Young Adults’ Mental Health Disclosures: Impact on Meta-perceptions, Family Relationships, and Coping

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Abstract

There is limited research about young adults’ mental health disclosures to a close family member and the impact on relationship dynamics, which may affect the ability to cope with the disorder. The aim of this mixed-methods study was to examine the relationships between the family member’s reaction and treatment toward the disclosing individual and changes in the individual’s meta-perception toward their family member, relationship strength, symptoms, and coping. An anonymous, online survey link was distributed via University of Arizona course and program listservs, social media, and flyers. Participants (N=104), ages 18-35, who have disclosed their mental health problem to a close family member were asked about their satisfaction with their family member’s reaction and treatment toward them, changes in their meta-perception, relationship strength, symptoms, and coping. Results found treatment satisfaction as a statistically significant predictor for changes in meta-perception and relationship strength. Treatment and reaction satisfaction are marginally significant predictors for the ability to cope. Reaction satisfaction and meta-perception significantly predict the severity of symptoms, and relationship strength is a significant predictor for coping. Mostly positive reactions, treatments, meta-perceptions, and strengthened relationships were reported in the open-ended responses, which aligns with quantitative results. This study emphasizes the need for family members to be conscious of how their actions can directly and indirectly influence the disclosing individual's ability to cope with their mental disorder. Disclosure conversations should provide validation and inquire about ways to support the disclosing individual.

Table 1. Summary of Percentages for Treatment, Relationship, & Mental Health Questions

<table>
<thead>
<tr>
<th>Measure</th>
<th>Slightly Dissatisfied</th>
<th>Neither</th>
<th>Slightly Satisfied</th>
<th>Moderately - Extremely Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reaction Satisfaction</td>
<td>15.9</td>
<td>11.4</td>
<td>14.8</td>
<td>12.5</td>
</tr>
<tr>
<td>Treatment Satisfaction</td>
<td>10.9</td>
<td>7.3</td>
<td>15.9</td>
<td>11.0</td>
</tr>
<tr>
<td>Meta-perception**</td>
<td>5.1</td>
<td>15.2</td>
<td>64.6</td>
<td>11.4</td>
</tr>
<tr>
<td>Relationship Strength**</td>
<td>6.4</td>
<td>8.9</td>
<td>24.1</td>
<td>22.8</td>
</tr>
<tr>
<td>Symptoms***</td>
<td>15.2</td>
<td>17.7</td>
<td>27.8</td>
<td>26.6</td>
</tr>
<tr>
<td>General Coping****</td>
<td>5.0</td>
<td>6.3</td>
<td>21.5</td>
<td>25.3</td>
</tr>
</tbody>
</table>

Table 2. Multiple Regression Results

<table>
<thead>
<tr>
<th>Measure</th>
<th>Meta-Perception</th>
<th>Relationship Strength</th>
<th>Symptoms</th>
<th>Coping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reaction Satisfaction</td>
<td>.00</td>
<td>.11</td>
<td>.34***</td>
<td>.21</td>
</tr>
<tr>
<td>Treatment Satisfaction</td>
<td>.22**</td>
<td>.37**</td>
<td>.07</td>
<td>.24*</td>
</tr>
<tr>
<td>Meta-perception**</td>
<td>.31</td>
<td>.30</td>
<td>.14</td>
<td>.25*</td>
</tr>
</tbody>
</table>

Note. All models were controlled for gender, age, and race.

T1 p < 0.1; ** p < 0.05; *** p < 0.001.

Treatment satisfaction is a statistically significant predictor for meta-perception and relationship strength (See Table 2).

• “I didn’t really like the way I was treated. I felt like I was something so fragile that she was always worried about what she might say or do.”
• “The relationship feels like it lacks a depth of trust that it could have, and in return for his dismissal, I feel less compassion for him.”

Treatment satisfaction and reaction satisfaction are marginally significant predictors for coping (See Table 2).

• “She assured me that things would be okay and has helped me with breathing exercises when I feel anxious.”
• “She would dismiss me...I was second guessing myself and trying to convince myself that everything was fine when it really wasn’t.”

Results

Conclusions and Implications

• Treatment after disclosure can lead to changes in how the individual feels to be perceived by their relative and the relationship between them, which then associates with symptoms and coping respectively.
• Limitation to the study: upon analysis of the open-ended questions, there were difficulties in accurately comparing variables after disclosure vs. before.
• Family members should focus on validating the disclosing individual and asking how they can best help them.
• Further research should control for other variables which may mediate results (i.e. medication-consumption, attendance of therapy, etc.).

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Background

• 20% of adults experience a mental health problem every year (NAMI, 2019).
• There are benefits to disclosing a mental health problem to a family member, relationship strength, and coping.
• Families provide moral, financial, and practical support, which aids mental health recovery (Adejoh et al., 2016; Aldersey & Whiteley, 2015; Chen, Lai, & Yang, 2013).
• Positive reactions from the family after disclosure are associated with less severe symptoms of depression (Frey et al., 2016).
• Research shows disclosure can result in perceptions of improved relationships between the disclosing individual and the recipient (Ueno & Kamibeppu, 2012).
• Recovery from a mental disorder can be hindered when the family explicitly reveals stigma, but whether such treatment is a daily occurrence or due to individuals being seen as fragile because of their disorder is unknown (Aldersey & Whiteley, 2015).
• Research related to meta-perceptions (how you think others perceive you) is limited, but adolescents with a mental disorder who are treated with avoidance from family members feel as if their relatives have a negative impression of them, which negatively influences their relationship (Moses, 2010).
• The relationship quality between the self and others is also impacted when individuals feel misunderstood by their family members (Carlson & Oltmanns, 2015).
• Many of the studies were conducted on children or populations outside the U.S.
• A more thorough examination of the following relationships is needed.

Research Questions:

• After a young adult’s disclosure of a mental health problem, is there a relationship between the family member’s reactions and treatment and changes in the disclosing individual’s meta-perception?
• Is there a relationship between the family member’s reactions and treatment and changes in the relationships?
• Is there a relationship between the family member’s reactions and treatment and the disclosing individual’s ability to cope with their mental disorder?

Methods

• 104 participants, ages 18-35 (M=21), with a mental health problem and who have disclosed to a close family member
• 28.2% self-identify with a mental health problem, 71.8% are clinically diagnosed
• An anonymous, online survey link was distributed via University of Arizona program listservs, social media, and flyers. Participants (N=104), ages 18-35, who have disclosed their mental health problem to a close family member were asked about their satisfaction with their family member’s reaction toward their disclosure, changes in their meta-perception, relationship strength, symptoms, and coping.
• Through closed-ended and open-ended questions, participants were asked about their satisfaction with their family member’s reaction/treatment to their disclosure, changes in their meta-perceptions, relationship strength, symptoms, and coping.
• Closed-ended sample questions include “how satisfied were you with how your family member reacted to the disclosure of your mental health problem (1 = extremely dissatisfied, 7 = extremely satisfied)?”
• Open-ended sample questions included “please describe how you think your family member thought of you after disclosure compared to before”.
• Response options: “much worse of me” to “much better of me”; ** “much weaker” to “much stronger”.

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Most of the participants were satisfied with how their family member reacted to their disclosure (Table 1). Many reported positive reactions, which resulted in positive feelings: “She assured me that things would be okay and has helped me with breathing exercises when I feel anxious.”

Meta-perception.

Most of the respondents thought their family member’s perceptions of them did not change after disclosure (Table 1).

• “Maybe more things made sense to her, but I don’t think anything changed.”

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Treatment satisfaction and meta-perception are statistically significant predictors for symptoms (See Table 2).