

## RESEARCH ARTICLE

# A family perspective on parental psychosis: An interpretative phenomenological analysis study

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## Abstract

**Objectives:** While one third of people with a psychotic disorder are a parent, there has been little research to date examining the consequences of this from a whole family perspective. This study investigates families where a parent has experienced an episode of psychosis and compares and contrasts the family members' perspectives.

**Design:** This study was rooted in phenomenology and data were derived from in-depth semi-structured interviews.

**Methods:** Parents with a psychotic disorder who had a child aged between 3 and 11 in a UK NHS Trust were invited to take part in the study. Semi-structured interviews were conducted with these parents, with their child (if they were between the ages of 8 and 11), and with their partner or another close family member. Data were analysed using multiperspectival interpretive phenomenological analysis (m-IPA).

**Results:** Thirteen participants took part comprising of five parents, four children, three partners and one grandmother. Four themes were developed using m-IPA: (1) Parental psychosis impacts the whole family, (2) Psychosis and my role as a parent, (3) Secrecy and concealment surrounding parental psychosis, and (4) Pressures and vulnerabilities within the family system.

**Conclusion:** Psychosis had a negative impact on all family members and secrecy existed between family members. The children in particular only had partial information about their parent's mental illness, which left them worried and confused. More work is needed to support these families to explain psychosis to the children.

## KEYWORDS

family experience of illness, interpretative phenomenological analysis, multiple perspectives, parental mental illness, psychosis

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### Practitioner points

- Family members are greatly impacted when a parent experiences psychosis
- Family members, including children, should be included in the parent's care plan and, where appropriate, signposted towards their own support
- Inpatient wards should have child-friendly areas to facilitate visits from children when their parent is unwell and limit the periods of separation for these families
- Family members of parents with psychosis, especially children, would benefit from psychoeducation on mental health and psychosis, since they are often worried and confused

## INTRODUCTION

Psychosis describes a cluster of symptoms characterised by disturbed thoughts and perceptions. It encapsulates positive symptoms, which include hallucinations and delusions, negative symptoms, which include diminished emotional expression and avolition, and cognitive symptoms, which include difficulties with memory and reasoning (American Psychiatric Association, 2013). When someone experiences psychosis, their family members are often put under emotional, physical and financial distress when caring for them, and as a result, caregivers of those with psychotic disorders experience poorer wellbeing and quality of life (Caqueo-Urizar et al., 2009; Sin et al., 2021). Much research into the family lives of those with psychosis has centred on families of origin rather than families of procreation or choice (e.g. Bowman et al., 2014; Lucksted et al., 2018; Oluwoye et al., 2020); however, around one third of patients with psychosis are parents (Campbell et al., 2012). Experiencing psychotic symptoms while managing parenting tasks can have a negative impact on these parents and on their families. The symptoms of psychosis, and any hospitalisations following a psychotic episode, can render a parent both emotionally and physically unavailable to their child (Somers, 2007; Strand et al., 2020). Cognitive symptoms may mean a parent finds it difficult to attune to the needs of their children (Mehta et al., 2014; Wan et al., 2007).

It is well established that parental mental illness, including psychosis, is a risk factor for children (Abel, Hope, Faulds, et al., 2019; Pierce et al., 2020). Children who experience parental psychosis are more likely than children who do not experience such parental mental illness to have their own behavioural and emotional difficulties during childhood (Hosman et al., 2009; Somers, 2007), and have a 47% probability of developing any mental health condition during their lifetime (Rasic et al., 2014). In addition to the direct effects of parental psychosis, these children are also more likely to experience social adversity, such as poverty, which further predicts poor mental health (Reedtz et al., 2019).

Qualitative research that has been conducted to date with children living with parental mental illness has tended to group together children affected by many different parental diagnoses (e.g. Mordoch & Hall, 2008; Riebschleger, 2004; Trondsen, 2012). The findings of qualitative research with this group of children suggests that many worried about their parents, experienced inconsistent parenting and often took on additional responsibility in the household (Gladstone et al., 2011; Yamamoto & Keogh, 2018). A frequent finding was also that children of parents with mental illness felt themselves to be ill-informed about their parent's mental health difficulties, with this often leading to them feeling confused and guilty (Cudjoe & Chiu, 2020; Yamamoto & Keogh, 2018).

Although the majority of children living with parental mental illness have parents who experience affective symptoms or anxiety (Abel, Hope, Swift, et al., 2019), a significant proportion of children live with parents who experience psychosis, and they are at a higher risk for emotional and behavioural difficulties (Davidsen et al., 2021). Furthermore, psychosis is a highly burdensome episodic illness, which can lead to inpatient stays, and it is, therefore, important to investigate the specific needs of children affected

by parental psychosis. For example, research that has been conducted with this group of children has detailed the sadness that they felt while their parent was in hospital (Somers, 2007) and the embarrassment of witnessing their parent experiencing positive symptoms in a public setting (Valiakalayil et al., 2004). Additionally, qualitative research that has been conducted with children affected by parental psychosis has mostly reflected the experiences of adult children or adolescent children (Blakeman et al., 2019; Caton et al., 1998; Valiakalayil et al., 2004) or has amalgamated the experiences of younger children with adolescent children (Kahl & Jungbauer, 2014; Strand & Meyersson, 2020), but there are few studies that have focused on the experiences of younger children, who are more dependent on their parents.

Existing qualitative research conducted with parents with mental illness, has found that they experience feelings of guilt in relation to the way in which their symptoms have at times prevented them from parenting at their best (Ueno & Kamibeppu, 2008), worries about the impact of their mental health on their child (Reupert & Maybery, 2009), and fears about potential custody loss (Dolman et al., 2013). Parents have also spoken about attempting to mask their symptoms in front of their children to lessen any impact (Montgomery, 2005).

As with research conducted with the children of parents with mental illness, research with the parents themselves has included parents with different psychiatric conditions in the same sample (e.g. Ueno & Kamibeppu, 2008; van der Ende et al., 2016). The episodic nature of psychosis and severity of symptoms mean that parents with psychosis, as well as their children, are likely to have specific needs. For example, parents with psychosis have spoken about how parenting stress and lack of sleep can exacerbate their psychotic symptoms (Evenson et al., 2008) and how an inpatient admission can disrupt family life (Jungbauer et al., 2010). Parents have also, however, described feeling that their identity as a parent can give structure and purpose to their lives (Evenson et al., 2008; Jungbauer et al., 2010), with the result that their role as a parent can additionally play a key part in their recovery (Price-Robertson et al., 2017; Reupert et al., 2017). It is, therefore, important, as well as focusing on the needs of their children, to focus on the specific needs of parents with psychosis.

