Exploring Adults' Reflections of School whilst growing up with a Parent Experiencing Mental Health Problems

Katie Rendle

Supervised by: Dr Jo Ashby   April 2017

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ABSTRACT

Despite substantial research exploring the interplay between living with a mentally ill parent and schooling, there is very little qualitative research on the child's experiential perspective of school. However, schools provide a crucial context for children and their development (Yan et al., 2016) and hence, researchers such as Sollberger (2002) plead for more extensive research on this so that we are able to understand more about their experiences and support them accordingly. Therefore, the present study aimed to build on this gap and explored adults' retrospective experiences of school whilst growing up with a parent experiencing mental health problems. Seven participants aged between 18-24 years participated in a semi-structured interview. Narrative analysis was employed to explore the stories participants narrated, and study meaning and identity. Three main themes emerged: School as a Place of Escape, Schools' Lack Of Mental Health Awareness and Role Reversal: Taking on the Parent Role. The overall analysis suggests school becomes a significant place for these children to escape and recover from home difficulties and the responsibilities in relation to their ill parent; however that a lack of understanding and knowledge around mental health issues still exists.

KEY WORDS:	MENTAL ILLNESS	SCHOOL	CHILDREN	NARRATE	EXPERIENCE

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Introduction

The current birth rate among people with psychiatric disorders is rising, (Ostman and Hansson, 2002), and further evidence has stated this number is predicted to continuously increase, (Pretis and Dimova, 2008). Therefore, an increasing number of children are growing up with a parent suffering from mental illness. Hence, it is crucial that further research is carried out in this area (Leahy, 2015) so that we are more able to understand the effects of parental mental health and the experience the child goes through due to their parent's illness. Understanding the experience of the child has practical implications such as educating school's support programmes; consequently, this can help to reduce or eliminate any risks posed to these children and support them via interventions that are more effective.

The impact of parental mental illness for their children

It is well established that the risk of developing mental health disorders is significantly increased in children with a parent with a severe mental illness (Ostman and Hansson, 2002). Christiansen et al. (2015:1494) stated, "Transgenerational transmission of mental disorders is one of the most prominent risk factors for the development of psychological disorders".

Building on Goodman and Gotlib's (1999) work, Hosman et al. (2009) developed a model of the transgenerational transmission of psychological disorders. The model states that children of mentally ill parents are at a significantly higher risk of developing a psychological disorder themselves due to the biological influence of genetics.

However, transgenerational transmission models have been criticised in this area for a number of reasons. Although the offspring of parents with mental health issues are at a higher risk of developing psychopathology themselves, it is only a correlation and therefore it is crucial to take into account other factors such as the environment (Searle, 2011). Additionally, their explanation implies that children of mentally unwell parents should be concerned due to their high risk, causing unnecessary stress and potential labelling of the children. Consequently, this raises ethical issues as labelling can lead to discrimination and loss of rights (McLeod, 2014).

The supportive role of the school environment

Despite research, such as Hosman et al. (2009), highlighting the genetic risk of parental mental health, there is also a substantial amount of research indicating that social environments, particularly school, can actually minimise or eliminate these risks and other negative effects associated with poor parental mental health. For example, a body of research has demonstrated that "school-based supportive ties can potentially buffer against the negative conditions at home" (Pianta 1999, cited in Yan et al. 2016:1254).

Children spend a large amount of time at school, it can provide a secure environment for them; a place of routine and normality, and somewhere where they are released from their worries about home life (Isbell, 2008). Research by Zimmerman and Arunkumar (1994) would support this proposition, as they demonstrated how a positive emotional climate within school has the potential to increase children's abilities to cope with the difficulties they face in their home lives in relation to their ill parent. Therefore, implying school has the capability of increasing children's coping mechanisms towards home stressors and can consequently have a positive impact on the child's overall wellbeing. Similarly, Hamre and Pianta ([2005](#)) found that emotional and instructional support in school could buffer children from maladaptive adjustment as a result of familial risk.

