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Being a Parent to a Young Adult with Mental Illness in Transition to Adulthood

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Parents of young adults with mental illness may face a continued demand for support, even though their children have reached the age of majority. The aim of this study was to explore relatives' experiences of parenting a young adult with mental illness in transition to adulthood. Individual interviews were conducted and analysed according to Grounded Theory. The results showed that relatives experienced powerlessness and a sense of inescapable duty with limited possibilities to be relieved. With a family nursing approach, relatives can be supported and, when the young adults' needs of care are met, they can be relieved from their burden of responsibility.

Transition to adulthood can be a critical period for young adults, especially for young adults with mental illness (McGrandles & McMahon, 2012; Singh, Evans, Sireling, & Stuart, 2005). Transitioning is critical as young adults learn to be physically, psychologically, financially, and socially competent to be able to face the responsibilities of adulthood (Xie, Sen, & Foster, 2014). Emerging adulthood is a period of life in-between adolescence and adulthood (Arnett, 2000), and the onset and duration of transition usually occurs between the ages of 16–25 years (Davis & Vander Stoep, 1997). During emerging adulthood, the commitments and responsibilities of adults are often delayed, but role experimentation continues and may intensify. This period in life is culturally constructed and exists only in those cultures that allow young adults a prolonged period of independence (Arnett, 2000), as in Sweden where this study was performed.

Young adults with mental illness can be less prepared to take care of themselves than their peers because of their ill health (Davis, 2003). Therefore, emerging adulthood presents several

challenges for young adults with mental illness. These include high risks of dropping out of school, high unemployment rates, a low level of independent living, and a lack of community support (Armstrong, Dedrick, & Greenbaum, 2003; Vander Stoep et al., 2000). A prolonged transition to adulthood may further put demands on relatives to continue providing support to these young adults, even though they have already reached the age of majority (Davis & Vander Stoep, 1997). Being a parent to a young adult with mental illness also can have an impact on family health due to the burden of being a caregiver (Buus, Caspersen, Hansen, Stenager, & Fleischer, 2014; Doornbos, 2002).

Mental illness among young adults in Sweden has increased during recent decades. According to the Swedish National Institute of Public Health (Lager, Berlin, Heimerson, & Danielsson, 2012), nervousness and anxiety were more common among older people in the 1980s, but today the age disparities are minor. Nervousness and anxiety are now most common among young women aged 16 to 24 (Danielsson et al., 2012). Moreover, suicidal thoughts are common among young adults and as many as 20% of women and 13% of men aged 16 to 29 have reported suicidal thoughts at some time in their lives. Although the rate of suicide has fallen among older age groups, the same trend is not seen among adolescents and young adults.

Young adults who need psychiatric care during transition to adulthood need to be transferred from Child and Adolescent Psychiatry (CAP) treatment settings to General Psychiatry (GenP) settings when they reach the age of 18. During transition from CAP to GenP, there is a risk for disruption in care and, therefore, a risk that young adults with ongoing needs might become disengaged from psychiatric care (Singh, 2009). To manage this transition and avoid the gap that can arise between CAP and GenP, young adults need support from both relatives and professionals (Lindgren, Söderberg, & Skär, 2013, 2014). During young adults' transition to adulthood and transfer to GenP, the circumstances for relatives change. The primary focus for

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professionals at GenP is to develop caring relationships with the young adult (Weimand, Sällström, Hall-Lord, & Hedelin, 2013); therefore, the professionals have to deal with relatives' loyalty to the young adults and the knowledge that relatives need participation and information about care (Sjöblom, Pejler, & Asplund, 2005). Having the young adult admitted to inpatient care at GenP can be a time of crisis for the family (Clarke & Winsor, 2010; Honey et al., 2015). Weimand, Hedelin, Hall-Lord, and Sällström (2011) further showed that relatives felt excluded from care and that their struggle to achieve involvement could result in feelings of powerlessness.

