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About the book: "What children don't know... hurts", by Karen Glistrup

"THIS BOOK IS VERY IMPORTANT WITH LOTS OF WISDOM"

ABOUT ELSPETH:

Elspeth McAdam is a reknowned Child and Family Psychiatrist and systemic therapist who has recently retired from the UK National Health Service (NHS) after 30 years. With her experience as a systemic therapist and consultant psychiatrist she has been on the cutting edge of developments in both the therapeutic and organizational world.



We feel greatly honoured to be asked to write a preface of Karen's work with children whose parent/s have or are suffering from some form of mental illness.

This is a very important book with lots of wisdom! The book will be very valuable to both adult and child therapists and can be highly recommended for everyone working with children who may be confused and concerned about their parents and are often distressed as nobody tells them what is happening. In many ways this has led to a culture of what we could call protecting but is also marginalizing children in our professional services.

In Britain we maybe have a culture of treating children as if they should be protected. Protecting the child means not telling them the details or truth of what might be the problem with their parent. "A British adage is that children should be seen but not heard." They know they should play quietly as they are too young to have informed opinions. We in particular protect children from talking about horrifying experiences they have been or are going through. The societal discourses round children could be seen as marginalized members of our societies and this is particularly reflected in the way we involve or do not involve, children as important witnesses when working with mental health challenges.

Within the NHS, most often adult psychiatry works with the individual person, using appropriate drugs and some psychotherapy in trying to help them get better. This may include work with their partner to help them understand the difficulties and see the person not the diagnosis. Children are very rarely brought into the discussions. We know from our clinical practice how children are affected by the dynamics within their family and that they are involved in subtle ways if Mum or Dad or a sibling is not mentally well.

Sometimes family therapy is given, but often with little understanding of what children might be feeling about their unwell parent and wondering how much they are to blame or feeling responsible for the parent being in hospital and unwell. Many professionals find it challenging to work with and also to have dialogues with children in distress about the mental health issues of their parents or within their family.

Many professionals working within mental health are not sure how to best to include and involve the child in therapy sessions. Therapists need to understand and be very aware of the child's loyalty to their parent's feelings and wellbeing. Therapists often feel unsure as to how to ask questions of the children concerning sensitive issues about the effect this has on their lives as family members. And how they cope with the mental health challenges like sadness/depression and sometimes strange or paranoid conversations and behaviour.

Many professionals especially in adult mental health services find it difficult to find a way to explain to the child, age appropriately, what is happening to the parent/s. Their sensitivity and insecurity mean that many professionals choose not to involve the child at all, believing that this is the best thing to do in order not to harm the child through involving them and potentially raising their fear or anxiety.

In our own experience through many years of working in National Health Service, Child and Family Psychiatry Unit, we rarely knew if a parent had a psychiatric illness or not. Inspired by Karen's' approach, in Child and Family Psychiatry we should have had an agreement with Adult Psychiatry to let us know if they were working with a mother or father who had psychiatric issues/problems.

Looking back, we feel it was unfortunate that we rarely took the lead in involving parents with psychiatric or psychological difficulties so that one could focus on the child's fears and needs. Sadly in many cases today, children may well experience not being given a voice that can be heard within an adult audience.

In situations where a parent has been offered family therapy, as is more often the practice now, therapists will need to adapt to a child sensitive approach where the child is helped to understand that their parent is unwell and in no way should they feel any responsibility for the unfortunate situation they are in. They can only feel and remember the love and joy their parents felt and still feel for them.

What this book draws attention to, with such sensitivity, towards both the children and parent's dilemmas, is the suffering, fears and the self-blame these youngsters often develop. Reassuring them that they should have no responsibility or guilt for anything, but just to appreciate their parents love them dearly even if at the moment that maybe difficult to understand.

Karen has developed a different and potentially very important new approach breaking some of the more conventional ways of working with families when one of the parents has a mental illness.

Karen breaks some of the so-called conventional rules of family therapy by, if possible, only using a single therapist for both the adult and the child, so the child is more likely to get heard and listened to and is more able to ask questions about their worries and why their Mum or Dad is behaving in an unusual way.

In this book Karen gives detailed examples of ways of approaching a parent with psychiatric problems/difficulties.

In Britain we need changes in order to implement involvement of children in parent's mental health. Adult psychiatry will need a lot of coaching to include children in their conversations. Our encouragement would be to work with Child Psychiatric Clinics to adopt and take a lead in this.

Karen's book is offering new approach breaking ways to make this change in our practice. She invites us to meet children as people whose voices we should hear and pay attention to like any others'.

The wisdom within this book will be immensely helpful to child and adult therapists so that they can help children to understand and not take responsibility or blame for their parent's illness. Children belong to their families. When distressed, we often take them out of these sensitive, loving relationships and focus on them as having problems rather than focusing on them as important carers. We as the adult audience, need to listen to them and include them to be part of the relational voice that is heard and included in all adult mental health work.

This book will hopefully open new ways in the United Kingdom and Worldwide for Adult and Child Psychiatry to work closely together in these very sensitive areas.

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