Wentzel (2002) in particular investigated the effectiveness of teachers influence on student adjustment and behaviour in school. Their findings indicated that effective teaching could have a

similar impact on a child's wellbeing to that of good parenting. This suggests that children at risk of bad parenting due to their parent being mentally ill may not be at as high a risk if receiving effective teaching, which can compensate for it. However, in order for teaching to be most effective and produce the effects of good parenting, additional training may be required, something schools in deprived areas may not be capable of providing due to the expense.

The Comfort Theory (Kolcaba and Di Marco, 2005) is a nursing theory that can be applied to health practice, education and research and can explain evidence of the supportive role of school to children of parents with mental health problems (Call and Mortimer, 2001). A central aspect to the theory is that different developmental environments can provide compensation and protection for children to recover from stressors and risks in another context. This explains how school as a developmental context can compensate and support children and their home problems such as a parental mental health issues (Yan et al., 2016).

Although evidence has shown how school can effectively compensate and protect children from risks due to parental mental health, this support may only be effective for children whose parents' mental health is known by the school. Research has shown that two thirds of these children affected by these issues choose not to seek help due to potential stigma and discrimination even when support or treatment is available (Leahy, 2015). This can be supported in Somers (2007) research, who found that children strongly believed that mental illness should remain private within the family and expressed feelings of shame and humiliation. Therefore, although we can conclude that the support certain schools provide is effective, there is a clear early identification problem for these children due to stigma and this therefore acts as a significant barrier to such service seeking (Williams, 2014).

Schooling experience

Despite there being a substantial body of research exploring the interplay between living with a mentally ill parent and the supportive role of school, the majority of this research has been quantitative meaning there is very little qualitative research on the child's experiential perspective of school. However, Yan et al. (2016) pointed out that children's experiences within schools constitute a crucial proximal context that can have implications for their wellbeing and development. Their statement was supported by their findings in which it was discovered that children could be less affected by their mother's depressive symptoms if placed in classroom with a warm and emotional climate in which they experienced and felt supported (Yan et al. 2016).

Leahy (2015:100) also commented on the lack of research on the child's experience of school stating "children's experience of living with a parent suffering from mental health problems is particularly overlooked in the school setting, yet their time in school plays an integral part of their growth and development." Leahy (2015) conducted research in this gap with the aim of exploring the reflections of adults on their school experience whilst living with a mentally ill parent and to explore the effects of childhood trauma as it pertains to the school context. Biographical interviews were carried out on eight participants. The findings coincided in with previous literature and themes such as "feelings of secrecy and shame", "school as a refuge" and "the role of relatives" emerged. However, all eight participants within the study were aged between 30-64 years old. This may have been an issue due to the retrospective nature of reflecting back on their school experience, which for these participants could be up to fifty years ago. Consequently, it may be that the study was unable to capture participant's full experience and an in-depth, detailed understanding into their school experience.

Therefore, despite there being a body of research highlighting the importance of school and how it can significantly impact coping abilities and risks associated with parental mental

health (Yan et al., 2016), there is still a gap in the experiential perspective of these children. Furthermore, researchers such as Sollberger (2002) and Leahy (2015) have pleaded for more extensive research into their experiences so that we can discover more about their experience and support them accordingly.

The proposed research encompassed a retrospective narrative account of the experiences of school and attempted to bridge the experiential gap and gain insight into what the school experience was like whilst growing up with a mentally ill parent. The study aimed to incorporate all aspects of the overall school experience such as the thoughts, emotions and meaning within it. Additionally, the research has the potential to inform and educate professionals within the school institutions and relevant support systems, which consequently may lead to children being supported more effectively in the future.

Research Aims

Due to the significant lack of research into children's experience of school whilst growing up with a mentally ill parent, the main aim of this research was to try and bridge this gap. The study aimed to build on previous research exploring this gap, such as Leahy's (2015), however younger people participated so they could draw on their more recent experiences. Gaining insights into their experience allowed us to gain a more in-depth understanding of what the experience is like for the child, which may help employ suitable interventions to support them accordingly.