The family burden among relatives of young adults with mental illness is well known (Ekdahl, Idvall, Samuelsson, & Perseus, 2011; Östman, Wallsten, & Kjellin, 2005; Wilhelmsson, Graneheim, Berge, Johansson, & Åström, 2010), and research shows that **relatives need support to manage daily life** (Nordby, Kjonsberg, & Hummelvoll, 2010; Rusner, Carlsson, Brunt, & Nystrom, 2013). To be able to support the young adults in a way that corresponds to their needs, it is important that professionals have knowledge about the multiple simultaneous transitions they undergo during transfer from CAP to GenP (Lindgren et al., 2014). It is a process requiring therapeutic intents and, moreover, includes changes that have an impact on the relatives' possibilities to be involved in care. Research shows that **young adults need support from their relatives to manage the transition and strive to reach recovery** (Lindgren, Söderberg, & Skär, 2015). This situation, with persistent responsibility to provide support to a young adult with mental illness, may have an impact on relatives' daily life and their possibility of letting go. The aim of this study was, therefore, to explore relatives' experiences of parenting a young adult with mental illness who is in transition to adulthood.

MATERIALS AND METHOD

Grounded Theory (GT) design, described by Corbin and Strauss (2008), was selected as a suitable method to reach the aim of this qualitative study. A qualitative design with GT methodology is concerned with how persons experience events and the meaning they give to the experiences, and, furthermore, to describe the process and consider the consequences of actions. Data were collected by individual interviews.

Participants

To recruit participants for the study, a purposive sampling was used. The head of outpatient units at GenP in the northern part of Sweden was informed about the study and asked to invite relatives to participate. The inclusion criteria were: relative (parent/guardian) to a young adult aged 18–25 years old, with experiences of care at both CAP and GenP, and referred to GenP from CAP. As only one participant responded, the criterion for referral were removed and further invitations to participate in the study were handled by patient associations. Five participants

were recruited through patient associations through so-called snowballing (Polit & Beck, 2008)—one relative asked a relative of another patient to participate. Five relatives who participated in an earlier study (Lindgren et al., 2014) were also asked to participate. Four of them responded positively to give another interview. In total, ten relatives participated (two fathers and eight mothers). One couple gave the interview together. Four relatives were married, four relatives were single, and one relative was re-married. In all families except for one, the young adult with mental illness had siblings. One family had their first contact with psychiatric care in the young adult's early childhood; the others had their first contact when the young adults were between 14–17 years old.

Data Collection and Analysis

Data were collected through individual interviews (Kvale & Brinkmann, 2009) with eight relatives and one joint interview (with a couple). The interviews took place at either the homes or workplaces of the relatives, at the university, or at a patient association office. The interview started with a general request, "Please tell me about your first contact with psychiatric services and your experiences of parenthood in that situation." The interview continued with questions about the young adult's current needs for care and support, the relative's experiences of parenthood in that situation, his or her possibility to participate in the young adult's care in GenP, how to manage daily life, and how to get the strength they need to manage parenthood.

In accordance with GT approach, literature was read in parallel with data collection and analysis in order to gain a deeper understanding and facilitate the development of concepts and categories, that is, to stimulate theoretical sensitivity (Corbin & Strauss, 2008). This approach resulted in an open and flexible sampling strategy; thus new questions were added to the individual interview based on concepts derived from data. Such questions were about a relative's possibility to be relieved from responsibility, the value of a diagnosis, and the consequences of a lack of professional support for the young adult.

The analysis started directly after the first interview, by reading through the whole interview text, followed by open coding line by line. The initial step in the analysis pertains to defining concepts and discovering categories and their properties and dimensions. By using constant comparison, similarities and differences were compared and codes were grouped together into categories. The analysis continued with axial coding, where categories related to each other were grouped together. Finally, a core category was defined by an integration of all categories and concepts (Corbin & Strauss, 2008). In the core category, all the categories are linked together and explain the theoretical formulation of the results. Each interview lasted between 39 and 130 minutes ($M = 73$ minutes), and was transcribed verbatim. The computer program OpenCode 4.01 was used during the analysis to support the open coding and linking the categories together.

