

# Promoting your family's wellbeing

**In the aftermath of your child acquiring a brain injury it can be easy to neglect your family. Caring for a child with a brain injury can take a great deal of time and energy. It's easy for everyone else's needs to get side-lined, and difficult to get the balance right.**

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## Some strategies for wellbeing

Let your other children know that you care about them and that you understand that things are tough for them. Try to give each child some time regularly, when he or she is the focus of your attention.

Don't be afraid of feelings - your own or other people's. Let everyone in the family understand that it is okay to express their feelings. Try to maintain as much family structure as possible, to give you all a sense of security and continuity. Keep on doing some of the things you used to do as a family.

Encourage teenagers to get on with their lives and make their own plans (remembering that it's always best to know where your teenagers are and who they are with). Don't sweep conflicts and problems under the carpet - talk about them openly, and deal with them. Set aside times when the family can discuss responsibilities and problems.

Let teachers or school counsellors know what's happening at home. Keep in contact with the school to make sure things are okay and 'troubleshoot' any problems.

Use respite services or find other ways to give everyone a break (including yourself). Accept offers of help from friends and relatives. Take care of yourself - both for your own sake, and for your family's. Do at least one thing a week that is just for you - pamper yourself occasionally. If your children see you having fun and getting satisfaction out of life, they will tend to see this as a good model to follow, a good way to be. Try to make opportunities to recognize and celebrate what's been achieved. Observe the same special occasions as you did before the injury.

## Responding to your other children

Your child's brain injury will affect any other children in your family. Parents usually see these effects, but professionals may be unaware of what siblings are feeling.

## Children's reactions to a brain injury in a sibling

Sadness is common and reactions may include both positive and negative elements. Different responses can occur at the same time or in quick succession. It's a challenge to encourage more positive responses without 'putting the lid' on the negative ones.

## Helping children express themselves

The most important thing you can do for your other children is to listen and be there for them. This means making time to be with them - something that is often not easy, either practically or emotionally. Brothers, sisters and other young relatives need opportunities to express their feelings freely. They may believe that some of their normal responses - anger, resentment, rejection - are wrong or abnormal. Let them tell you their worries without judging or trying to change how they're feeling.

Some young people don't talk to parents because they don't want to worry them or be a burden. They may prefer to talk to friends, other relatives or counsellors. This can be a good thing, but if these people have little knowledge of brain injury try to tactfully correct the wrong information if it comes up.



Young children can't take in too much information at one time. Keep explanations simple and respond to questions at the level the child can understand.

Take advantage of the chances you get to be with each of your children - clearing up the kitchen, getting some breakfast together or watching a match. You can't force children to talk, but you can be there when they are ready.

Listening - active listening - is very important. Give the child your attention, and show that you're interested without breaking the flow of the conversation.

Often they don't volunteer how they're feeling - but they may answer direct questions. Sometimes a gentle prompt can help, when the child is ready to talk, such as "How do you think [your brother or sister] has changed?"

When children do talk, try not to jump in too quickly with reassurance or advice. Give them time to talk, to express their feelings. It is important to remember children's behaviour may give clues to how they are feeling - by withdrawing, acting out, sleep disturbances or poor school results.

### **Providing factual information to children**

Children who are well informed are better able to understand and accept what's happened. They are also usually better able to support and understand the difficulties facing their brother or sister with a brain injury. Don't overload your children with information but answer their immediate questions and concerns. Be aware that children vary widely in the amount of information they want, and their ability to take it in.

In the early days after the injury, hospital or rehabilitation staff may help to explain to your children what's happening, or they may have useful pamphlets, books, videos or computer programs. Ask the staff how your other children can be involved with your child - maybe helping with care in some way, talking and listening, or simply just being there and being reassuring.

### **Brain injury & mental health**

Ups and downs are a normal part of life. Teenagers in particular have wide swings of mood as they learn to deal with increasing independence and a changing body. This is to be expected, it's a normal part of growing up, though it can often be demanding to live with.

Sometimes, however, changes in behaviour are the first sign of something more serious. Many children with a brain injury can remember how they were before the injury, and adjusting to the changes can be very difficult. Changed abilities, disrupted schooling, loss of friendships can cause great unhappiness. Young people often become depressed as they gradually become aware of the full impact of their brain injury.

