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https://doi.org/10.15017/2202957

出版情報：九州大学総合臨床心理研究. 9, pp.217-228, 2018-03-22. 九州大学大学院人間環境学府附属総合臨床心理センター
バージョン：
権利関係：

Bulletin of Center for Clinical Psychology and Human Development, Kyushu University
Vol. 9, pp. 217－228.

Clinical psychology support for siblings of the people with special needs

– Reviewing the concept of “young carer” with case studies

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Abstract

Clinical psychology support for siblings of the people with special needs or children and young people with family members who have illnesses get less attention compared to the individuals with special needs in a family. However, these group of young people’s psychology, emotion and mental needs are equally essential especially when they involve in caring jobs. In recent years the term “young carer” which usually refers to them gets more attention academically in the field of clinical psychology to better understand their needs in multiple aspects to better provide support enhancing well-being. This article reviews some literature to look into the theoretical aspects related to these issues and through two clinical cases to compare and understand the psychological phenomenon experienced by young carers from different family backgrounds with diverse disorders and diseases of their family members. From there, thoughts on more suitable and relevant clinical psychology intervention are proposed in order to organise the support more systematically in catering the mental health for this group of children and young people who tends to be forgotten.

Keywords: siblings of people with special needs; young carer; clinical psychology support

Introduction

Individuals with special needs, for examples mental illness, physical disabilities, developmental disorders, or various diseases, need extra care from the surroundings to cope with various needs in daily life. Very often the family system is the immediate environment available for them to get immediate and direct assistance and care from. Usually the adults in a family are the major care givers for them. However, it is indeed a fact that the children and young people in a family will usually need to participate in the care giving tasks as well. In many circumstances, especially when the adults are overwhelmed with too many roles and responsibilities, it is not surprised that the children and young people are expected to share or even take over the roles of the adults equally or even more than expected in providing care for family members with special needs.

Nevertheless, the children and young people are still in the process of development prior reaching adulthood. Along the route of development, they themselves have personal psychosocial needs that cannot be ignored. The experiences of taking care the family members with special needs give impact on them which can be positive and negative that deserve equal psychology attention and support.

From the late 1950s until the mid-1980s, children and young people living with ill parents or even siblings were rarely mentioned in the literature, except noting that these children and young people might have more responsibilities at home (e.g., Arnaud, 1959; Romano, 1976 in Davey, et al., 2016). These phenomena are even more obvious in Oriental societies where assistance from children and young people are considered inseparable in a family as part of their socialisation and learning processes to achieve adulthood. Despite the cultural factors that worth to be taken into consideration when studying children and young people who are taking care of their family members, the fundamental understanding on their psychological needs and the related issues are worth to be explored in order to better provide necessary support. This article aims at reviewing these issues and with presentation of actual clinical cases, tries to propose suitable perspectives when constructing clinical psychology intervention and support for this group of youngsters who are usually neglected.

Children and young people responses to parental illness

There are various conditions where children and young people have to respond to their parents' illness. Morley, et al. (2017) presents various parental conditions that children and young people may have to face and handle, such as multiple sclerosis, Parkinson's disease, acquired brain injury, depression, alcoholism, cancer and HIV/AIDS. These different conditions are analysed to understand the different demands in taking care of them.

As examples, for children of parents with multiple sclerosis on average undertake higher levels of family responsibilities and caregiving tasks than children of 'healthy' parents (Pakenham and Burnsnall, 2006; Yahav et al., 2005 in Morley, et al., 2017). The areas include instrumental (e.g. paying bills and managing money), social-emotional (e.g. keeping the parent happy, safe and occupied), personal-intimate (e.g. assisting with toileting and dressing) and domestic-household care (e.g. preparing meals and shopping) (Pakenham and Cox, 2012 in Morley, et al., 2017). Whereas children with parental Parkinson's disease, their quality of life are affected by the ages of the children, the duration of the parents' Parkinson's and the availability of sibling support (Morley, et al., 2017)

Compared to the neurological disorders as illustrated above, addiction problems give different impact to children. For parental alcoholism, the children are exposed not only to the drinking problems, but also to many other risks such as drug abuse and dependence (Elliott et al., 2012; Schuckit et al., 2000 in Morley, et al., 2017) due to the family environment they live in. This indicates that the experience of taking care of parents with addiction will have indirect negative psychology impact on the young people in the family which will reflect behaviourally in the later stage of their development.