When investigating the needs of families affected by parental psychosis, it is essential to appreciate that parents and children may have similar, but separate experiences and needs. Understanding the needs of parents with psychosis, together with the needs of their children and other family members, will help to inform the development of tailored interventions for these families. The aim of this study was to understand how an episode of psychosis affects a parent and their family by procreation or choice, and in what ways the experiences of family members are similar or dissimilar. It used qualitative methods to investigate and compare the experiences and perspectives of family members, within and across families, and analysed the findings using interpretative phenomenological analysis.

## Research question

How is an episode of psychosis in a parent experienced by the parent and their family?

## METHODS

### Design

This study was rooted in phenomenology, orienting itself around understanding participants' lived experiences through their perspective, and what meanings these perspectives hold (Larkin & Thompson, 2012). The aim was to give voice to the accounts of the research participants, as well as to interpret these accounts (Larkin & Thompson, 2012). Additionally, the aim of this study was to contextualise each participant's perspective within the family unit, and analyse the reciprocity or conflict between perspectives (Larkin et al., 2019).

In order to investigate the impact of parental psychosis on younger children, parents were eligible if they had a child aged between 3 and 11. The parent interviews in this study had previously been analysed alongside other parent interviews using thematic analysis (Radley et al., 2022). Only the parent interviews where a family member had also been interviewed were included in this analysis.

## Participants

Parents who had experienced psychosis and their family members were eligible to take part. Early Intervention in Psychosis (EIP) Teams and Adult Mental Health Teams (AMHT) within Oxford Health NHS Foundation Trust were asked to approach service users who had a primary diagnosis of a psychotic disorder, and were a parent to a child between 3 and 11 years of age. If the service user agreed to be contacted, the primary researcher, JR, contacted them, gave them more detail about the study including a written information sheet, and answered any questions prior to service users giving their consent to take part.

After parents had taken part, they were asked if they agreed for their partner or close family member, and their child (if older than 8) to be contacted about the study. If this was the case, the partner/close family member was contacted by JR in a similar manner as described above. For the child participants, the parent gave consent for their child to take part, and the child also gave assent. The aim was to establish triads for each parent participant; however, in some cases, it was only possible to establish a dyad.

## Procedure

Semi-structured interviews were conducted by JR with participants in their homes between May and October 2019. Interviews lasted between 45 and 80 min for adult participants and interviews with children lasted between 16 and 24 min. Parent participants were always interviewed first, and salient elements that had been raised by parents in their interviews were raised with their family members, if appropriate. Interview topics for parents who had experienced psychosis included stigma, parenting confidence, the impact of their symptoms on parenting, their use of services, and their relationship with other family members. Interview topics for children included memories of the parent's psychotic episode and impact on the family. For one child's interview, their father requested to be present.

Interviews were audio-recorded, and later transcribed by JR or a transcription company. Adult participants were compensated £10, and children were given a £10 book token.

## Ethics

This study was granted ethical approval by South Central Oxford C Research Ethics Committee. Prior to the first interview, the topic guide was reviewed by a parent with psychosis to check its appropriateness. Participants were informed that a 'Distress and Safeguarding Protocol' would be followed at all times, which detailed the actions that would be taken if any safeguarding concerns arose, and explained that the interview would be paused or terminated if the participant became distressed. It also contained contact details for appropriate organisations where participants could be signposted.

Where children had not been told their parent had experienced a psychotic episode, the term 'mental health difficulties' was used or the interviewer referred to other aspects of their parent's episode such as hospitalisation. After each interview, the researcher checked how the participant was feeling. Parent participants were asked if they would like any information to be passed on to their care coordinator, and child participants were asked if they would like anything passed on to their parents.

## Analysis

The data were analysed using multiperspectival Interpretative Phenomenological Analysis (m-IPA). This involved the identification of themes at an individual level prior to comparing themes across participants.

The data in this study were complex since each participant was clustered within a family unit. As well as following traditional IPA analysis (Smith et al., 2009), this study utilised recommendations from Larkin et al.'s (2019) strategies in terms of developing themes from complex multiperspectival data.

Within each family unit, the parent's transcript was examined first. An initial reading of the transcript was conducted, and notes were made with regard to particularly salient elements. Then, any relevant elements were coded, namely what concerned the participant, and what meanings they attached to these concerns (Larkin & Thompson, 2012). Attention was also paid to language use and broader underlying concepts, which may not have been explicitly expressed by the participants (Smith et al., 2009). These initial codes were grouped together and analysed to find connections between them, which then formed themes for each participant. Once this was completed for each parent participant, the same process was applied to the transcripts of the other family members. Particular attention was paid to shared experiences, and the ways in which participants' perspectives converged or diverged. Each participant's individual themes were then compared across family members, and superordinate themes were developed to describe the whole family unit's perspective. This process was repeated for each family unit, after which the superordinate themes for each family were amalgamated, and a final set of superordinate themes was developed so that each theme described shared experiences across family units.

## RESULTS

We approached the 12 parents who had previously been interviewed (Radley et al., 2022), seven of whom gave consent for the research team to contact their family members. Two of these families could not be reached; therefore, five families in total took part. There were 13 participants; five parents, three partners, one grandmother, and four children. Participant details are presented in Table 1. All participants have been pseudonymised and participants in the same family have been given pseudonyms beginning with the same letter. Families were asked for their preferred pseudonyms. If they had no preference or could not be contacted, their names were chosen by the researchers. No safeguarding concerns were identified over the course of the project.

Four superordinate themes were developed by using m-IPA. These themes, their subthemes and indicative quotes are presented in Table 2.

### Parental psychosis impacts the whole family

The accounts across different family members were consistent in showing that psychosis had negatively impacted everyone in the family. Parents described experiencing confusion, paranoia and, for some, hospitalisation against their wishes. Partners and family members described seeing their partner or relative exhibit unusual behaviour and, at times, had been verbally or physically abused. Some of the children had witnessed their parent's behaviour, and had been confused about what was happening.

TABLE 1 participants names and details within families.

Family no.	Parent interviewed	Partner/family member interviewed	Child interviewed
1	John	Jane (partner)	NA
2	Sarah	Steven (husband)	Sebastian (son)
3	Louise	Lewis (husband)	Liberty (son)
4	Melissa	Michelle (mother)	Miles (son)
5	Cynthia	NA	Chloe (daughter)

TABLE 2 Superordinate themes, subthemes and quotes.