Therefore, the overarching purpose of this research was to bridge this experiential gap, and explore how people narrate their retrospective experience of school whilst growing up with a parent with mental health problems. Through developing a deep understanding into the experience, the study additionally aimed to explore the following:

How did participants narrate support and difficulties faced during their school experience?

How did participants narrate their identity throughout the experience?

What future recommendations did participants have for children in similar circumstances?

Methodology

Philosophical Underpinnings

Epistemology is a field of science that describes the many approaches we can use to understand our world (Renauld, 2013). It refers to "how people know what they know, including assumptions about the nature of knowledge and reality" (Sleeter, 2000 cited in Soini et al., 2011:10). The present research takes a social constructionist epistemological stance.

Social constructionists propose that reality is a product of one's own creation (Burr, 2004). The interactions between people in their everyday lives are viewed as practices during which our knowledge of the social world in constructed. All knowledge is derived from the world from looking at peoples perspectives.

Social constructionists state we can understand how individuals process thoughts, emotions and behaviour from the language they use and that language can be regarded as "a passive vehicle for thoughts and emotions" (Burr, 2006:5). In terms of how we make sense of the language, narrative inquiry was employed which allows us to understand and hear how individuals construct meaning from their beliefs and experiences. Therefore, a narrative approach within the social constructionist stance was implemented.

Qualitative Methodology: Taking a Narrative Approach

Qualitative research in psychology is rapidly emerging as an important focus for psychological research and theory (Howitt, 2010:5). Among the distinguishing aspects of qualitative methodology are its preference for detailed data and the idea that the world is socially constructed (Howitt, 2010). Denzin and Lincoln, (2000) proposed the main characteristics of qualitative research; these include concern with rich description, capturing the individual's perspective and examination of the constraints of everyday life. These characteristics relate to the current projects aim of developing a rich understanding into an individual's perspective and experience of school whilst asking questions about their everyday life from past to present.

A narrative approach was adopted because it has been suggested the only sufficient way to truly understand an experience is through a narrative (Kleinnman, 1998). Emerson and Frosh (2004) stated how narrative analysis allows the researcher to explore underlying thoughts and conceptualisations closely linked to the research questions.

Narrative analysis was most appropriate for the present study due to its ability to integrate personal and social stories which is useful when exploring effects of social life or identity on people's experience of everyday issues such as mental health problems (Stephens and Breheny, 2013). Bruner (1991) argued that stories people narrate provide insights into specific cultural rules for how we should interact and react. Furthermore, Stephens and Breheny (2013) commented that narrative analysis allows participants to reveal themselves to others in the way which they'd like to be understood. This is especially beneficial in the present study due its aim of exploring the experiential perspectives of participants who felt misunderstood in society.

This justifies the use of qualitative methodology and, in particular, a narrative approach being appropriate due to the study's focus on gaining an in-depth detailed understanding of the experiential perspectives of the participants. The study relied on participants' storytelling and explored how meaning, identity and language was narrated; aspects alternative analysis methods would have been unable to discover (Webster and Mertova, 2007).

Qualitative Interviewing

Semi-structured interviews are a type of qualitative methodology, shaped by a set of pre-determined questions. However, the interviewer can ask these in any order and introduce new questions in response to what the interviewee has said (Bannister et al., 2011).

One narrative, semi-structured face-to-face interview was conducted per participant. They were carried out mostly in the participants' homes so they felt at ease and hence, were more able to fully immerse themselves in the past. They lasted approximately 45 minutes and consisted of a list of questions (Appendix 2). Due to the semi-structured nature of the interviews, prompts were used throughout to gain more detailed answers.

