

Dual Diagnosis

A resource for foster carers



Looking after children whose parents have dual diagnosis

As a foster carer, you play a valuable role in helping children and young people in your care to deal with some of the challenging circumstances of their lives.

A growing number of children and young people in out-of-home care have parents who have both a mental illness and substance misuse. This is also known as a 'dual diagnosis'. The combined effects of a parent's mental illness and substance misuse can have a significant impact on a child or young person.

This booklet is designed to provide you with information about the possible effects that parental dual diagnosis may have on children and young people in your care.

It contains tips about how to deal with some of the specific issues affecting children and young people whose parents have dual diagnosis. It is designed to support you in the important role of caring for them.

Privacy and confidentiality

As a foster carer, you will be provided with specific information about the child or young person in your care. This information is highly confidential, and it is your responsibility to maintain the privacy of the child or young

person and not discuss details about them or their family with your friends and neighbours. Written material should be stored in a locked drawer or cabinet.

In some circumstances, you will need to share information with other professionals involved with the child, such as doctors or teachers. As a general rule, you should only give out as much information as is necessary for them to handle the situation at hand. It is illegal to make such information available inappropriately.

Maintaining clear, open and regular communication between the NSW Department of Community Services (DoCS) staff is important to ensure that children and young people are well cared for. Your caseworker will try to ensure you receive up-to-date information about the child or young person in your care. However, they may be restricted by confidentiality. If you have any concerns, please talk to your caseworker.

What is dual diagnosis?

'Dual diagnosis' is when a person is affected by both mental illness and substance misuse.

For every person, the effects of having both mental illness and substance misuse problems can be quite different, depending on the type of mental illness they have, substances they use and treatment and support they receive.

People with a mental illness are at very high risk of developing problematic alcohol or drug use. Up to 80 per cent of people with a mental illness have substance misuse problems. Tobacco, alcohol, benzodiazepine and cannabis misuse, and often a combination of all of these, are most common. Similarly, up to 75 per cent of clients with drug and alcohol problems also experience mental health problems, most commonly anxiety or mood disorders, such as depression.



Dual diagnosis – a difficult issue to deal with

Like most other people, parents with a dual diagnosis generally love and want the best for their children. However, they may not be aware of the effects that their mental illness and substance use can have on their children. This can sometimes make it difficult for them to meet their children’s needs.

When a parent is unwell, they may be too tired or lack the motivation to get much done through the day. They may not be able to concentrate and may have intrusive thoughts that they cannot get rid of. Drug or alcohol use can make these problems worse. Parents may find it difficult to get organised, manage a household and take care of their children.

Parents with dual diagnosis may experience hallucinations, which are false perceptions, like seeing or hearing things that aren’t there. Or they may have delusions or false beliefs, for example, that someone is out to get them or that the water is poisoned. For some, the symptoms of depression or anxiety can significantly affect the way they can do things from day to day.

During the acute phase of mental illness or substance misuse or dependence, the behaviours of a parent may be very difficult for children and young people (and even adults) to understand.

The symptoms and behaviours associated with mental illness and drug or alcohol use can sometimes be quite frightening and confusing for children and young people.

For example, if a parent’s delusional thoughts involve beliefs that the police are out to get them, children or young people may be afraid of the police or may be extremely protective of their family members. Some may start to believe their parent’s delusions or may act in unusual ways themselves.

Some people with mental illness can also experience suicidal thoughts, where they feel that life is not worth living, and they may try to harm or kill themselves. Children and young people whose parents have suicidal symptoms can be very protective of their parent and may fear leaving them in case something happens.



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How are children and young people affected?

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The symptoms of dual diagnosis usually vary from person to person, so it is difficult to know exactly how a child or young person may respond. Some may have a good understanding of their parent's symptoms and will know that these beliefs or behaviours occur when their parent is unwell.

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In many cases, however, children and young people do not fully understand their parent's mental illness or substance use problems. Some children and young people believe that this is the way all parents and families are. Others are concerned that they are to blame or that they are the only ones affected.

Children and young people who are placed in out-of-home care as a result of their parent's mental illness and substance misuse may display a range of emotions – fear, anger, sadness, embarrassment, shame and loneliness. It is also quite common for children and young people to grieve the loss of having a 'normal' family.

Many of these children and young people may take on the roles and responsibilities usually undertaken by an adult in the family. They look after siblings, housework and bills, and provide care for their ill parent and often miss out on the usual activities of childhood or adolescence. Their schoolwork may also suffer. They may be hyper-vigilant about their parent or siblings and may experience an enormous amount of stress and pressure to 'keep it all together'.

The caring role for these children and young people is often very important to them. Carers need to be aware of this kind of behaviour, and may need to assist children and young people to adjust to changes when they come into foster care.

Breaking the silence – stigma and secrecy

The stigma and secrecy of mental illness and substance misuse can also mean that children and young people affected by parental dual diagnosis do not have social and family support, and many do not go to support services.

Many children and young people feel unable to tell their friends or others about their parent's problems because they fear they will be teased or bullied. Many do not have friends visiting them or having sleepovers because of their parent's behaviour and their home environment.

They are often fiercely loyal to their ill parent and other family members, and feel guilty if they do tell anyone about their parent's mental illness or substance misuse.

It is quite common for dual diagnosis to be kept a secret, for fear of being 'found out' or separated from the family. For this reason, children and young people may be reluctant to talk to anyone about their family situation.

Children and young people's lives can be disrupted by a parent's ill health, hospitalisation or drug rehabilitation. They may witness traumatic events, such as seeing their parent mentally unwell, overdosing or being taken away by ambulance or police. These experiences can be frightening and confusing, and often no one talks about what has happened.