Superordinate theme	Subtheme	Indicative codes
Parental psychosis impacts the whole family	Impact on the parent with psychosis: terrifying symptoms and hospitalisation	Cynthia: "I'm hearing voices saying 'We're after your life. We're going to kill you. You refuse to obey so we're going to kill you. No matter how you try to avoid it we will terminate you at one point.'" John: "'I don't need to take any medication.' So we argued and argued and then I think they... instead of giving me tablets they injected me." Louise: "My worst when I was unwell was being in seclusion. I didn't really like it. Cos that time I felt like I'm in a grave... that's the only thing I could remember cos I felt like I'm dead."
	Impact on the other adults in the family: witnessing frightening behaviour and getting hurt	Jane: "We end up bickering about that. Then he ended up like trying to strangle me." Lewis: "The police had to restrain her because she was hitting people; she was hitting me. Mostly she was hitting me. I don't know why." Steven: "She was sort of very upset. In her mind, everything that was wrong with her life or our life was because of [my job]. So, I was to blame for everything."
	Impact on the children: confusion and separation	Liberty: "I was wondering what she was doing and what time my dad would come back."
Psychosis and my role as a parent	Being a parent as a source of hope	Melissa: "I think my life is better because I was a mess before I had kids. I had [eldest son] and my life got... it completely changed my life" Cynthia: "I want her to be different in a way that I couldn't do as a result of my mental health. I want her to go and achieve."
	Psychotic symptoms centred on parenting	Sarah: "Because I'm a full-time mum, I've not got a good balance in my life. I've obviously taken my... all of me is to do with my children. So, anything that goes wrong with them, it's personal well it's like 'oh well it's me. I'm doing a rubbish job.'" Sarah: "I had a visual distortion as well. The lights were going off and that was to wake me up because I was under watch and that was 'let's get her to wake up' and it was testing me to see what would I notice. Would I notice the lights? And then I heard my little [youngest son] come through singing and I was like 'ah [youngest son]. It's [youngest son].' And it was just... but I was tested. And it was just about being a good parent really."
	Psychosis as a threat to my role as a parent	John: "They shouldn't stop me seeing my daughter because I'm more worried about my daughter. But then there was this bit also coming back to say 'these people who are after me maybe they're after my family because I'm not there.'" Melissa: "I literally was not capable of being a parent because I was so ill."

TABLE 2 (Continued)

Superordinate theme	Subtheme	Indicative codes
Secrecy and concealment surrounding parental psychosis	Secrecy and uncertainty between partners	Lewis: "She doesn't know that she did that bit. I never told her." Jane: "I said 'you were outside. It was freezing cold. It was snowing and you're in a pair of shorts.' And he said, 'yeah, I remember it was hot.' I was like, 'it wasn't, it was freezing cold.'"
	Parents shielding their children	Sarah: "I just don't think they'd probably have the maturity to understand." Melissa: "It was a very hard point in their life and I don't want to hurt them anymore than they've already been hurt by it." Steven: "If in the future it happened again, or we talk about it later on, you know, when they're older, then maybe."
	Children knowing half the picture	Liberty: "She wasn't really sleeping a lot. She didn't really like the hospital. She didn't really think it was safe there for some reason. And [pause] I think she had a cold." Chloe: "I don't really know. I don't think [my mum] hears [voices]."
	Children also keeping the secret	Miles: "I don't know because it will just get in my head again and then I'll be like upset and that." Chloe: "Because it doesn't bother me that much really. If I was able to talk about it, I wouldn't mind but, in my opinion, I'm not bothered about it in a way. So, I don't think I'll be able to need to talk about it."
Pressures and vulnerabilities within the family system	Ruptures within the family as a source of stress for parents	Cynthia: "[Chloe's father] told Chloe, 'when you get to school, you tell your teacher that your mummy beats you and gives you dirty pants.'" Sarah: "I started to get a bit better I think because I started to settle down and my husband came home."
	Mental health knowledge meaning quicker access to support	Lewis: "I will suggest to them I think the medication says this or why can't you try that medication?" Sarah: "I did have a psychosis. And I didn't know at the time. Neither of us knew what is was... what had happened to me." Michelle: "She kept complaining that she was hearing voices, but I didn't really believe her if I'm honest."
	Burden on the children	Cynthia: "'Mummy have you taken your medication' and I feel so emotional like you know." Sebastian: "Mum was just not enough."

### Impact on the parent with psychosis: Terrifying symptoms and hospitalisation

Sarah, Melissa and Cynthia all described how terrifying the symptoms of psychosis were. Louise and John focused on the ordeal of being sectioned and put in seclusion. John spoke about being deceived by the police, when they told him they would take him home but instead took him to hospital. He also did not want to receive medication, but had it forced on him.

Psychosis held an additional meaning for Sarah who felt that it was almost a necessary part of a journey she needed to experience in order to be well again: she described psychosis as “the most horrendous experience of my entire life”, but later on she reflected on her episode as “a positive experience, because I'd got to an absolute point of tipping where my brain's gone ‘can't take it anymore. Can't compute.’ The computer crashed and I needed to reboot.”

### Impact on the other adults in the family: Witnessing frightening behaviour and getting hurt

Jane and Lewis had been physically hurt by their partners during their psychotic episodes. It was also frightening to witness their partner behave in a way they had never seen before. For Jane, as well as being scared by her partner shouting at imaginary people, he had also strangled her after an argument: “We end up bickering about that. Then he ended up like trying to strangle me.”

Family members also described feeling unappreciated or blamed during the psychotic episode. Michelle, who took over parenting her grandchildren for a while, described feeling that her daughter was ungrateful for the sacrifices she made during that period. Steven was hurt that his wife blamed him during her episode: “She was sort of very upset. In her mind everything that was wrong with her life or our life was because of [my job]. So, I was to blame for everything.”

### Impact on the children: Confusion and separation

While most of the children were not exposed to their parent's psychotic episode in the way that other adult members of the family had been, they had nevertheless witnessed some of their parent's behaviour or noticed that their parent was absent. Miles, a 10-year-old boy, described his sadness when his mother, Melissa, stole some of his birthday money. When Louise was hospitalised, her son, Liberty (8 years old) was unsure about what was happening and missed his mother: “I was wondering what she was doing and what time my dad would come back.”

One participating child—Chloe, Cynthia's 10-year-old daughter – however, denied that her mother ever acted strangely, or that she had ever been hospitalised, and claimed not to worry about her parent. Chloe's mother, however, reported that Chloe did worry about her: “She said, ‘mummy will you get better.’ I said, ‘Chloe I just hope so.’” Chloe was the child in this sample who knew the most about mental health problems and had had the most contact with social services, and her denial of its impact on her during her interview might have reflected a need to protect her mother or to avoid further social services involvement.

## Psychosis and my role as a parent

Psychosis had caused parents to reflect on the role of parenting and the identity it brings, but with different implications in terms of the timing and their experience of psychotic symptoms. For some participants, becoming a parent was viewed as having given them a purpose that psychosis had threatened, while for another participant, her psychotic symptoms centred around her children.