Rapport was established pre-interview by the interviewer introducing themselves and having an informal conversation to gain trust from the interviewee. This was especially beneficial in the present study as some participants regarded their childhood experience as a sensitive topic. Gaining rapport helped ensure participants felt comfortable, which consequently should have provided richer data. The interview began with 'Warm Up Questions' and statements such as "Tell me about yourself". These questions eased the participant into the interview mode before proceeding to more personal questions.

The most important section of the interview was the 'Sensitive Questions' based on their specific childhood experience and their parent's mental health. This included questions such as "What

were the hardest aspects of school in relation to your unwell parent?" and aimed to capture and explore participants' experience of school and parental mental health in detail.

The final section included the 'Cool Down' questions such as "If someone was going through a similar childhood experience as you, what recommendations do you have that could make their experience easier?" These questions ended the interview in a positive light by focusing on how the participant has overcome their experience and gained insight into future recommendations from the participant for children in similar circumstances. At the end of the interview the participant, was thanked for their time and handed a debrief form (Appendix 2).

Recruitment of Participants

Seven participants were recruited for this study. The first participant was recruited through opportunity sampling due to being available at the time of the research. The further six participants were recruited through the snowball sampling effect due to being acquaintances of the original participant. All participants met the criteria needed for the study: being aged between 18 and 24 years and having grown up with a mentally ill parent.

Seven was the most appropriate number of participants due to the qualitative nature of the study. The quantity allowed us to gain an in-depth understanding and insight into the school experiences of the participants whilst allowing us to compare between the transcripts. Wengraf (2001) stated small samples are an advantage in qualitative research by allowing us to gain detailed, informative data. Larger samples would have proved too time consuming and limited how detailed and personal the data was.

Once they were recruited, participants were contacted via email and invited to the study (Appendix 2). They received a Participant Information Sheet (Appendix 2) and a Consent Form (Appendix 2) which gave them a sufficient amount of information about what the study and their participation involved before they agreed.

The Participants

Table 1

Relevant Participant Information

PSEUDONYM	AGE	YEARS SINCE THEY LEFT SCHOOL	PARENT DIAGNOSED	MENTAL ILLNESS OF PARENT	YEARS SINCE PARENT GAINED FULL RECOVERY
Beth	24	8	Father	Depression	4
Louise	21	6	Father	Depression	2
Lucy	18	2	Mother	Bipolar	1
Rebecca	19	3	Mother	Depression	5
Amy	21	5	Father	Depression	2
Catherine	22	6	Father	Depression	4

Jess	18	2	Mother	Schizophrenia	1

Table 1 provides an overview of the participants interviewed. It notes the illness each parent suffered from, and years since the parent gained full mental health recovery. It specifies whether mother or father suffered from the illness. Additionally, it displays participants' age and how long since they left school, which is particularly important to consider due to the retrospective nature of participants' accounts.

The Pilot Study

Pilot studies are an essential component in qualitative research, especially if the participants may be considered vulnerable (van Wirlj and Harrison, 2013). In the current research a pilot study was implemented (Beth) which the researcher then reflected on before conducting subsequent interviews. This was advantageous because it allowed the researcher to identify any issues with the interview, e.g. inadequate prompts, and therefore make adjustments to prevent these occurring in following interviews.

Quality in Qualitative Research

The issue of quality in qualitative research is often neglected (Flick, 2007), however it plays a significant role in the qualitative research process (Bergman and Coxon, 2005). Within the present study, quality control was implemented as a key strategy. This was managed by the rigorous approach to narrative analysis, in which Crossley's (2000) six analytic steps were implemented to ensure it was conducted in a systematic way. In addition, quality check data was undertaken to ensure the researcher was identifying the right aspects of the transcripts and carrying out analysis correctly, e.g. comparing quotes to what had been discussed throughout the analysis to ensure it related appropriately.

Ethical Considerations

The study adhered to the ethical guidelines outlined by the British Psychological Society (BPS) in their Guidelines for Conducting Research with Human Subjects by overcoming ethical issues raised and keeping risks to an absolute minimum. All ethical issues, such as Confidentiality, were addressed (see Appendix 2). The process of ongoing ethics was considered throughout, ensuring the research remained ethical.