Ethical Considerations

In the beginning of the interview all participants were given verbal information about the study and told that they could discontinue the interview whenever they wanted without any disadvantage. Informed consent was obtained when the relatives received information and signed a form. Ethical considerations were made according to predictable risks and burdens caused by the interview, but the benefits of receiving the relatives' points of view were assessed to outweigh the risk of participation (World Medical Association, 2014). The regional Ethical Review Board in Sweden approved the study.

RESULTS

The analysis resulted in a core category: **feeling powerless when walking a tightrope but holding onto hope**. The core category was then related to three categories: **(1) being a powerless round-the-clock parent; (2) being part of a frustrating and frightening world; and (3) hoping for changes and the possibility of letting go**.

Core Category: Feeling Powerless when Walking a Tightrope but Holding onto Hope

The core category shows that the relatives' experiences of parenting a young adult with mental illness in transition to adulthood were like walking a tightrope and included a feeling of powerlessness. The tightrope act was in needing to be a parent and a caregiver while also letting the young adult take responsibility for his or her choices and decisions. It was also like a tightrope act in both fighting for the young adults' rights to receive appropriate care and accepting being excluded from the young adults' care. The relatives felt a **powerlessness towards society, mental health services, and even the young adults themselves**. They felt powerless seeing the young adults' needs and not having an opportunity to be involved in decisions or being excluded because of secrecy surrounding patient confidentiality. To be able to continue to provide support to the young adults and, moreover, manage their own lives, the relatives wanted supportive relationships with professionals where they—the relatives—were seen as resources. **When mental health services met the young adults' needs, the relatives could be relieved of responsibility**. Furthermore, they gained the strengths they needed by a supportive network in their family, in social relations, and among colleagues. Hope for changes and recovery was the lifeline they held on to, in order to survive and keep the young adults alive.

Being a Powerless Round-the-Clock Parent

This category describes how relatives of young adults with mental illness experienced parenthood as an inescapable duty with limited possibilities to be relieved from their responsibilities for caregiving. Most of the relatives described feeling powerless against authorities, mental health services, and even against the young adults since they had come of age. Because

of secrecy, the relatives' potential to have an impact on care decisions was decreased. They felt powerless because no one seemed to be willing to take responsibility for the young adults' whole life situation. A lack of resources, discontinuity, and care that did not meet the young adults' needs were described as the main reasons for their feelings of powerlessness. This became especially acute when the young adult had comorbidity (e.g., mental illness and drug addiction). In these situations, the responsibility of taking care of the young adult fell back on the relatives. The relatives further described that, in some situations, it was easier to take the responsibility and be the young adult's caregiver, than fight for care corresponding to that young adult's needs. The fight for the young adult's sake and his or her right to receive care took more energy from the relatives than providing the care themselves.

You get tired of trying to scream. You get tired of making phone calls to get help. At the end, it's easier to do it yourself. It takes less time and engagement.

The relatives described carrying an extensive duty even though the young adults were grown up. The young adults needed someone to take care of them, such as making sure that they took care of personal hygiene and had a natural circadian rhythm. It could further require protecting them from self-harm or looking after them so that they ate and did not vomit after the meal. Furthermore, relatives said that it was like walking on a tightrope to let the young adults take responsibility for their own lives. The relatives could give advice and support, but they felt **powerless** as they could not take for granted that the young adults would listen to them and follow their advice. They also described that they wanted the young adults to be independent and have their own housing, even as that concept contributed to relatives' insecurity since it would decrease their chances to keep an eye on the young adults.

It's not always a benefit that he has his own housing. It's a huge insecurity letting him be there because you never know what's happening behind those doors. With that in mind, it's easier for me to have him on my sofa.