If depression is severe or prolonged, it can interfere with a young person's normal development and increase the risk that they will harm themselves in some way. Anyone with depression of this nature (whether or not they have a brain injury) needs treatment for their depression - and depression can be successfully treated.

The young person may find it helpful to talk about what he or she is experiencing. Sometimes it's easier to talk to a friend or professional rather than a family member.

A brain injury may cause problems with thinking and speech that make it harder to talk through problems, so it's particularly important to teach concrete ways to help the young person cope. But even if speech and thinking are limited, the young person can often communicate their sadness and distress. It's important to listen to what your young person is saying rather than how he or she is saying it - simply having someone listen and care is a help.

## Can a brain injury lead to mental illness?

Mental disorders can occur in anyone, and are common in our society. Most disorders don't have a single cause, but result from a complex combination of events and conditions, including the person's biological and inherited make-up, their psychological make-up and skills, and their family, social and community environment.

Risk factors such as stress increase the likelihood that a person will develop a mental disorder. Protective factors, on the other hand, help people to cope with adversity such as an easy temperament, a strong and supportive family and school environment, and a sense of belonging.

Adolescence- particularly later adolescence- is the time when mental disorders are at their most common. Some of these disorders start in childhood, some during adolescence.

Many young people with a brain injury will not develop a mental disorder, but some inevitably will. Each young person's level of risk and protective factors will be different, but some of the effects of a brain injury do increase the risk of some mental disorders. For example, a brain injury can erode a young person's confidence and self-esteem, and behavioural problems can put teenagers and young adults at high risk of becoming socially isolated and without friends.

In short, a brain injury may both increase stress and decrease the person's ability to cope with stress.

The most common symptom in young people with a brain injury is depression - often probably a response to the adjustments necessary after an injury. Young people with a brain injury may also experience severe anxiety, sometimes diagnosed as 'post-traumatic stress disorder'.

There is no evidence that a brain injury increases the risk of a number of other mental disorders, including schizophrenia and bipolar disorder.

Suicide is always a concern for parents. Remember that only a small number of young people actually take their own lives, though many more attempt suicide, and still more think about it. Mental illness-particularly depression-is one of the main risk factors for suicide, and young people who have previously attempted suicide, or have deliberately harmed themselves in some way, are particularly at risk.

## Symptoms of a mental illness

Parents are the people most likely to notice signs of a mental illness or emotional disorder. The signs can be difficult to pick, as many resemble the effects of a brain injury. They include:

- A drop in school performance
- Rigidity in thinking and behaviour
- Unwarranted worry or anxiety and inability to cope with day-to-day problems
- Changes in sleeping or eating habits
- Aggression (verbal or physical) towards others
- Excessive fear and feelings of persecution, paranoia
- Recurrent nightmares and seeing, hearing or experiencing things that are not there
- Depression or social withdrawal
- Difficulty 'getting going'

## What to do if you suspect a mental illness

If you're worried about your child's emotional health or suspect a mental illness, it's useful to consult a health professional-preferably someone who understands brain injury and its effects on your child, and preferably someone you've worked well with before. Together you could first try some strategies to deal with the problem. Your child's response will provide useful information.

Refusing to go to school may reflect relatively mild anxiety that could be helped changing the child's school environment, or by using carefully chosen strategies to change the child's behaviour. If the anxiety is severe - for example, if the child is having panic attacks - medication may be necessary.

Treatment for mental disorders has improved vastly over recent years. Medication can usually reduce symptoms, and a range of psychological, behavioural and social therapies help people to address the problems in their lives and learn healthy ways of coping and behaving.

If the young person's problems continue, try to see a mental health professional with experience of both brain injury and young people (ask about their experience). If you can't find someone with these skills, make sure the mental health professional knows your child's history. Mental health professionals include psychiatrists and psychologists.

Brain injury specialists and mental health specialists must coordinate their care, as treatment needs to take account of both conditions. For example, the dose of medications for mental illness may need to be adjusted for a person with a brain injury.

Coordination may not be easy. The brain injury and mental health treatment systems are separate, and experts in one area may know relatively little about the other.

Good case management can help to ensure that services are coordinated and the right treatment identified. Often, though, parents have to be the 'go between' to make sure information is shared.

**References and further information**

Many thanks to Brain Foundation Victoria for permission to adapt their material for this fact sheet.