### Being a parent as a source of hope

Parenting for Melissa and Cynthia represented a chance to make good earlier missed opportunities. Cynthia felt that having a daughter meant she could give her daughter more opportunities than had been open to her because of her psychosis. Before Melissa had children, she had used drugs and felt that she



did not have control over her life, and so, for Melissa, becoming a parent was a blessing: “I was a mess before I had kids. I had [eldest son] and my life got... it completely changed my life.”

## Psychotic symptoms centred on parenting

For Sarah, the stress related to parenting was partially responsible for triggering her psychosis, and her symptomatic expression focused largely on parenting. Sarah described how any negative thing related to her children was felt to reflect her inadequacies as a parent: “All of me is to do with my children. So, anything that goes wrong with them, it's personal” During Sarah's psychotic episode, her visual hallucinations and paranoid beliefs were centred on her role as a parent.

## Psychosis as a threat to my role as a parent

Being hospitalised during a psychotic episode meant separation from their child[ren] who were so central to their sense of wellbeing and purpose. Louise spoke about wanting to see her children while she was hospitalised but her husband Lewis had made the decision against this: “I didn't think it was a good thing. She was really confused. She doesn't even remember me visiting. I took a friend, but she always used to ask about the kids.”

Three families had experienced the involvement of social services, which they perceived as questioning their ability as a parent. In all three cases, the partner or closest relative showed a concern about their parenting capacity during the episode that was not apparent to the parent themselves. John and his partner Jane's perspectives of his parenting ability during his psychotic episode diverged. For John, being separated from his child was felt to be unjust: “they said I'm not allowed to see my daughter because I'm a harm to her”; “all of what they were thinking about me is not there.” However, from Jane's perspective, John's behaviour during his episode was concerning; she reported that he strangled her on one occasion, and on another that he had unknowingly wiped blood on the walls, which had been very frightening for both her and her daughter.

## Secrecy and concealment surrounding parental psychosis

The trauma of parental psychosis, as well as the stigma that accompanies it, prevented many family members from talking about what had happened. For some parents, concealing psychosis from their children was a way of protecting them, and even when an explanation was given, the term ‘psychosis’ was rarely used. This resulted in children understanding very little of their parent's illness.

## Secrecy and uncertainty between partners

Lewis did not want to disclose to his wife Louise that she was aggressive during her episode: “she doesn't know that she did that bit. I never told her.” This had resulted in Louise being unsure about why she needed treatment: “cos sometimes I feel like why am I on antipsychotics if it was just I was not sleeping.”

Jane felt like John has “bottled it up” and wished he would talk more about all the trauma he had experienced in his life alongside the psychotic episode. She also felt, however, that he still lacked insight into his behaviour during his episode: “I said ‘you were outside. It was freezing cold. It was snowing and you're in a pair of shorts.’ And he said, ‘yeah, I remember it was hot.’ I was like, ‘it wasn't... it was freezing cold.’”

## Parents shielding their children

Most couples who were interviewed did not want to talk to their children about the psychotic episode, and information relating to the illness was perceived by most interviewees as being either incomprehensible to their children, or a potential cause of further upset. Sarah and Louise, and their spouses, all stated that the children would not understand what psychosis was if they did try to explain it. Sarah said: "I just don't think they'd probably have the maturity to understand." When Melissa was asked why she did not want to talk about it to her children, she described wanting to minimise the pain they had already suffered. There was also concern that any information provided about psychosis would lead to detrimental information seeking. Lewis, for example, was worried that his 8-year-old son Liberty would "read up too much possibly on the internet."

When parents did speak to children, they framed their discussions in terms of the practical elements of psychosis and how the children can help their parents. For example, Steven emphasised this to his 9-year-old son Sebastian: "I said, 'well, look let's think about why is mum shouting? ... I tried to get him to understand that if mum's shouting and [if] it's because his behaviour is causing mum to be tired and irritable, can we change the behaviour?'"

When children had witnessed more, like Miles (10 years old) and his brothers, more allusions to mental health were made. For example, Michelle had given an explanation to her grandchildren, which alluded to their mother's mental health problems: "Look you know mum's not right in the head. She's not well. And we're trying to get it fixed and it's going to take a bit of time."

## Children knowing half the picture

It was clear that these explanations were not sufficient for children to understand what had happened. Liberty (8 years old) repeated his father's explanation about his mother's lack of sleep but has no awareness that his mother was suffering from mental health difficulties, instead believing she was hospitalised for a cold: "She wasn't really sleeping a lot. She didn't really like the hospital, she didn't really think it was safe there for some reason. And [pause] I think she had a cold." While other children had more understanding, most did not understand the full extent of their parent's difficulties. Miles's (10 years old) interview suggests that he understood that his mother was mentally unwell, and was drinking too much, but not that she had experienced psychosis. Chloe, a 10-year-old girl, had the most mental health knowledge of all the children in this study. She could describe the symptoms of psychosis: "It goes inside your brain and you can hear like voices." However, when Chloe was asked if her mother heard voices, she did not think this was the case.

## Children also keeping the secret

Miles, Chloe and Liberty all described not wanting to talk about their parent's mental health problems. Miles (10 years old) spoke about not wanting to talk about the period when his mother Melissa was unwell "because it will just get in my head again and then I'll be like upset and that." Chloe (10 years old) insisted that the reason she did not tell anyone, including her friends or her teachers, about her mother's mental health problems was because it did not bother her. Despite Liberty (8 years old) having little awareness of his mother's psychotic symptoms, he was nevertheless aware that something was happening, which should not be spoken about. Liberty described how he had tried to talk about it to a teacher, but was upset to realise that his classmates had found out.

## Pressures and vulnerabilities within the family system

The data from this study suggest that some families had been impacted more by the parent's psychotic episode(s) due to pressures and vulnerabilities within the family system. Families coped better if they had access to social support within the nuclear family and in their wider family and friendship networks. Having knowledge of mental health services also appeared to help families to better manage the episode. The children of families in which this social support and knowledge was absent appeared to have witnessed more unusual behaviour from their parents and had become more involved in their parent's care.

## Ruptures within the family as a source of stress for parents

Melissa's psychosis was rooted in a family that had been ruptured by an affair and subsequent arguments between many family members. Melissa described how her ex-husband would “just go to work and leave the kids when I was passed out in bed, ill, not being able to move. He'd just leave the kids and go.” As a result of this rupture between the parents, Melissa's mother, Michelle, felt that she had borne the brunt of the burden in terms of parenting. Michelle described how Melissa “wasn't leaving them any food or clean clothes or anything for school. I had to do the whole lot.”