In the case of mental disorders, for example parental depression, the impact will be on behavioural and emotional development, as well as cognitive development, due to the nature of depressive disorders which often create attachment issues and lacking of stimulus from parents to children. Thus, the intervention and prevention efforts need to be developmentally sensitive and focuses specifically on different stages of development such as on infants, toddlers, adolescent and young adults , and also should include parents in some way as well (Crain, et al., 2017 in Morley, et al., 2017)

In a website on "About being a sibling", the characteristics of siblings of people with mental disorders are summarised as follow that worth to refer and understand:

1. Scared, full of questions, worried about how the relationship with sibling will change and unsure about how to support brother or sister when they are unwell.
2. Unsure of where can go for support or information.
3. Worried about parents and how they are coping, and feel that there are questions that not feel comfortable asking them.
4. A sense of loss and sorrow for the way things were before and uncertainty about the future.
5. Mixed feelings of anger or guilt around why this has happened to the sibling.
6. As the sibling and parents grow older, there may be concerned about who will care for the brother or sister, or the sibling may take on some carer responsibilities.
7. Concerned that the same thing might happen to the sibling him/herself, for instance concern about genetics and mental illness and worry that him/her or own children might develop mental illness in the future.
8. Embarrassment about sibling's behaviour in front of friends or uncertain about how to talk to friends and family about sibling's mental illness.
9. Worry that do not see sibling enough or that do not have enough time for own and own friends or family.
10. Difficulty in contacting doctors or other mental health professionals when need to.
11. Dealing with own mental health or well-being issues and needing time to look after own health.
12. Hopeful for the future

These characteristics show that the psychology and emotion of the siblings of people with mental disorders are more sophisticated and sensitive which are distinct, although there are some similarities in general in comparison with other disorders and disabilities. Therefore clinical psychology support should take into consideration these characteristics.

Young carer

The concept of young carer is getting more attention recently in order to better understanding and taking care of this group of people. General understanding of young carer is a child who is still in the schooling years but need to take care of the welfare of family members who could be the parents, siblings, the grandparents and other relatives staying together.

From the literature, a simple definition in homepage "About young carers" defines a young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol. The Blackwell Encyclopaedia of Social Work gives a more comprehensive definition that worth to refer where it defines that young carers are "children and young persons under 18 who provide or intend to provide care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility which would usually be associated with an adult. The person receiving care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care, support or supervision" (Becker, 2000).

A young carer may involve in many tasks from housechores, up to complicated jobs such as giving medicine, doing rehabilitation for the family members or bringing or accompanying them to get treatment. It is also noted some supports are beyond young carer's developmental age for examples giving emotional support such as talking to someone who is distressed and suicidal, managing the family budget and collecting prescriptions.

In a family where there are members with special needs, usually there will be tendency where the focus will be on them to many extents use up most of the resources because of their special needs. This is especially the case during initial stage when they just get diagnosed with disorders or disabilities. However, it is important not to overlook the needs of other family members as well. They have the usual needs that still need to be taken care of.

In the case of the siblings who are still children and adolescents that undergoing the process of intense physical and psychosocial developmental, the attention to treat them just like a “typical” child and adolescent are actually vital to maintain their psychological well-being. If they become the young carer for the family, additional supports are usually needed, more if the caring tasks they do are tougher and beyond their usual developmental abilities. However, in many instances these attention and support may not be available, or are inadequate, not consistent and shallow as the energy and attention tend to be channelled to the family members with special needs where clinical psychology first aid and support go to them first in order to assist and empower them, whereas the focus on other siblings with typical needs are overlooked or even ignored.

On the other hand, the main caregivers in a family who are usually the parents, become the main supporter and care providers for the children with physical disabilities and mental illness but not limited with that, they have other typical developed children to take care of. This creates extraordinary stress to the parents and main caregivers which could cause unfavourable family atmosphere where the stress and negative emotions are directed towards other children, with compromised parental attention.

Characteristic of young carer

The siblings of individuals with special needs and young carer go through life events and personal experiences which are not usually experienced by their peers. There are a few characteristics which can be observed among them:

1. They are confused with many doubts and full of questions about the relationship with their siblings with special needs, as the relationship is not the typical one that they can learn from majority of their peers.
2. They are less sure how to support their brother or sister who are unwell. This can be due to lacking of cognitive and physical abilities and also lacking of experience in giving care as young children.
3. Unsure about parents’ needs in various dimensions resulted from exhaustion in taking care the siblings with special needs. The emotional supports between parents and children may be lacking which affect the effective parent-child communication.
4. Sense of loss and sorrow on changes and feeling of “incompleteness” in the family emerged because of the siblings with disabilities or disorders which can be difficult for them to digest and understand.
5. There are very often fear, anger, guilt felt by them. The emotional feelings can be complicated towards their siblings and also towards themselves. Limited by their developmental age, these complicated feelings cannot be well handled and will disturb them psychologically if no appropriate supports are available.