The main topic of the interviews "experiences of school whilst growing up with a mentally ill parent" could be classed as sensitive. Therefore, it was crucial to ensure the participants were protected and not considered vulnerable. The interviews were conducted in locations most suitable for the participants while taking ethics and risks posed to the interviewer into account. Providing the researcher had an established relationship with the interviewee, the interviews were conducted in the participants' homes so they felt at ease.

Rapport was established before the interview commenced, to ensure the participant felt comfortable discussing their experience. The interviewer used their forename to minimise formality so the participants felt more relaxed and the semi-structured manner of the interview allowed for more control over discussions. This helped protect the participant by judging how they respond to questions. If the participant reacted badly to a question, the researcher skipped past the remaining questions on that topic to protect the participant from harm. If participants displayed signs of distress, they were offered breaks or the interview was stopped. Counselling services were provided in the participant information sheet (Appendix 2), which were all relevant to the area of the study: mental health.

Throughout the entire study, the researcher worked ethically with the participants, remaining empathetic and a good listener. Ethics were considered throughout and participants were protected from any harm. The study's ethics complies with the BPS and Manchester Metropolitan University's Academic Ethical Framework.

Analytical Methodology

Narrative analysis focuses on the individual's character providing a portal into realms such as the realm of experience where speakers express how they as an individual experience certain events (Bamberg, 2010). A narrative story includes information about the person's inner world, and around their identity, thoughts and emotions.

In the present study's analysis, Crossley's (2000) six main analytic steps were implemented:

- First, the researcher repeatedly read the transcripts five times to completely familiarise themselves with the interview data.
- Once familiar with the data, the researcher searched for the key elements of the personal narrative. These include the narrative tone, imagery and themes.

Narrative tone: This is considered the most pervasive feature of the narrative and is conveyed within the narrative story as well as how it is told (Crossley, 2000).

Imagery: In order to understand narratives we must explore the way people include imagery to make sense of who they are. Attention was paid to the language used when describing their life experiences as language provides clues into meaningful images. Once imagery was identified, the researcher considered the genesis behind it, for example how it was developed and what it was related to?

Themes: The researcher searched for the most dominant themes within the narrative. Examining events and themes reported gave the researcher insight into what was most important to them.

- The third step in the analysis process was to identify narrative tone, identified through what was told as well as how it was told.

- Next to be identified were the "imagery" and "themes". The researcher looked for these interdependently because they tend to overlap and the use of certain imagery can lead us to identify themes. At this stage, the researcher was still gaining a general overview, and was able to draw up a rough sketch of the picture emerging from the transcripts.

- Having constructed a rough sketch of the picture emerging so far, the researcher's next step was to weave this all into a coherent story, (Fraser, 2004).

- The final stage in the analysis process was to write up results from the narrative analysis into the journal report.

Analysis and Discussion

Analysis of all seven transcripts revealed key similarities between each of the interviewees' responses and the employment of narrative analysis allowed themes, tones and imagery to be

explored. In particular, three core themes were narrated throughout the participants' storytelling of their retrospective experiences of school whilst growing up with a mentally ill parent.

1) **School as a Place of Escape.**

2) **Schools' Lack of Mental Health Awareness.**

3) **Role Reversal in the Relationship: Taking on the Parent Role.**

School as a Place of Escape

Participants' stories highlighted the significance of the school environment in acting as a place of refuge when trying to escape from their home problems surrounding their ill parent. Participants were aged 18-24 years and hence were narrating a retrospective account of their school experience from as young as they can remember, which for most was around 6 years old until they left secondary school.

As stated above, a significant theme which emerged repeatedly during analysis was how the school setting became a place of escape from their worries about their unwell parents. An example of this appeared in Lucy's transcript who narrated...