For those relatives, **parenthood became a matter of survival for the young adults and even for themselves**. They thought that their young adults would probably not be alive if they not had been so engaged in the young adults' health and well-being. Although the relatives felt powerless and experienced a heavy burden, they managed simply because they had to and had no other options. The relatives also described feeling powerless when they had to fight for the young adults' opportunities to finish school or get a job or any kind of financial assistance. Furthermore, when required, they had to fight for support and assistance to make it possible for the young adult to move on to their own apartment. One relative described that, because of the **lack of professional support**, she had to search for all of the information about available social and financial services by herself. However, because of her employment, she had some

advantages of knowing how to do things and where to seek help, and she was thankful for that.

I've got to be active and I believe I've some advantage of working in social service. I know a little what the municipality can offer, but I've searched information on the Internet and pondered and talked to people.

Some of the relatives had their own experiences of mental illness and psychiatric care, which, while sometimes could be an advantage, it also enhanced the **sense of powerlessness**. Another drawback was that it took so much energy to fight for the young adult's rights—depending on the young adult's mental health status and need of care—that the relative hardly could manage his or her own daily life. These relatives described the experience, again, as similar to walking on a tightrope, balancing their desire to fight for the young adults' rights and their concerns of being viewed as troublesome or judged because of their own mental illness. One advantage for the relatives who had their own mental health challenges was that these relatives understood how it felt to be admitted to inpatient care and, thereby, could support their young adults by confirming their feelings. These relatives also described that they had a great advantage in the struggle to get their young adults the care they needed, in that they had first-hand knowledge about the health organization, their rights, and who to contact.

I get a good encounter because I'm so well-read, so they can't make tricks with me, but I hear about others who have it really hard.

Relatives further described that taking responsibility for young adults with mental illness affects their own life in different ways. Some relatives described that they had to be available round-the-clock and prepared for unpredictable situations. That had an impact on their social relationships because it became difficult to make plans. Some even said that they consciously limited their social relations in order to be able to handle the family situation. Those who were married said that it was a miracle and a source of strength that the relationship was stable; some single relatives said that they had no time or capacity to invest the time and emotions necessary to form a relationship with a potential partner. They further talked about how siblings had to stand back for the benefit the young adults' needs, and that it was sometimes difficult to provide equal attention to all children in the family. Although the young adults' mental health put **considerable pressure** on the family, the relatives described it as also having a **positive impact on relationships in the family**. The family **bonds** got stronger and they learned to be open and talk to each other about all kinds of subjects.

Being Part of a Frustrating and Frightening World

This category describes how relatives experienced changes related to psychiatric care when their child had ended care at CAP and continued at GenP. They described feeling like they stepped into a frustrating and frightening world. In some cases the transfer was well-planned, but some had frustrating and

frightening experiences of the transfer to GenP. Some young adults had a transition plan, including the establishment of relationships at GenP before the transfer, but the plan was not carried out, and the young adult became admitted to GenP without previous contact at GenP, making the transfer terrifying for both the young adult and the relative, and the relative was disappointed that promises that were made were broken. One relative told about a situation where she tried to convince the professionals that the plan they had already created was valid, but the relative's protests had no impact on the final decision.

We have a plan . . . it's not completed yet, we should make connections first . . . but, "No. You have to go to the adult side." It was horrible. [Name] was totally in shock . . . and when visiting time was over I had to leave her.

Relatives further described **changes that occurred related to the ability to participate in care**. At CAP they were **involved in all decisions** and it was almost compulsory for them to stay at the ward with the young adult. After transfer to GenP they **felt excluded**, as they could not participate as they had before. They also felt that the support the whole family received from professionals at CAP was cut off, and they felt left on their own. Confidentiality toward the relatives was another new experience at GenP, and relatives described both good and bad experiences. Some reported making an agreement among the young adult, themselves, and the professional, whereby the relatives could participate in the young adults' care. One relative who was participating by proxy found that convenient, but she wished she had gotten the information about that possibility much earlier. Relatives also described extreme frustration and powerlessness when they became excluded from their young adult's care. They spoke about situations when the young adult was missing or when they had no information about his or her health condition, and no one in health care could answer their questions because of the legal constraints related to privacy and confidentiality.