Toya (2009) summarises a few aspects of psychology problems faced by siblings of the children with disabilities which include:

1. Inappropriate sense of responsibility which is too high according to age and gender.
2. Tendency to compromise own priority as expected by their parents.
3. Tendency to be too enthusiastic in sacrificing own needs for other people.
4. Tendency to depend too much on other people.
5. The right to behave just like an ordinary child is not recognised by the adults.
6. Difficulty in friendship due to the caring jobs involved.
7. Own future is limited.
8. Feeling of unfairness towards parents' love and treatment.

By understanding these characteristics of siblings of children with special needs or young carers, more effective and goal directed clinical psychology intervention and supports will be able to formulate and implement.

Clinical cases

This section presents two clinical cases of young carer and siblings of child with disabilities or disorders to understand their care giving experiences, personal issues and the psychological needs emerged. These two cases are seen in Health Psychology Clinic of National University of Malaysia in Kuala Lumpur.

(1) Case S

S is a Malaysian boy with Chinese ethnicity, aged 14. He has an elder brother with cerebral palsy of quadriplegia features who uses wheel chair to move and can hardly speak clearly. S helps his mother to take care of the elder brother for tasks like assisting him in movement, eating and drinking, dressing and undressing, preparing special food, making sure the safety, toileting and many other daily tasks. S is staying with his elder brother and mother while the father is working in other town and only comes back home once in about two weeks. S's mother has been pouring most of the efforts on her son with cerebral palsy. Since S's father is away from home, S's mother takes care all aspects of life for both her sons. As for the son with cerebral palsy, definitely more cares are needed. S needs to follow his brother for hospital appointments, rehabilitations sessions, sports training and other daily routine activities. Being the only sibling for his brother, S is expected to take care of his brother's needs. This trains him to be sensitive to his brother's needs. He knows what his brother tries to express and assists in interpreting the messages; he reads his facial expression; knows when to help him to move; helps him to sit in comfortable body position; handling toileting and many other daily living jobs.

At the age when S was 10 years old, S's mother requested clinical psychology services for S's emotional and interpersonal problems in school. Mother's chief complaints was that S started showing difficulty in mixing around with other children. He behaved emotionally and sometime acted violently to friends. However, he was popular among the female friends in school. Sometimes he did not know the boundary when mixing with others. He was also reported not able to follow the study in school and was getting slower in learning.

Clinical psychology intervention was conducted since then. Later, the family decided to transfer S from public government school to private home schooling where the syllabus of study is more flexible. According to S's mother, his condition gets better after starting home schooling as S can study by following own pace and ability. The interpersonal relationship in home schooling is not as complicated as in public government school. More extra-curricular activities available which interest him. Due to the more flexible curriculum and smaller class size, he appears to be less stressful and behavioural problems have reduced.

After entering early adolescent, S's mother has new complaints that S starts watching pornographic materials and this worries her. He also displays romantic relationship with a girl in his class which S's mother does not agree on. It appears that communication problems starts to occur between mother and S as he enters rebellious period after developing as an adolescent. Occasionally, he continues showing behavioural and emotional problems at home and in school but overall are manageable.

What worth to note is that despite the psychological problems exhibited by S, along the course of intervention with clinical psychologist, he is still a very responsible young carer in taking care of his elder brother. Even though there are inevitable siblings quarrels between both of them, eventually he will still fulfil his role as the carer for his brother as usual.

Clinical observation

S appears to be more mature than his chronological age especially when it comes to his perception related to family matters and disability that his elder brother is experiencing which appears to be sensitive issues. He becomes reserved, observant and less expressive when these issues are touched. However, when it comes to his own interests and personal stories, he is just like a young boy at his age who are timid but excited to share about things that he likes such as hand phone, pop songs, activities in school, his romance stories etc..

Assessment

In order to understanding how S's care giving jobs and psychological conditions are related, the following tests were conducted:

1. Multidimensional Assessment of Caring Activities (MACA-YC18).
2. Positive and Negative Outcomes of Caring (PANOC-YC20).
3. Multidimensional Assessment of Caring Activities-Young Carers (MACA-YC42).