"***No, the teachers didn't know about my parent being ill but I didn't mind it. My school life was an escape, so I didn't even want it to be associated with home problems…***" **(Lucy).**

Lucy later narrated the school as **"*therapeutic*"**, implying it was a place she felt comforted. The Comfort Theory (Kolcaba, 2015) suggests different developmental settings provide comfort and protection for children, recovering from problems in an alternative environment – this is evident in interviews such as Lucy's who narrated how school can become a comforting escape from home problems.

This is significantly overlooked in educational research and society, which focuses more on the educational purposes of schooling (Besiter and Osbery, 2007). For example, Cooper (2004) found, due to the nature of the education system, teachers become obliged to show lack of care towards individual's emotional difficulties. Additionally, Reinke et al., (2011) discovered teachers perceived themselves as responsible for classroom behavioural interventions but believed any social, emotional support was a psychologist's responsibility and consequently as long as pupils learn then schools serve their purpose. Therefore, although school can become a therapeutic setting for children with home difficulties, current research still tends to ignore the alternative purposes of school other than educational.

Dual Identity

When narrating around the role of the school setting, Beth storied how she developed a separate identity for this place of **"*escape*"**.

"***It's like I lived two lives, the school life where I put on a front... where I would act like a happy, carefree child in school and then my home life where I was myself…dealing with issues with my dad and was more unhappy and worried***" **(Beth).**

When reflecting on her school experience, Beth used metaphors to narrate how she encompassed a separate identity for her **"*separate lives*"** between home and school. Fitzergald (1993) states how when individuals process previous life events, incorporating metaphors helps them to story their identity and experience. Similarly, McAdams (1985 cited in Maddux and Tangley, 2011) emphasized the importance of the idealized images of the self in an individual's

life story. She states self-images help the individual process information about the self. Possibly in school Beth wasn't consciously aware of the dual identity she developed to cope, however when looking back and processing this dual identity, she is now aware and reflecting on this.

Previous research such as Loch (1999) found how for children with mentally ill parents, social exclusion is a common problem and begins before they even start school. In order to eliminate social exclusion, the children may therefore develop this dual identity to protect themselves and lower the risk of stigma. Participants' storytelling around school performing as a place of escape emphasises how children may use the school setting as a secure base as a coping mechanism and within this develop a separate identity.

Such findings coincide with previous literature such as Leahy (2015) who found a theme of *"School as a refuge during elementary year*s". Leahy's participants similarly narrated how the school became a place of safety for them. Participants narrated how they wanted normal lives and adopted one in school "I craved normalcy and felt I received it at school" (Leahy, 2015:103).

However, it is important to note in the present study that towards the end of their storytelling, participants started narrating their time at school as **"exhausting"**. Participants such as Amy narrated she was "***fed up of pretending to be happy***". Therefore although we can conclude participants developed dual identities and acted happy, carefree people in school, this may have had negative consequences for the children's psychological health and happiness, especially as it's a complex psychological activity for young children. However, offering children sufficient support, in particular someone to talk to who understands, may have more long-term benefits (Rupani et al., 2012).

Schools' Lack of Mental Health Awareness

When participants were asked how they coped in terms of support throughout school, all participants storied their dependence on friends who ***"truly understood"***. Louise narrated…

"*The only people I would open up to for support were my two friends who also had a mentally ill parent. I depended on them a lot and felt like I could only open up to them because they knew what it was like and truly understood*" (Louise).

Dam and Hall (2016) found quality peer relationships are beneficial at strengthening young people's coping and well-being. However, through narrating their reliance on peers for support and understanding, it appeared participants such as Amy began to blame their school's lack of understanding of mental health for this.

"*I had to rely on a friend for support because no one else would understand. I blamed my school for having no support. It wasn't fair to always put it on my friend but I had no one else in school who would understand my dad's illness...*" (Amy).