I respect it, but it's very, very difficult to handle . . . when he suddenly is missing and no one can tell me where he is . . . it's a huge work trying to get past that obstacle.

The relatives also felt powerless and frustrated because they had no possibility to give support to the young adult or participate in his or her care by sharing their knowledge about the young adult with the professionals. That feeling became even stronger when they realized that the communication between CAP and GenP was deficient, as the professionals in GenP **seemed to have little interest in reading the medical records from CAP**. Some relatives even thought that the psychiatric care caused more harm than cure. They described young adults suffering from a lack of resources, such as having to wait years for an examination or required treatment. Furthermore, one relative described that her son was in need of support from municipality-based services to get daily activities and an apartment. It was crucial that the interventions be synchronized to be efficient, as it would be a waste of resources to support him with an

apartment without daily routines and work simultaneously. The relatives also felt guilty for admitting the young adult to inpatient care when it reached a point where there was no other choice. Relatives talked about situations when inpatient care (i.e., mental health services or municipality-based care), caused increased drug addiction or could not prevent suicide attempts, which led to notifications made to the National Board of Health and Welfare.

The social services raised the alarm and took him from there. He came out as a really full-blooded drug addict.

The relatives expressed that **adult psychiatric care should be adjusted to young adults' needs**. They said that the young adults, in many ways, have delayed maturity because of the mental illness and that care needs to be provided according to maturity of the young adults. The relatives expressed a need for smaller units designed for young adults, as they were worried about and frightened of all of the different patients the young adults would meet during inpatient care. They also wanted professionals at GenP **to have an inclusive attitude towards relatives**, so that the relatives are **seen as resources**. Relatives had experiences where they felt that the diagnosis was more important to the professionals than the young adults' needs; when the relatives tried to express something about the young adults, the professionals were not willing to listen. The relatives felt that professionals did not want their opinions.

Not counteract, but more a feeling that they are not interested . . . I had an action, but I realized that it didn't fall into the good ground. They had already made up their minds about his problems . . . I could tell a lot, but they listened only with half an ear.

Although the relatives felt powerless and frustrated, they talked about the importance of encountering the young adults with respect to their autonomy. Relatives with a good experience of being part of their young adult's care said the professional first checked with the young adult about his or her relative and talked about the importance of relatives for recovery. The young adult and the therapist then made a decision about when the relative should participate and what they were going to talk about, before they invited the relative to participate.

Hoping for Changes and the Possibility of Letting Go

This category describes how relatives, although feeling powerless and carrying inescapable responsibility for the young adults, were holding onto hope for changes—for the young adults' recovery and for their own situations. They described episodes when they felt that the young adults had reached a milestone and that gave hope for stability in the future. These milestone situations included when the young adults graduated from high school, connected in a partner relationship, and got a job as well as when the young adult moved from the family's domicile to an apartment of his or her own. All these circumstances were described as important for the young adult to reach recovery and—by extension—for the relatives to expe-

rience hope for change. They further described encounters with "the right person" who finally took responsibility and showed a willingness to "walk an extra mile" to meet the young adult's needs. That led to a feeling of hope and a possibility of being relieved from responsibility. Relatives further described how they became relieved by a supportive caring environment, which included security, treatment based on the young adults' needs, and relationships with professionals based on trustful communication and participation, allowing the relatives to rest from taking responsibility.

It's relieving to be able to leave the responsibility to someone else . . . then I can rest . . . let it go in my mind for a while . . . not having it both physical and thought all the time.

and

To be honest, I'm thankful for every day someone other than me takes responsibility for him . . . that I can wake up in the morning and know that someone else checks that he is alive.