Plus an additional qualitative questionnaire on what he likes and dislikes about caring.

1. Multidimensional Assessment of Caring Activities (MACA-YC18).

The Multidimensional Assessment of Caring Activities (MACA-YC18) is a questionnaire to be completed by young carers (an 18-item self-report measure) that can be used to provide an index (or score) of the total amount of caring activity undertaken by a child or young person, as well as six subscales for (1) domestic tasks, (2) household management, (3) personal care, (4) emotional care, (5) sibling care, and (6) financial/practical care.

S total score ofMACA-YC18 is 15 which is categorised as High Amount of caring activity that he has (Note: There are five categories available to interpret the score: No caring activity recorded; Low amount of caring activity; Moderate amount; High amount; Very high amount of caring activity). Among the six subscales in MACA-YC18, the score indicates that Household Management is the area that S involves the most with score of 5. This area includes tasks such as decorating rooms, take responsibility for shopping for food and help with lifting or carrying heavy thing. The summary of his MACA-YC18 scores is presented in the table below:

Subscales	Scores
Domestic activity	2
Household management	5
Financial and practical management	2
Personal care	2
Emotional care	3
Sibling care	1
Total score	**15**

Table: S's MACA-YC18 scores summary

2. Positive and Negative Outcomes of Caring (PANOC-YC20).

Positive and Negative Outcome of Caring (PANOC-YC20) is a questionnaire to be completed by young carers (a 20-item self-report measure) that can be used to provide an index (or score) of the subjective cognitive and emotional impact of caring in young people. There are two 10-item subscales, i.e., positive responses and negative responses.

S's PANOC-YC20 reveals that his score for positive outcome of caring is 13 which is interpreted as "Relatively high positive outcomes reported" while the negative outcome of caring score is 6 interpreted as "Relatively few negative outcomes". It is stated that if a young carer scores less than 12 on the positive scale and greater than 8 on the negative scale, there will be concerns need to be given. S's scores indicate that there is no need of concern regarding the outcome of caring as his positive outcome is slightly more than 12 (with score of 13) while the negative impacts is below 8 (with score of 6). Therefore it can be suggested that the caring tasks he involves does not cause emotional distress in him.

3. Multidimensional Assessment of Caring Activities-Young Carers (MACA-YC42).

Multidimensional Assessment of Caring Activities-Young Carers (MACA-YC42) is useful to explore in more details the nature and extent of their caring tasks. S scores 32 in this assessment, which is below the median (42) of the full score, indicates the moderate level he experiences with caring activities.

4. Other assessment

Qualitative analysis reveals that he spends around 5 hours per day during weekend (Saturday and Sunday) for caring jobs. He started doing caring jobs since 10 years old. Changing clothes is the caring jobs that he likes the most because that "helps my brother a lot" according to him. Whereas he dislikes typing the most as that "wasting my time". Typing also appears to be the most upset task that S does in caring because that "make my time delay". S states that there were 5 days that in the last 2 weeks of term time of the assessment dates that he missed at school and also 5 days late for school, both because of caring.

Prior to this, Wechsler Intelligence Scale for Children--4th Edition (WISC-IV) was conducted in the middle of intervention period. The results show his IQ level is 70 which is within the Borderline level with strength in Verbal Comprehension Index (score of 83). This Borderline score of full IQ may imply why he faces difficulty in study at public government school before. Private home schooling that caters his study needs personally helps him learn better.

Intervention programme

Counselling sessions are conducted to enhance his anger management, assertive and social skills. Supportive therapy to help him expressing emotion is conducted as well. Later of the intervention involves the family members especially the parents to enhance parent-child communication. Psychoeducation on parenting skills with mother is carried out too. With the progress of clinical psychological intervention, S is more controllable emotionally and behaviourally and able to communicate much better especially with the mother.

The clinical psychological intervention and psychoeducation with parents commenced since 2014 and continue until now on irregular basis. The session is carried out on the same day together with the clinical dousa hou intervention on his brother with cerebral palsy. This arrangement provides a holistic intervention for the whole family. Along the course of intervention, self-reflection on S's roles and burden as the young carer in the family is done. There are time allocated at the end of session where the whole family gather together, an opportunity allows them to interact with each other therapeutically under intervention atmosphere. Through this process, S's contribution as the young carer for caring jobs in the family are made aware to other family members especially to the mother. This process is thought to have created a sense of appreciation for both S and the family members on each other existence and support despite there is family member with challenging conditions.