Although Sarah's, Louise's, and John's families were all dual-parent, Sarah and John had still experienced some ruptures. Sarah's husband, Steven, was away for long periods due to work, and it was during one of these periods of absence that she experienced her first psychotic episode. When Sarah talked about what it was like for her when her husband was away she first used the phrase “I've lost my partner” before rephrasing this to “my partner, he's gone”, suggesting that she experienced this as a loss despite her still being with her partner. Sarah also associated her symptom remission with her husband returning: “I started to get a bit better I think because I started to settle down and my husband came home.”

## Mental health knowledge meaning quicker access to support

Psychosis can mean an individual lacks insight into what is truly happening, and this means that it is often their partner, family member or friend who triggers help-seeking. The interview data suggest that when families did not have a good knowledge of mental health symptoms or services, problems could often go untreated for a long period of time.

Most families in this study had a poor knowledge of mental health problems prior to the first episode, except for Louise's husband, Lewis, which meant that she received help within days after the start of her symptoms. Lewis, a mental health nurse, used clinical language throughout his interview and concluded from witnessing his wife's symptomatic expression that “this person is becoming psychotic, paranoid, confused.” This also meant he could be involved in his wife's treatment: “I will suggest to them I think the medication says this or why can't you try that medication?”

This was not the case for most other participants. Melissa's psychotic symptoms went untreated for 18 months. Her mother, Michelle, harboured resentment towards Melissa for the lack of care she showed her children during her episode, and this, coupled with Michelle's lack of mental health knowledge, led her to inaction: “she kept complaining that she was hearing voices, but I didn't really believe her if I'm honest.”

The findings suggest that the knowledge about psychosis these families have now gained made them feel more prepared for the future. Jane said that now she had all this information, she “would pick it up quicker now than I would have done beforehand.” However, that knowledge also acted as a double-edged sword for Lewis. When he spoke about prognosis, his awareness that “there is always a risk that you can relapse” and “that's how psychotic illness starts” clearly indicated his anxiety about his wife's future psychological wellbeing.

## Burden on the children

The interview data suggest that the children were most affected when families had experienced ruptures, and when a parent's psychotic symptoms had gone untreated for a long duration of time. Michelle spoke about how Miles was asked by his father to spy on his mother: "he turned Miles into his right-hand man for information which made a divide between Melissa and Miles." Cynthia's lack of social support had resulted in her daughter Chloe filling this gap by providing her with practical and emotional support, and Cynthia gave the example of her daughter asking if she had taken her medication: "Mummy have you taken your medication' and I feel so emotional like you know." Sarah's partner, Steven, was often away for work, and this source of stress appeared to have been a trigger for Sarah's psychotic symptoms. Their 9-year-old son, Sebastian, also felt the loss of his father describing feeling "a bit more lonely", and that "mum was just not enough."

## DISCUSSION

### Key findings

This study combined multiple family members' experiences of parental psychosis. Using m-IPA enabled us to consider the wider impact of parental psychosis on the whole family. When discussing their experiences, many family members spoke about the pain that the psychosis had caused them personally. Psychosis was a source of secrecy for all family members, which resulted in children being ill-informed about what their parent had experienced. Parental psychosis impacted families most where ruptures existed through legal or physical separation of the parents, thereby causing further burden for the children.

The families in this study often had poor mental health knowledge, and many family members were reluctant to disclose what they did know about psychosis to each other. People experiencing psychosis often lack insight during an acute episode (David, 2020), and a longer duration of untreated psychosis is negatively associated with symptom remission (Harrigan et al., 2003; Perkins et al., 2005). It is, therefore, often necessary for a family member to notice change in behaviour, and without adequate mental health knowledge, it may be more difficult for families to identify changes in their relative and help them access treatment (Oluwoye et al., 2020). The children in this study knew very little about their parent's experiences of psychosis, reflecting the findings of other qualitative work with children of parents with psychosis (Boström & Strand, 2021) and other mental health difficulties (Cudjoe & Chiu, 2020). Parents were reluctant to talk to their children about their psychotic episode(s), and thought that their children would not understand if they did try to explain. Researchers have suggested that children of parents with mental illness would benefit from knowing about mental illness, risk factors, stigma, resilience and how to seek help (Riebschleger et al., 2017). Many interventions have been developed to support parents in talking about their mental health to their children, such as Family Talk (Beardslee et al., 1992) and Let us Talk about Children (Maybery et al., 2019). However, when Family Talk was trialled with parents with psychosis and their children, there were mixed feelings in terms of its acceptability amongst children and parents (Strand & Meyersson, 2020). It is important that research continues to try to identify the benefits of such interventions and that any explanations about parental mental illness are age-appropriate.

When parents with psychosis reflected on the relationship between their role as a parent, and their mental health symptoms, the temporality of the two influenced the meaning and impact of psychosis. Two parents spoke about the hope and identity that parenting had brought after living with mental health difficulties or substance use, from a young age. However, three parent participants in this sample had been a parent before experiencing their first episode of psychosis, and for them psychosis meant stigma, separation from their children, and paranoia around their parenting ability. The majority of parents with

psychosis are a parent before symptom onset, and they typically has better clinical and parenting outcomes (Mowbray et al., 2005). However, for all parents with psychosis, it is important to note that parenting is a valued identity, and an important factor in recovery. For example, parents with mental illness have spoken about how having children has motivated them to ask for support (van der Ende et al., 2016). One parent, in particular, spoke about how stressful parenting was for her and how her psychotic symptoms centred around parenting. Often, attention is paid to how psychosis impacts on parents' ability to provide care for their children, but it is crucial we also consider the reverse relationship, and consider how the experiences of parenting, like stress, can impact on parents' mental health symptoms.

Children with parental psychosis can often experience burden that may arise as a result of additional responsibilities such as household tasks or providing physical or emotional support for their parents (Aldridge, 2006; Valiakalayil et al., 2004). Some children in the current sample, for example, were certainly taking on physical and emotional responsibilities for their parent; one daughter in the sample was an emotional support for her mother, reminding her about her medication management. Although adult children who have grown up with parental psychosis have said they gained empathy and resilience (Källquist & Salzman-Erikson, 2019; Valiakalayil et al., 2004) as a result of these responsibilities, the magnitude of difficulties faced by these children should not be ignored. These children would likely benefit from some respite from their home environments. Interventions have been developed, which aim to improve the quality of life and daily functioning in children affected by parental mental illness (Gellatly et al., 2019; Müller et al., 2019), and such preventative interventions for these children have been shown to reduce children's likelihood of developing a mental illness themselves (Lannes & Arnaud, 2021).

