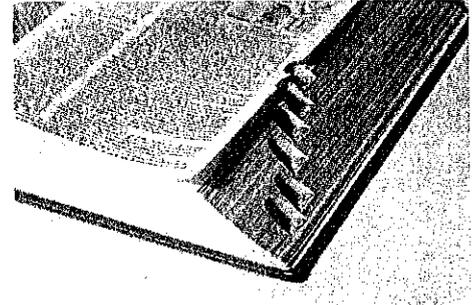
Manic Depression – (See Bi-polar Disorder)

Psychiatrist – Medical doctor trained to treat people with mental disorders, usually with the use of medication; specialist in psychiatry

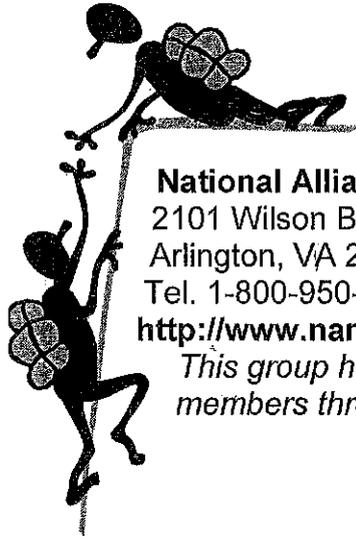
Psychologist – A person trained to treat people with mental disorders by discussing feelings and thoughts; specialist in psychology

Social stigma – something (such as mental illness) judged by others as a sign of disgrace or shame; something that sets a person apart from others.

Therapy – Talking with someone about how you are feeling and what you can do to feel better



10. Resource for support



National Alliance for the Mentally Ill (NAMI)

2101 Wilson Boulevard, Suite 302

Arlington, VA 22201

Tel. 1-800-950-NAMI

<http://www.nami.org/youth/>

This group has local offices and support groups for family members throughout the country.

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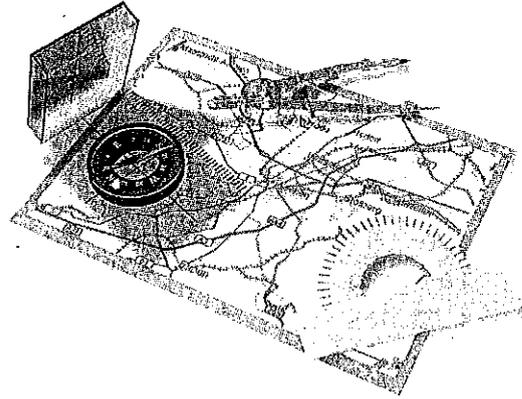
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