(2) Case N

Another case is N, a girl who is 26 years old and has a brother with autism who has been getting clinical psychology intervention in Health Psychology Clinic of National University of Malaysia with the author since year of 2013 through play therapy, group psychotherapy, clinical dousa hou training, and family intervention. N sometime accompanies his brother to the psychotherapy session. At the age of 26 years old, N has entered early adulthood and no more a child or young people. An interview is done with her in December, 2017 in order to understand retrospectively her young carer experiences when she was an adolescent before.

N has graduated from a public university in Malaysia about a year ago majoring in counselling. She is a Malaysian with Malay ethnicity. Being the eldest among four siblings, she started to help out with various family tasks when she was younger. She has another two younger sisters, aged 25 and 19 years old and the only brother with autism is the youngest sibling in the family, aged 10. In addition to the usual house chores, additional caring jobs on the youngest brother commenced after he was diagnosed with autism spectrum disorder. Another two sisters also involve in the caring jobs but the second sister involves less as she went to boarding school at younger age and was away from home for longer time. After N continued her study in university, the youngest sister take the main responsibility in taking care of the brother.

Interview with N on the details of the caring tasks she performs are based on the same questionnaires used for assessment in the previous case on S. She reveals that most of the caring tasks are to play with the brother and look after him when necessary at home apart from helping the common housechores such as cleaning up rooms, laundry, accompanying mother to shopping and carrying things. In more details, the caring tasks with her brother with autism focusing on accompanying him, making sure his safety, helping mother to look after his safety when going out for shopping and outdoor activities, emotional care like comforting him when he is scared, crying and throwing tantrum. According to N, these caring tasks are not too taxing for her. In fact, she gains sense of satisfaction by being able to offer hands to the family in contributing care taking tasks.

N also reflects another reason that care giving tasks are not exhausted for her is largely due to her background majoring in counselling. Taking care of his brother with autism is a good chance for her to apply what she learns in understanding her brother and in return helps her to master better and practically the theoretical knowledge learnt. This is different compared to another two sisters where they lack of patience when taking care of the brother due to less understanding on the autism spectrum disorder.

When asked about the challenges as a young carer, she says more patience is needed especially when there are constraints between personal interests and the caring jobs. She also feels frustrated when her brother messes up things that are tidied up. The biggest satisfaction she gains with caring jobs is when noticing improvement in behaviour and growth of her brother who she cares of. Regarding on what kind of supports that she thinks would be necessary based on her experience as a young carer before, she mentions that the support from the general public in society in eliminating the stigma towards people with special needs is very much desired. In her case, more understanding from the public on autism is much appreciated. She strongly feels this is necessary from the experience when her brother behaves out of the usual norms during outing, many times the people around will look at them with strange eyes without showing sense of supports or trying to be understanding. Therefore she feels the importance to increase public awareness in understanding further individual with special needs and sincerely accepting children with autism.

N has now graduated and is working as an assistant teacher in a kindergarten while looking for a job as a registered counsellor. She is now no more staying with the family. The other two sisters are also away from home because of marriage and study. Now basically the caring tasks of the brother are fully taken by the mother. However, actually less caring is needed as the brother is more independent with much improvement achieved psychologically, socially and physically compared to when he was much younger.

This case shows how the effective cooperation within a family with young carers' participation in care giving tasks has successfully brought dynamics and equilibrium in the family despite there is member with special needs.

Discussion by comparing these two cases

By focusing on the aspects related to young carer, both cases presented above share similarities but at the same time have their own distinctions as well.

The similarities lie on the fact that both young carers involve in taking care of the family members with special needs. They are supportive and responsible. Apart from that, the adults in the family are involved in care giving tasks that make the caring jobs in family more organised and both young carers felt supported despite the conflicts they need to face in between carrying out the expected caring jobs with their own personal matters, interests, and concerns.

The differences from both the cases can be summarised as follow. Exploring these differences will better help in understanding the nature of caring jobs in different young carers with different family backgrounds which will enable more effective clinical psychology supports prepared for every single different and unique young carer.

First, the disorders of the children with special needs. Young carer S has elder brother with cerebral palsy which is a physical disability and N's younger brother is with autism which is a developmental disorder. From the cases, it can be seen that the burden of care giving are apparently different for both different types of disabilities or disorders. In general, physical disabilities need more intense care which include taking care of daily living activities such as going to toilet, eating, and in serious case even helping basic tasks like moving from one places to another, interpreting the words said are needed. For developmental disorders, there are higher possibilities the child will usually achieve certain levels of improvement with growth and proper intervention which will make the caring tasks lighter.