Beth narrated her school's lack of understanding with a significantly angry tone throughout, evident in comments such as "***mental illness is so common I don't understand why my stupid school couldn't understand it***". Crossley (2000) states that the tone in which participants narrate in is the most pervasive feature within the analysis. She notes it is conveyed within the content of participants' stories as well as the manner in how they are narrated. In all interviews, participants' voices became louder as they narrated their dependency on friends being "***school's fault***". Additionally, Beth narrated strongly emotive words such as "***hate***" when describing her emotions towards school's lack of knowledge around mental health, and Jess narrated **"*feeling disgusted*"** retrospectively looking back at the lack of support in school she received.

Childhood educators have a key role to play in the maintenance of children's health and wellbeing, however there is little research exploring their understanding of mental health issues (Sims et al., 2012). Sims et al. conducted research addressing this gap and found childcare staff were significantly limited in their knowledge around child and parental mental health. Similarly, Reinke et al., (2011) found teachers admitted a general lack of experience and training for supporting children with problems surrounding mental health issues and hence, identified an urgent need for training.

"*I didn't receive support in school because they don't know about mental health. I just had my friends. No staff asked if everything was okay but I just accepted that there were the students that received support because of issues like someone dying… then me*" (Catherine).

Catharine's narration of her school's lack of understanding portrays strong imagery of isolation, illustrative in comments such as **"*then me*"**. All interviewees described their reliance on peers for support, however evidently this support wasn't sufficient as the narration of "***feeling alone***" still occurred throughout all interviews. Various problems are associated with mental health issues, a significant one being feeling isolated (Leff and Warner, 2006). This is likely to have negative consequences for these children, especially in the school setting, a place where they could escape. Social isolation within school is linked to poorer health outcomes and lower academic success (Talmus and Smith, 2015). Consequently, schools' lack of understanding of mental health may disadvantage these children.

Overall, all participants blamed their reliance on peers on school's lack of knowledge around mental health issues. Nevertheless, it is important to note these narratives are retrospective accounts and, hence, participants are reflecting back on their time at school which could have been up to eighteen years ago. Since then, new policies and support systems have been implemented. For example, "Guidance for Counselling in Schools" only became a published policy in 2015 (Gov.Uk, 2016). Therefore, it may be that schools are now more aware of mental health and that support systems in school are more sufficient now than eighteen years ago.

Role Reversal in the Relationship: Taking on the Parent Role

Throughout participants' narrations of their overall school experience whilst growing up with a mentally ill parent, participants narrated how their relationship with their ill parent was significantly "***different to most parent-child relationships***" as a consequence of their parents mental illness. In particular, Jess narrated how she felt their *"roles had reversed"* due to her taking on the parent role and this theme reoccurred throughout all the interviews.

"*I would worry a lot that he was okay and was very protective over him… I always wanted to make sure he was alright and knew what he was doing… I became like a paranoid parent about him especially when I wasn't at home*" (Jess).

Through narrating this role reversal, the participants were positioning themselves as the caregiver for their parent. The Positioning Theory states positioning occurs in the course of an interaction and is a discursive process (Harre et al., 2009). It believes people position themselves with respect to rights and responsibilities to act within their evolving storylines (Harre et al., 2009). Evidently, participants positioned themselves as the carer due to worries and responsibilities they had to take on due to their parent's health issues. This meant there was little escape home problems which helps to explain why school becomes a place of escape for these children.

"When I receive a phone call from my step mum and it sounds at all bad, I immediately start climbing the walls. I just hated the uncertainty of whether he was okay when I wasn't there... It always gave me butterflies" (Louise)

This quote from Louise is perfect portrayal of the imagery she incorporates when narrating the worries and responsibilities she suffered from taking on the parent role. Similarly, Jess narrated how not knowing where her father was okay, gave her *"a painful and knotted stomach"*. Research suggests participants use imagery to invite the researcher to imagine the experience and it later serves as memorial centres, allowing the researcher to reconstruct a meaningful story (Kolve, 1984). This strong imagery allows the researcher to imagine the extreme worry and stress this parent role encompassed and the burden these children had to adopt. It is therefore evident how adopting the parent role and the constant worry and responsibilities accompanying this played a meaningful part in these participants' stories of their experiences.