Children and young people's mental health

Children and young people affected by parental dual diagnosis are sometimes concerned about future mental illness or drug or alcohol problems themselves. Many experience feelings of depression, worthlessness and even suicidal thoughts.

Encourage children and young people who are worried or who are experiencing mental health or drug or alcohol problems to seek help. Early detection and treatment can help them to recover and prevent them from developing life-long disorders themselves.

For more information about services in your area, contact your caseworker.

What support is available for children and young people?

Children and young people whose parents have a dual diagnosis have the same basic needs as all children. Many children and young people affected by parental dual diagnosis cope well and grow up relatively unaffected, and live successful and well-adjusted lives.

However, some may have particular support or educational needs in areas such as social skills, communication, self-esteem and school performance. Some children and young people whose parents have a dual diagnosis may see a counsellor or have regular contact with a support group.

Some programs offer camps or support groups where children and young people can get together with others in similar situations to gain peer support and learn coping skills.

In all these circumstances, it is important to contact your local DoCS Community Services Centre (CSC) about the additional support you may require to best meet the child's or young person's needs.

Talking with children and young people in foster care about dual diagnosis

Carers, workers and family members are often anxious about talking to children or young people when a parent has a mental illness and substance misuse issues.

Some people believe that talking about these issues may confuse or

upset children and young people, make them feel different or turn them against their parents. Some believe that children and young people don't notice or understand what is happening. Others may be concerned that the parents don't want their children to know.

The reality is that even infants and young children have thoughts and feelings about what is going on in their environment, particularly in relation to the person they have the most contact with.

Not talking about it may actually cause a child or young person to feel upset or confused and may contribute to them not understanding what is happening. The 'secrecy' caused by not talking about a parent's mental illness or substance misuse can make children and young people feel more ashamed or embarrassed.



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What should I say?

Each child or young person will have their own experiences and beliefs about their parent's mental illness and substance misuse. They will have their own explanations and questions. Some may have shared these with others, but it is possible that many may not have.

The best thing that you can do to help children and young people in your care is to listen to them. Give them the opportunity to tell their story in their own words, which will also help you understand more about their situation.

Allow children and young people to express feelings or reactions they have had and acknowledge their feelings and beliefs – they are very real for them. Helpful statements might include: "I imagine other kids must feel like that sometimes too."

Some children and young people will have very accurate information about their parent's illness or substance misuse. Some families discuss this information openly. Other children and young people may have done their own research through the library, internet or through a support program. Others will have a limited understanding of the situation and may even have some wrong information.

Sometimes, carers or workers may need to sensitively offer the correct information to help children and young people get a clearer picture of their parent's problems. Use language they understand and use. Some children and young people will have their own special words to describe their parent's mental illness or substance use.

If a child or young person asks questions, be sensitive but honest in your answers. Provide details at an age-appropriate level and check that they have understood what you have told them.

It is okay to not understand all there is to know about a parent's illness and substance misuse. If you do not know the answer to the child or young person's questions, be honest and tell them that you don't know and that you will try to find out if possible.

You may need to talk with the child or young person's caseworker to gather the relevant information if it is available.

Some questions can't be answered straight away. For example: "When is Dad coming home from hospital?" Sometimes, this can be difficult to predict. It may be helpful to say: "When he is feeling better. Maybe we can ring him, or write a letter or visit when he is feeling a bit better."



Even if a child is an infant or not yet able to talk, it is useful to talk to them about what is going on. For example: “You might be feeling scared now because Mummy isn’t here. She is going to hospital to get better and you will see her soon.”

Some younger children may believe that their parent has ‘gone away’ because they were naughty or because their parent doesn’t love them anymore. Other children and young people may feel that their parent doesn’t care about them.

It is important to reinforce to a child or young person that their parent’s mental illness or substance misuse is not the child or young person’s fault. Depending on the circumstances, they may also require reassurance that their mum or dad will return and that they love them no matter what.

Sometimes what children and young people talk about can be distressing and difficult to hear – if you have any concerns or need support yourself, talk to your caseworker.

What should I do if a child or young person discloses abuse?

Sometimes the child or young person may choose to disclose their experience of abuse to you as their carer and a trusted adult. This information may already be known to the Department and may be the reason or part of the reason why the child or young person is in foster care.

At other times, a child or young person may disclose information that is new and needs to be investigated. If you are unsure whether the information is new or already known, you should treat it as new and clarify this with the child or young person’s caseworker.



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For more information

Books and information for children and young people:

The Blue Polar Bear

a storybook for children aged 5-7 years about dual diagnosis issues

The Flying Dream

a storybook for children aged 8-12 years about dual diagnosis issues

Z-card

a resource for adolescents whose parents have dual diagnosis

www.community.nsw.gov.au

Useful resources:

Dual diagnosis: mental illness and substance abuse – information and coping strategies for families

ARAFMI Queensland Inc.
(07) 3254 1881

FACT - Families and Carers Training & Resource Kit

Resource Kit for supporting families affected by drug and alcohol use Better Health Centre
(02) 9887 5450 or
www.health.nsw.gov.au

Websites:

Australian Infant, Child, Adolescent, Family Mental Health Association
www.aicafmha.net.au

Australian Drug Information Network
www.adin.com.au

Lifeline
www.lifeline.org.au

Mental Health Australia
www.mentalhealth.org.au

MIDAS Dual Disorders
www.swsahs.nsw.gov.au/areaser/midas/default.asp

SANE Australia
www.sane.org



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