Second, the age of young carer. The younger the care giver is, there will be higher possibility the care giving jobs will be more burdening due to lacking of ability, life experiences and knowledge. When growing older, with richer life experiences and growing of knowledge, the perspectives towards caring jobs will change and become more positive as illustrated in Case N.

Third, education level. Case N may not be a typical or common case of young carer as she majors in counselling which is within the scope of human service that directly helps a lot in giving care to her brother with autism. However, this proves that different education levels and scopes will make the care taking experiences different.

Fourth, support from the family. In Case S, even though he himself is facing own personal problems in school and interpersonal relationship, with sound support and care from the adults in the family, he is still able to carry out the caring jobs without much negative concerns but remains positive as shown in the assessment results with PANOC-YC20.

Fifth, the number of siblings in the family. In Case N, caring jobs apparently are easier with more siblings in the family (there are another two sisters who also involve to different degree in taking care of the brother). While for S, there are more demanding situations where he is the only one sibling for his elder brother. Not only the amount of tasks can be shared out if there are more siblings, but emotional supports will be more available to lessen the stress when the caring jobs are overwhelming.

Support system for the young carer.

Toya (2014) proposes various intervention programmes for siblings of individual with special needs for examples programme to make them experience the autonomous roles as a care giver in family. This autonomous experience is important to make them aware of their identity by accepting the role of giving care as part of their self-concept. Apart from that, siblings groups (separated in lower ages and upper years); programmes involve both parents and children to enhance their relationship and empathic thoughts to one another are encouraged as well.

Toya (2014) also further stresses the importance of the siblings to be able to express themselves freely and independently, to put the siblings as the center of attention, preserving personal space and time for themselves, interaction among siblings, as well as assisting them in self-actualisation are among the important support significant to them.

From the cases presented above, throughout the process of support and intervention, S's mother has sparked the ideas to initiate a network to appreciate the siblings of children with special needs including his son, S, as appreciation of their contribution in taking care of siblings. Activities and gatherings will be the main contents in this network to provide a casual platform for every family be aware of the contribution of the siblings in taking part in care giving tasks. Through that interaction, the siblings will feel appreciated thus enhance their psychological well-being by being able to grow stronger and healthier even with the presence of other children in the family with illness and demanding needs. .

Furthermore, from the experience working with these siblings or young carer, it is proposed that assisting them to know about own limitation mentally, physically and psychologically is important. Support their emotion when the situation is overwhelming while carrying out caring jobs will help significantly in maintaining mental health. Technical supports in terms of social skills and knowledge in handling different disorders and disabilities will be practically useful as well. Apart from these, long term, consistent and systematical supports such as forming support or self-help groups will be meaningful in helping young carers achieve growth steadily to become a more independent adult.

Conclusion

Culturally it is very common in Oriental societies like Malaysia for siblings to take care of other younger siblings, or even adults, with or without special needs. This is the universal family values shared. Therefore, it is not surprised that specific concept like "young carer" with connotation they need psychological support does not gain much attention in Asian societies especially in Malaysia where the traditional values of family unity and cooperation among siblings are much emphasised and are regarded as something natural and compulsory. With this article reviewing the psychological mechanism of "young carer" or siblings/ children/young people of family members with special needs together with the presentation of actual clinical cases, it is hoped that more attention will be given to these group of children and young people so they will not be further forgotten especially their psychological needs.

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Acknowledgement

Allow me to utilise the occasion here to express my sincere appreciation and gratitude to Kyushu University and her Center for Clinical Psychology and Human Development for the invitation to me as visiting researcher/professor from December, 2015 to July, 2016. Special thanks to Professor Dr. Toya Koichi and Associate Professor Dr. Koga Satoshi for being my mentors throughout my stay. This valuable opportunity and encounter have sparked the ideas of constructing this article, also further enriched my clinical, research and academic experiences which I brought back to Malaysia to benefit my students and colleagues in UKM. My appreciation too to all the academic staff, supporting staff, students and friends who have directly and indirectly supplied me with a lot of exciting experiences. All these made the return to Kyushu University after many years such a meaningful and memorable journey. I hope the collaboration and friendship between Kyushu University and The National University of Malaysia will continue and last forever. “Terima kasih” (Thank you in Malay language) to all!