## Strengths and limitations

The major strength of this study is that it focused explicitly on families where one of the caregivers has experienced psychosis rather than one of the dependants, which has been the focus of most family research in psychosis. The focus on the experiences of parents with psychosis and their families, rather than those of parents with other mental health difficulties, allowed us to highlight the specific impact of psychosis; namely, how hospitalisation can lead to unwanted separation and the distressing nature of positive symptoms. Additionally, the use of m-IPA meant this study triangulated the experiences of parental psychosis by combining up to three perspectives.

One limitation is that the findings from this manuscript is overly representative of parents with a first psychotic episode with only one participant having experienced psychosis for over 3 years. Similarly, it would have been informative to include more parents who had lived with psychotic experiences before they had become a parent.

## Implications for research and practice

Knowledge about their parent's mental illness can foster resilience in children (Riebschleger et al., 2017) and interventions exist to help parents to explain their illness to their children (Furlong et al., 2021; van Doesum et al., 2019). Mental illness can be stigmatising, and people with experiences of psychosis often report feeling shame and stigma from others (Kular et al., 2019). More work needs to be done to investigate how to reassure and motivate parents with psychotic experiences and other adults in the family to talk to the children, and provide these families with developmentally appropriate explanations of psychosis. Additionally, participants in this study identified separation as a painful consequence of a psychotic episode. The provision of a family friendly room, separated from the rest of the ward, may enable children and parents to be reunited by providing a safe and comfortable environment (Isobel et al., 2015), and young children have asked for this too (Fudge & Mason, 2004).

## Reflexivity statement

The same researcher JR conducted every interview. JR felt it was difficult to decide how to broach the subject of parental psychosis with some of the children who had not been explicitly told about their parent's diagnosis or symptoms. For example, for one child she referred to it as 'when your mum was in hospital.' An ethical question arose when the researcher realised the family members were telling her facts that had not been shared within the family. These facts were not explicitly referred to so that they would not be revealed to participants through reading this paper. Furthermore, the parents with psychosis in this study form a subset of the twelve participants in another study (Radley et al., 2022), many of whom did not give consent for their families to be approached for this study, which the authors felt further alludes to the lack of intra-family communication and stigma felt in relation to their psychotic episode.

## AUTHOR CONTRIBUTIONS

**Jessica Radley:** Conceptualization; data curation; formal analysis; investigation; methodology; writing – original draft. **Jane Barlow:** Supervision; writing – review and editing. **Louise C. Johns:** Conceptualization; methodology; supervision; writing – review and editing.

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## CONFLICT OF INTEREST

The Author(s) declare that there is no conflict of interest.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

## INFORMED CONSENT

Written informed consent was obtained from all individual participants included in the study and participants gave consent regarding publishing quotations from their interviews.

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## REFERENCES

- Abel, K. M., Hope, H., Faulds, A., & Pierce, M. (2019). Promoting resilience in children and adolescents living with parental mental illness (CAPRI): Children are key to identifying solutions. *British Journal of Psychiatry*, 215(3), 513–515. <https://doi.org/10.1192/bjp.2019.118>
- Abel, K. M., Hope, H., Swift, E., Parisi, R., Ashcroft, D. M., Kosidou, K., Osam, C. S., Dalman, C., & Pierce, M. (2019). Prevalence of maternal mental illness among children and adolescents in the UK between 2005 and 2017: A national retrospective cohort analysis. *The Lancet Public Health*, 4(6), e291–e300. [https://doi.org/10.1016/S2468-2667\(19\)30059-3](https://doi.org/10.1016/S2468-2667(19)30059-3)
- Aldridge, J. (2006). The experiences of children living with and caring for parents with mental illness. *Child Abuse Review*, 15(2), 79–88. <https://doi.org/10.1002/car.904>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*. American Psychiatric Association.
- Beardelee, W. R., Hoke, L., Wheelock, I., Rothberg, P. C., Van de Velde, P., & Sawtling, S. (1992). Initial findings on preventive intervention for families with parental-affective disorders. *The American Journal of Psychiatry*, 149, 1335–1340.
- Blakeman, M., Martin, C., & Gupta, A. (2019). Making sense of growing up with a parent with psychosis: An interpretative phenomenological analysis study. *Psychosis*, 11(1), 54–62. <https://doi.org/10.1080/17522439.2019.1573916>