"I often found it hard choosing between seeing friends or staying in with my dad. I would hate feeling like I missed out but also felt my family was more important" (Jess).

"I wouldn't go out and socialise if my mum needed me. I felt it was unfair but I understood" (Catherine).

Quotes like the above demonstrate how these children have to manage between adopting a parent role and their own child-like role. Research has found that they subjugate their own needs and happiness in favour of helping their parent's needs and hence need extra support from healthcare systems (Dam and Hall, 2016). Although school becomes a place of escape for these children and a setting to distract themselves from the worry, children can never fully escape when adopting the caregiver role because "their love and care is situated in a constant worry and ambivalence because of the unpredictability of the parent's illness" and they need to be available for any unexpected circumstances without warning (Dam and Hall, 2016:443).

Research tells us that children under-
take a variety of tasks
Overall, this theme gives a sense of how children have narrated the school experience whilst growing up with a mentally ill parent affects their whole life due to the duties and the parent role they develop. They have to adopt a variety of responsible roles in relation to the parent and this interferes with their normal childlike role (Dam and Hall, 2016), especially as these carer responsibilities are identified as tasks which would normally be associated with adulthood (Aldridge, 2006). Becoming a carer is associated with psychological problems such as anxiety for the children (Alder and Becker, 2003), and research has found it is crucial for schools to take such family situations into consideration (Loch, 1999).

Limitations

It is crucial to address the possible limitations of this study. Although this research adds new and valuable information to this field, participants' accounts were retrospective. Therefore it is important to consider that these adults' narrations may differ slightly to accounts they would have narrated as a child. Hence, additional research may be needed to explore possible biases in reporting, as stories lived are not the same as stories told (Hardt and Rutter, 2004). Additionally, five out of the seven participants' parents suffered from depression. Therefore, the study overlooks children's school experiences with parents suffering from alternative mental illnesses and home issues, such as poverty, which have also been found to negatively impact children (Brooks-Gun and Duncan, 1997). Consequently future research could explore this.

Moving Forward in Schools

This research can be vitally important for school professionals as it emphasises the significance of the school setting for children growing up with a parent experiencing mental health problems. Not only have their experiential perspectives of school been overlooked (Leahy, 2015) but additionally, there is controversy about whether school systems are moving forward with supporting such children. For example, recent funding cuts have meant most vulnerable pupils will be left without the specialist support they need (Sproule, 2017). In addition, school counsellors' hours have been cut due to their expense, despite suicide attempts within schools (Ratcliffe, 2017). This indicates an urgent need for support for children with various problems, however it is clear schools are still failing to support these children accordingly.

Reflexive Analysis

Reflexivity has been increasingly acknowledged as a crucial strategy in the process of generating knowledge by means of qualitative research (Berger, 2013). It refers to "sensitivity to the ways in which the researcher and the research process have shaped the data, including the role of prior assumptions and experience" (Mays and Pope, 2000:51) and plays a significant role in research as the researcher becomes able to justify their assumptions based on their position in the study (Dowling, 2006). The idea of my project stemmed from my own personal experience of having a parent suffering from a mental illness throughout my childhood. Consequently, I felt I had some awareness of the difficulties these children are faced with and an idea of what their school experience was like. Therefore, this enabled me to become more sensitive and understanding hence, influenced how I interpreted the transcripts.

Before the interview begun, I established rapport with the participants by introducing myself and having an informal conversation about our families. Research such as Finch (1999) found the disclosure of private data from the interviewer can cause the interviewee to speak more freely, and encourages more of a conversational interview style. Furthermore, because I was able to relate, I felt like the participants really opened up to me. This was beneficial due to participants feeling more confident narrating their experiences and disclosing more sensitive material then they perhaps would have to someone who couldn't relate. I thoroughly enjoyed this project and have gained insight into what it is like for other children to experience school whilst growing up with a mentally ill parent.

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