Relatives also described needing support from professionals for their own sake, to facilitate their ability to handle the situation of their young adult. They described needing to find out what their new role as a relative of a young adult receiving GenP care should be, as it was difficult to be both a parent and a caregiver with responsibility for the young adult's health. One relative who received support described that it was crucial for her to find herself again and manage her own life after she had been relieved from responsibility. The support she received also facilitated her ability to let the young adult go. The relatives further described that a supportive personal network was important for holding onto hope and in letting go. This support could come from family members, grandparents, friends and colleagues, or from other people with similar experiences. The important thing was to have relationships with others, where they could relax and be honest about their situation and not have to keep up a façade. They also described getting the strength to keep going and to manage life by reading books, walking outdoors, sleeping, traveling, doing workouts, or by indulging themselves by doing nothing at all. One relative said that, one day when she has time, she will give herself a present by letting herself take therapy sessions.

I've actually thought to indulge myself going to therapy . . . to deal with this anxiety . . . I actually can't control whether he is alive or not.

DISCUSSION

The aim of this study was to explore relatives' experiences of parenting a young adult with mental illness during his or her transition to adulthood. **Being a parent to a young adult with mental illness means having a heavy burden and round-the-clock responsibility with limited opportunities to be relieved**. According to Johansson, Anderzen-Carlsson, Åhlin, and Andershed (2010), parents to young adults with mental illness described parenthood as being permanently on-call. Such parenthood was

compared with an emotional burden associated with distress and disruption for the whole family. It was an ongoing challenge to balance the young adults' needs and those of other members of the family (Johansson, Anderzen-Carlsson, Åhlin, & Andershed, 2012). According to Bridges (2004), all parts in the family system interact with each other; one member in the family is part of a larger whole, and what happens to one family member affects the whole family. **Mental illness is, therefore, a family issue as relatives are affected by the the person with mental illness and, in turn, the relatives are most likely to affect the person with mental illness** (Hoffman, Fruzzetti, & Buteau, 2007).

Relatives in this study described **significant changes related to the transition from CAP to GenP**. It was frustrating and frightening when plans for transition were not followed and when they experienced that the young adults did not received appropriate care. Furthermore, they felt powerless when they could not be involved in decisions as they were used to at CAP. Consistent with this, Weimand et al. (2011) and Wilhelmsson (2011) showed that distrust of mental health services and insufficient support to the person with mental illness put the relative in an inescapable situation. Additionally, it was difficult to balance being a parent and a caregiver (Lindgren, Åstrom, & Graneheim, 2010). Relatives struggled with a feeling of guilt and questioned if they could have done something to stop or prevent the ill health (Ekdahl et al., 2011; Honey et al., 2015). Because of a lack of supportive encounters from professionals, relatives felt that they were useless as a parent (Ekdahl et al., 2011). Relatives in this study struggled with guilt when they had no other choice but to admit the young adult to inpatient care, even though they felt that the care caused more harm than cure.

Relatives further described feeling frustrated and powerless when they were excluded from care. It was difficult to handle the secrecy surrounding privacy issues, and when they needed information about their young adult's health and well-being, no one was able to answer their questions. Nicholls and Pernice (2009) noted that relatives perceive a right to information from professionals, but this could cause stress when they are left out due to patient rights of confidentiality. Relatives also felt a **growing distrust towards professionals** as they were **not informed** about the family member's health situation, which resulted in feeling frustration, fear, powerlessness, and despair. Professionals might, therefore, experience an ethical dilemma when patients choose not to share information about their health with relatives (Sjöblom et al., 2005). Nurses' loyalty to the patients and relatives' need of information could, therefore, be both a disadvantage and a strength, but the decision must be based on an individual judgement of the patients' desires (Sjöblom, 2010). However, some relatives in this study described the experience of a commitment among the young adult, the professionals, and the relative created an opportunity for the relative to be involved. When the young adult had established trustful caring relations, the relatives could rely on that care and be relieved from responsibility. According to Sveinbjarnardottir, Svavarsdottir, and Wright (2013), relatives perceive receiving

significantly higher emotional support from professionals and having decreased feelings of powerlessness when they are invited to a short, therapeutic conversation. This conversation would be a means to share information on expectations of hospitalization, suffering, and the most pressing concerns within the family (Wright, & Leahey, 1999).