- Boström, P. K., & Strand, J. (2021). Children and parents with psychosis—Balancing between relational attunement and protection from parental illness. *Journal of Child and Adolescent Psychiatric Nursing*, 34(1), 68–76. <https://doi.org/10.1111/jcap.12302>
- Bowman, S., Alvarez-Jimenez, M., Wade, D., McGorry, P., & Howie, L. (2014). Forgotten family members: The importance of siblings in early psychosis. *Early Intervention in Psychiatry*, 8(3), 269–275. <https://doi.org/10.1111/eip.12068>
- Campbell, L. E., Hanlon, M. C., Poon, A. W. C., Paolini, S., Stone, M., Galletly, C., Stain, H. J., & Cohen, M. (2012). The experiences of Australian parents with psychosis: The second Australian national survey of psychosis. *Australian and New Zealand Journal of Psychiatry*, 46(9), 890–900. <https://doi.org/10.1177/0004867412455108>
- Caqueo-Urizar, A., Gutiérrez-Maldonado, J., & Miranda-Castillo, C. (2009). Quality of life in caregivers of patients with schizophrenia: A literature review. *Health and Quality of Life Outcomes*, 7, 84. <https://doi.org/10.1186/1477-7525-7-84>
- Caton, C. L. M., Cournoos, F., Felix, A., & Wyatt, R. J. (1998). Childhood experiences and current adjustment of offspring of indigent patients with schizophrenia. *Psychiatric Services*, 49(1), 86–90. <https://doi.org/10.1176/ps.49.1.86>
- Cudjoe, E., & Chiu, M. Y. L. (2020). What do children know about their parent's mental illness? A systematic review of international literature on children in families with mental illness. *Children and Youth Services Review*, 119, 105638. <https://doi.org/10.1016/j.childyouth.2020.105638>
- David, A. S. (2020). Insight and psychosis: The next 30 years. *British Journal of Psychiatry*, 217(3), 521–523. <https://doi.org/10.1192/bjp.2019.217>
- Davidson, K. A., Munk-Laursen, T., Foli-Andersen, P., Ranning, A., Harder, S., Nordentoft, M., & Thorup, A. A. E. (2021). Mental and pediatric disorders among children 0–6 years of parents with severe mental illness. *Acta Psychiatrica Scandinavica*, 145(3), 244–254. <https://doi.org/10.1111/acps.13358>
- Dolman, C., Jones, I., & Howard, L. M. (2013). Pre-conception to parenting: A systematic review and meta-synthesis of the qualitative literature on motherhood for women with severe mental illness. *Archives of Women's Mental Health*, 16(3), 173–196. <https://doi.org/10.1007/s00737-013-0336-0>
- Evenson, E., Rhodes, J., Feigenbaum, J., & Solly, A. (2008). The experiences of fathers with psychosis. *Journal of Mental Health*, 17(6), 629–642. <https://doi.org/10.1080/09638230701506259>
- Fudge, E., & Mason, P. (2004). Consulting with young people about service guidelines relating to parental mental illness. *Australian E-Journal for the Advancement of Mental Health*, 3(2), 50–58. <https://doi.org/10.5172/jamh.3.2.50>
- Furlong, M., McGilloway, S., Mulligan, C., McGuinness, C., & Whelan, N. (2021). Family talk versus usual services in improving child and family psychosocial functioning in families with parental mental illness (PRIMERA—Promoting research and innovation in mental health services for families and children): Study protocol for a randomised controlled trial. *Trials*, 22(1), 1–18. <https://doi.org/10.1186/s13063-021-05199-4>
- Gellatly, J., Bee, P., Kolade, A., Hunter, D., Gega, L., Callender, C., Hope, H., & Abel, K. M. (2019). Developing an intervention to improve the health related quality of life in children and young people with serious parental mental illness. *Frontiers in Psychiatry*, 10, 1–12. <https://doi.org/10.3389/fpsy.2019.00155>
- Gladstone, B. M., Boydell, K. M., Seeman, M. V., & McKeever, P. D. (2011). Children's experiences of parental mental illness: A literature review. *Early Intervention in Psychiatry*, 5(4), 271–289. <https://doi.org/10.1111/j.1751-7893.2011.00287.x>
- Harrigan, S. M., McGorry, P. D., & Krstev, H. (2003). Does treatment delay in first-episode psychosis really matter? *Psychological Medicine*, 33(1), 97–110. <https://doi.org/10.1017/S003329170200675X>
- Hosman, C. M., van Doesum, K. T., & van Santvoort, F. (2009). Prevention of emotional problems and psychiatric risks in children of parents with a mental illness in The Netherlands: I. The scientific basis to a comprehensive approach. *Australian E-Journal for the Advancement of Mental Health*, 8(3), 250–263. <https://doi.org/10.5172/jamh.8.3.250>
- Isobel, S., Foster, K., & Edwards, C. (2015). Developing family rooms in mental health inpatient units: An exploratory descriptive study healthcare needs and demand. *BMC Health Services Research*, 15(1), 1–9. <https://doi.org/10.1186/s12913-015-0914-0>
- Jungbauer, J., Stelling, K., Kuhn, J., & Lenz, A. (2010). How do mothers and fathers suffering from schizophrenia experience their parenthood? Results from an in-depth interview study. *Psychiatrische Praxis*, 37(5), 233–239. <https://doi.org/10.1055/s-0029-1223535>
- Kahl, Y., & Jungbauer, J. (2014). Challenges and coping strategies of children with parents affected by schizophrenia: Results from an in-depth interview study. *Child and Adolescent Social Work Journal*, 31(2), 181–196. <https://doi.org/10.1007/s10560-013-0316-2>
- Källquist, A., & Salzman-Erikson, M. (2019). Experiences of having a parent with serious mental illness: An interpretive meta-synthesis of qualitative literature. *Journal of Child and Family Studies*, 28(8), 2056–2068. <https://doi.org/10.1007/s10826-019-01438-0>
- Kular, A., Perry, B. I., Brown, L., Gajwani, R., Jasini, R., Islam, Z., Birchwood, M., & Singh, S. P. (2019). Stigma and access to care in first-episode psychosis. *Early Intervention in Psychiatry*, 13(5), 1208–1213. <https://doi.org/10.1111/eip.12756>
- Lannes, A., & Arnaud, C. (2021). Preventive interventions in offspring of parents with mental illness: A systematic review and meta-analysis of randomized controlled trials. *Psychological Medicine*, 51, 2321–2336. <https://doi.org/10.1017/S0033291721003366>
- Larkin, M., Shaw, R., & Flowers, P. (2019). Multiperspectival designs and processes in interpretative phenomenological analysis research. *Qualitative Research in Psychology*, 16(2), 182–198. <https://doi.org/10.1080/14780887.2018.1540655>
- Larkin, M., & Thompson, A. (2012). Interpretative phenomenological analysis. In A. Thompson & D. Harper (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 99–116). Wiley & Sons. <https://doi.org/10.1002/9781119973249>

