



How can I help?

a guide to effective support of parents dealing with a child's mental health crisis





You received this handbook because you are a relative or a friend of someone whose child experienced a mental health crisis. This guide is intended to help you understand and respond in helpful and appropriate ways.



I have worked in children's mental health for many years, heard many parents tell their stories, and was touched by their situation many times. However, it wasn't until my own child went through a severe crisis of psychosis (later diagnosed as bipolar) that I really understood what it meant to be a parent of a child with a mental illness. I tell people it's like you've gone to serve in Afghanistan and when you come back, only those who also were there can really understand what you experienced.

When my husband and I talked about the crisis our son experienced with family and friends like you, we received a variety of responses. Some didn't know what to say. Some were overbearing, sharing advice about what to do and think and feel and lessons to take from it. The best responses—those that provided the most support—were simply listening, expressing regrets for what was happening, and offering comfort. They also continued to ask not only how our son was doing, but also how we were doing.

In this guide you will hear how parents experience their child's crisis, and how relatives and friends often—without intention— increase parents' isolation by the way they respond to the news of the crisis. Frequently, parents refrain from discussing their child's first crisis and their own experience because they want to avoid the seemingly inevitable misunderstanding, ignorance and negativity from others. These parents weather the storm and struggle on their own, or if they're fortunate, they will join a support group made of other parents who share their experience. This type of support can and should come from loved ones as well.

This guide was developed to help you learn what it is like for the family who cares for these children, and ways you can be there for them. While mental illness can be complex and dealing with it difficult, children and teens who get help and support do well. You can be a part of this support.

What you do next for the relative or friend who needs you is of tremendous value. The following pages were written with the input of a group of ten parents who have been through this experience and want to help others. There is hope and a positive approach in the parents' comments, and realism as well. Not everyone will care enough to continue reading. Some may feel overwhelmed with this information, and others may dismiss it. But we trust that many more will become equipped to be a caring partner to their friend or relative.

So often, the isolation parents experience adds pain to the grief and loss caused by their child's diagnosis, the difficulties in managing the illness, the challenges of finding good medical and clinical help, and the complexity of maintaining a family life despite the illness. You can help provide relief through caring support.

Hannah Kohlman,
Editor, One in Five Minds

key facts about children's mental health

Children's mental illness is prevalent.

Of the 74.5 million children in the United States, an estimated 17.1 million have or have had a psychiatric disorder—more than the number of children with cancer, diabetes, and AIDS combined. 50% of all lifetime mental illness starts by age 14. We just don't talk about it.

Not all mental illnesses are the same.

There can be very significant differences. For instance, anxiety, depression or ADHD can be treated effectively through therapy, medication or a combination of both. Other illnesses like schizophrenia, bipolar or disruptive mood dysregulation disorder (DMDD) are often more acute and more like a chronic illness: the patient can regain a normal life but it will require life-long treatment and maintenance.

Prevalence of some of the most common categories of mental illness among children:

- Anxiety disorders: 31.9%
- ADHD and/or disruptive behaviors: 19.6%
- Bipolar and other depressive disorders: 14.3%

Mental illness is not a character defect.

When children with mental illness misbehave or act strange, it's not because of a lack of goodwill. These children want to fit in and do well but they have many invisible barriers. That's why therapy is essential.

Mental illness doesn't mean bad parenting.

While the child's environment is important, the reason a child becomes mentally ill is first and foremost typically a pre-disposition due to genetic and biological make-up. Often parents who have a child with mental

illness are also successfully raising other children. While children who experienced trauma are more likely to experience a mental illness, the root cause of mental illness is often found in the genetic make-up and the brain chemistry of the child.

If not treated, mental illness can have dire consequences on a child.

1,830 teens (10 to 18) committed suicide in 2015 in the US, and 105,000 were hospitalized for self-injury. Suicide is the second leading cause of death among youth 15 to 24. Youth who are not treated are twice as likely to abuse drugs and alcohol. Half of youth with a serious emotional disturbance will drop out of school. 70.4% of youth in juvenile justice settings meet criteria for a psychiatric diagnosis.

Mental illness is complex to identify, diagnose and treat.

There are so many factors that impact our brain: our genes, our body's make up and weaknesses, environmental stressors, etc. In a child, it's even more complex because the child's body is changing all the time and the brain is still developing until age 24. Depending on the illness, it may take more than one doctor visit to get a definite and clear picture of the illness and its treatment. It's a process of discernment that can take years.

Recovery and health is possible.

Controlled studies show that rates of recovery range from 70% to 86% for children with issues like ADHD, anxiety or depression who are treated with a combination of medication and therapy.

There is always hope.



Becoming Comfortable With What You Hear

Stories about mental illness are not easy. They can be unsettling, often defy social norms, and look like bad behavior or ill intent. A parent who has the courage to explain what their child is going through will likely experience some shame and embarrassment. You may have seen or experienced the child's behavior yourself and have your own feelings about him/her.

Maybe the child or teen is overactive, cuts off other kids while they are speaking, or is impolite with adults. Maybe he or she is very withdrawn, absent, or doesn't tell the truth. Maybe he or she is experiencing a substance abuse problem that only makes things worse.

It is not surprising that these behaviors make us uncomfortable. We believe that they shouldn't happen. It's not what you expect from a child. However, behavior is remarkably different when a child is ill. The illness causes her to lose—at least in part—her ability to control her actions. Despite their best efforts, parents' success with the child can be limited. You see this among families with several children: their other children seem “normal” and successful but the one with the illness, who lives under the same roof with similar education values, behaves in a very different way. Often, the child wasn't able to learn and retain basic interpersonal skills, or lost them when the illness progressed.