The relatives in this study balanced leaving the responsibility of care to the young adults and the professionals and being seen as a troublesome parent. It was a traumatic experience for relatives when the young adults were admitted to inpatient care and they felt excluded from information. According to Clarke and Winsor (2010), professionals could relieve this burden by acknowledging the family and showing that the professionals understand the relatives' situation. Relatives in this study further described wanting the professionals to have an inclusive attitude toward them and consider them as resources for their young adults. Nordby et al. (2010) showed that **professionals should consider relatives as experts** on their young adult and allow them to be heard and supported in sharing their knowledge and experiences with the professionals. Relatives play an important role in the young adults' recovery and transition to adulthood (Honey, Fraser, Llewellyn, Hazell, & Clarke, 2013; Lindgren et al., 2015), but being in-between demanding needs is a balancing act, especially if the relative is a parent. Relatives who do not manage their own lives are at risk of not being able to support the person with ill health (Rusner et al., 2013). This seems transferable to our findings, where relatives experienced parenthood like walking a tightrope, with a feeling of powerlessness, as their engagement became a matter of life or death for both the young adults and the relatives themselves.

Relatives in this study hold onto hope for changes and recovery for their young adults. Hope for change was lit when the relatives could rely on the care the young adult received, or when the young adult reached a milestone in life. Important tasks for professionals are to provide sufficient information, involve relatives in decisions, and instill hope (Clarke & Winsor, 2010). With a family nursing approach, **mental illness can be grasped as a family affair and professionals' views of families can be changed**. The young adults' needs for care have to be understood, considered, and assessed in accordance to the whole family and their situation (Bell, 2013; Wright & Bell, 2009). By changing how relatives are viewed, they can be seen as less burdensome in psychiatric care (Sveinbjarnardottir, Svavarsdottir, & Saveman, 2011), thereby relieving some of the family burden as well.

Methodological Considerations

The strength of this study is its insider perspective, consisting of relatives' experiences of parenting a young adult with mental illness. Through the first author's experiences of psychiatric nursing, support was given to the relatives while they shared their experiences, although it sometimes became hard for them to talk about some memories. According to Corbin and Strauss

(2008), a researcher's professional experiences can enhance sensitivity, which means being able to present the participants' view through immersion in the data. The trustworthiness in the results are strengthened by direct quotes from the participants. During the analysis, the researcher kept the focus on what the participants were saying and doing by using constant comparison and always working with concepts in terms of their properties and dimensions. The limitations of this study were the difficulties in recruiting participants, resulting in changes in the inclusion criteria and the recruitment process. Some participants were recruited through so-called snowball sampling, where one participant asks another person to participate (Polit & Beck, 2008). In such cases, the first author was extra sensitive when receiving informed consent from new participants, so they did not feel pressured because a friend asked them to participate. One relative withdrew from the interview after it had been scheduled. In total, ten relatives participated; although each had different experiences, the results were consistent with earlier research on the same topic, strengthening the trustworthiness of our results (Corbin & Strauss, 2008).

CONCLUSION

Based on these results, it seems important to support relatives in reaching a balance between taking responsibility and letting go during their young adult's transition from CAP to GenP, and from childhood to adulthood. By supporting relatives and considering them as resources, relatives' feelings of powerlessness can be reduced. With a family nursing approach and a view of psychiatric care as a family affair, professionals can support relatives in managing their own lives. When young adults' needs of psychiatric care are met, relatives can be relieved from their burden of responsibility. Furthermore, when their young adult has the opportunity to create trustful caring relationships, relatives can rely on that care and feel hope for changes and recovery for their young adult. It further seems important to provide individual support to relatives and give them strength to manage daily life.

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