- Lucksted, A., Stevenson, J., Nossel, I., Drapalski, A., Piscitelli, S., & Dixon, L. B. (2018). Family member engagement with early psychosis specialty care. *Early Intervention in Psychiatry*, 12(5), 922–927. <https://doi.org/10.1111/eip.12403>
- Maybery, D. J., Goodyear, M., Reupert, A. E., Sheen, J., Cann, W., O'Hanlon, B., & Cuff, R. (2019). A mixed method evaluation of an intervention for parents with mental illness. *Clinical Child Psychology and Psychiatry*, 24(4), 717–727. <https://doi.org/10.1111/1359104518822676>
- Mehta, U. M., Bhagyavathi, H. D., Kumar, C. N., Thirthalli, J., & Gangadhar, B. N. (2014). Cognitive deconstruction of parenting in schizophrenia: The role of theory of mind. *Australian and New Zealand Journal of Psychiatry*, 48(3), 249–258. <https://doi.org/10.1177/0004867413500350>
- Montgomery, P. (2005). Mothers with a serious mental illness: A critical review of the literature. *Archives of Psychiatric Nursing*, 19(5), 226–235. <https://doi.org/10.1016/j.apnu.2005.07.005>
- Mordoch, E., & Hall, W. A. (2008). Children's perceptions of living with a parent with a mental illness: Finding the rhythm and maintaining the frame. *Qualitative Health Research*, 18(8), 1127–1144. <https://doi.org/10.1177/1049732308320775>
- Mowbray, C. T., Bybee, D., Oyserman, D., & MacFarlane, P. (2005). Timing of mental illness onset and motherhood. *Journal of Nervous and Mental Disease*, 193(6), 369–378. <https://doi.org/10.1097/01.nmd.0000165088.82453.bd>
- Müller, A. D., Gjøde, I. C. T., Eigil, M. S., Busck, H., Bonne, M., Nordentoft, M., & Thorup, A. A. E. (2019). VIA family: A family-based early intervention versus treatment as usual for familial high-risk children: A study protocol for a randomized clinical trial. *Trials*, 20(1), 112. <https://doi.org/10.1186/s13063-019-3191-0>
- Oluwoye, O., Cheng, S. C., Fraser, E., Stokes, B., & McDonnell, M. G. (2020). Family experiences prior to the initiation of care for first-episode psychosis: A meta-synthesis of qualitative studies. *Journal of Child and Family Studies*, 29(9), 2530–2541. <https://doi.org/10.1007/s10826-019-01695-z>
- Perkins, D. O., Gu, H., Boteva, K., & Lieberman, J. A. (2005). Relationship between duration of untreated psychosis and outcome in first-episode schizophrenia: A critical review and meta-analysis. *American Journal of Psychiatry*, 162(10), 1785–1804. <https://doi.org/10.1176/appi.ajp.162.10.1785>
- Pierce, M., Hope, H. F., Kolade, A., Gellatly, J., Osam, C. S., Perchard, R., Kosidou, K., Dalman, C., Morgan, V., Di Prinzio, P., & Abel, K. M. (2020). Effects of parental mental illness on children's physical health: Systematic review and meta-analysis. *The British Journal of Psychiatry*, 217(1), 354–363. <https://doi.org/10.1192/bjp.2019.216>
- Price-Robertson, R., Obradovic, A., & Morgan, B. (2017). Relational recovery: Beyond individualism in the recovery approach. *Advances in Mental Health*, 15(2), 108–120. <https://doi.org/10.1080/18387357.2016.1243014>
- Radley, J., Barlow, J., & Johns, L. C. (2022). The Needs and Experiences of Parents with Psychosis: A Qualitative Interview Study. *Journal of Child and Family Studies*, 1–13.
- Rasic, D., Hajek, T., Alda, M., & Uher, R. (2014). Risk of mental illness in offspring of parents with schizophrenia, bipolar disorder, and major depressive disorder: A meta-analysis of family high-risk studies. *Schizophrenia Bulletin*, 40(1), 28–38. <https://doi.org/10.1093/schbul/sbt114>
- Reedt, C., van Doesum, K. T., Signorini, G., Lauritzen, C., van Amelsvoort, T., van Santvoort, F., Young, A. H., Conus, P., Musil, R., Schulze, T., Berk, M., Stringaris, A., Piché, G., & de Girolamo, G. (2019). Promotion of wellbeing for children of parents with mental illness: A model protocol for research and intervention. *Frontiers in Psychiatry*, 10, 606. <https://doi.org/10.3389/fpsy.2019.00606>
- Reupert, A. E., & Maybery, D. J. (2009). Fathers' experience of parenting with a mental illness. *Families in Society: The Journal of Contemporary Social Services*, 90(1), 61–68. <https://doi.org/10.1606/1044-3894.3846>
- Reupert, A. E., Price-Robertson, R., & Maybery, D. J. (2017). Parenting as a focus of recovery: A systematic review of current practice. *Psychiatric Rehabilitation Journal*, 40(4), 361–370. <https://doi.org/10.1037/prj0000240>
- Riebschleger, J. (2004). Good days and bad days: The experiences of children of a parent with a psychiatric disability. *Psychiatric Rehabilitation Journal*, 28(1), 25–31. <https://doi.org/10.2975/28.2004.25.31>
- Riebschleger, J., Grovc, C., Cavanaugh, D., & Costello, S. (2017). Mental health literacy content for children of parents with a mental illness: Thematic analysis of a literature review. *Brain Sciences*, 7(11), 141. <https://doi.org/10.3390/brainsci7110141>
- Sin, J., Elkes, J., Batchelor, R., Henderson, C., Gillard, S., Woodham, L. A., Chen, T., Aden, A., & Cornelius, V. (2021). Mental health and caregiving experiences of family carers supporting people with psychosis. *Epidemiology and Psychiatric Sciences*, 30, e3. <https://doi.org/10.1017/S2045796020001067>
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. SAGE Publications.
- Somers, V. (2007). Schizophrenia: The impact of parental illness on children. *British Journal of Social Work*, 37(8), 1319–1334. <https://doi.org/10.1093/bjsw/bcl083>
- Strand, J., Boström, P. K., & Grip, K. (2020). Parents' descriptions of how their psychosis affects parenting. *Journal of Child and Family Studies*, 29(3), 620–631. <https://doi.org/10.1007/s10826-019-01605-3>
- Strand, J., & Meyersson, N. (2020). Parents with psychosis and their children: Experiences of Beardslee's intervention. *International Journal of Mental Health Nursing*, 26(5), 908–920. <https://doi.org/10.1111/inm.12725>
- Trondsen, M. V. (2012). Living with a mentally ill parent: Exploring adolescents' experiences and perspectives. *Qualitative Health Research*, 22(2), 174–188. <https://doi.org/10.1177/1049732311420736>
- Ueno, R., & Kamibepu, K. (2008). Narratives by Japanese mothers with chronic mental illness in the Tokyo metropolitan area: Their feelings toward their children and perceptions of their children's feelings. *Journal of Nervous and Mental Disease*, 196(7), 522–530. <https://doi.org/10.1097/NMD.0b013e31817cf721>



- Valiakalayil, A., Paulson, L. A., & Tibbo, P. (2004). Burden in adolescent children of parents with schizophrenia - the Edmonton high risk project. *Social Psychiatry and Psychiatric Epidemiology*, *39*(7), 528–535. <https://doi.org/10.1007/s00127-004-0778-9>
- van der Ende, P. C., van Busschbach, J. T., Nicholson, J., Korevaar, E. L., & van Weeghel, J. (2016). Strategies for parenting by mothers and fathers with a mental illness. *Journal of Psychiatric and Mental Health Nursing*, *23*(2), 86–97. <https://doi.org/10.1111/jpm.12283>
- van Doesum, K. T., Maia, T., Pereira, C., Loureiro, M., Marau, J., Toscano, L., Lauritzen, C., & Reedtz, C. (2019). The impact of the “SEMENTE” program on the family-focused practice of mental health professionals in Portugal. *Frontiers in Psychiatry*, *10*, 305. <https://doi.org/10.3389/fpsy.2019.00305>
- Wan, M. W., Salmon, M. P., Riordan, D. M., Appleby, L., Webb, R., & Abel, K. M. (2007). What predicts poor mother-infant interaction in schizophrenia? *Psychological Medicine*, *37*(4), 537–546. <https://doi.org/10.1017/S0033291706009172>
- Yamamoto, R., & Keogh, B. (2018). Children's experiences of living with a parent with mental illness: A systematic review of qualitative studies using thematic analysis. In *Journal of Psychiatric and Mental Health Nursing*, *25*(2), 131–141. <https://doi.org/10.1111/jpm.12415>

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