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LIVING ALONGSIDE DISABILITY: THE MENTAL HEALTH RISK IN SIBLING RELATIONSHIPS. A REVIEW

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ABSTRACT

This review aims to examine the psychological, psychiatric, and social outcomes among siblings of pediatric patients affected by disabilities, encompassing mental, neurodevelopmental, genetic, oncological, and somatic disorders. Despite extensive research on patients, the experiences of siblings remain underexplored, although existing evidence suggests that they represent a vulnerable group at increased risk for mental health issues and decreased quality of life.

A literature review was conducted focusing on studies published within the last five years to ensure accuracy and novelty. Findings indicate that siblings of affected youth frequently endure emotional distress, including anxiety, guilt, and helplessness, in addition to disturbances in family dynamics and reduced parental attention. Increased caregiving obligations often result in exhaustion, social limitations, and a perceived deprivation of childhood. Across conditions, sibling psychopathology emerged as a key mediator of reduced quality of life. While some siblings demonstrate adaptive mechanisms and develop prosocial traits, others remain at risk of persistent psychological difficulties. Severity and type of illness influence outcomes, with particularly high levels of trauma- related symptoms and, in some instances, increased physical morbidity among siblings of children with cancer, whereas genetic conditions are associated with high rates of sleep disturbances.

Siblings of individuals with disabilities are significantly affected across multiple domains of functioning. The burden is multifactorial and influenced by illness severity, family context, and individual characteristics. These findings highlight the need for systematic recognition of siblings' needs and the implementation of targeted psychosocial interventions as part of comprehensive, family-centered care.

KEYWORDS

Siblings, Children, Cancer, Parentification, Psychiatry, Down Syndrome

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Introduction

Disability is defined by the United Nations as "long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder full and effective participation in society on an equal basis with others" [1]. According to the World Health Organization (WHO), significant disability currently affects approximately 16% of the global population, and this figure is prognosed to increase [2]. Therefore, according to estimates, between 7 and 17% of children have siblings who suffer from a chronic disease, encompassing both physical and mental health conditions [3]. Although numerous studies have been conducted to investigate the quality of life, social impacts, and emotional burdens of individuals with disabling conditions such as Down Syndrome (DS), depression, autism or cancer [4, 5, 6, 7], comparatively little attention has been paid to the effects on their immediate surroundings, particularly siblings [8], often described as the "invisible" family members [9]. Meanwhile, the family is viewed as a coherent system linked by reciprocal interactions and feedback in a system's perspective. It is also a part of a broader ecosystem, meaning that the implications of the sickness of one member affect everyone who maintains a formal or emotional connection to the patient, including brothers or sisters [10]. The psychosocial circumstances of healthy siblings are frequently altered by a child's disability. Parents' attitudes, sensitivity, and understanding of the needs of the healthy offspring, as well as their degree of acceptance of the child with a medical condition, play a significant role in shaping these consequences [11]. Poor parental mental health is a well-known risk factor for adverse psychological outcomes in children and represents a major concern from a family perspective [12]. Current evidence suggests that siblings constitute a vulnerable group at increased risk of developing depression and other mental health problems [8], as well as experiencing impairments in emotional well-being, social relationships, and daily functioning, all of which negatively affect their overall quality of life [13].

Comparisons between affected children and their siblings indicate that both groups are impacted by the illness. The process of adapting to a child's condition involves multiple stages that evolve over time; including shock, emotional crisis, apparent adaptation, and constructive adaptation [14]. Furthermore, siblings of children with disabilities often take on additional obligations, sharing caregiving responsibilities with their parents, which contributes to excess stress [15], as 37% of parents name their other children as a source of support [16], creating an even more complex picture of living alongside disability. From this perspective, the present study aims to examine and evaluate existing data on the prevalence of particular psychological issues, psychiatric symptoms, and/or diagnoses among siblings of pediatric patients with disorders of various kinds, including mental, somatic, genetic, and oncological conditions. This incorporates quantitative and qualitative findings on both internalizing and externalizing problems. Ultimately, the goal is to provide a foundation for future translational research projects aimed at understanding and improving the mental health of siblings of individuals with impairments. In doing so, this evaluation emphasizes the impact of a wide range of disabilities on the frequently overlooked, vulnerable family members- siblings, rather than focusing on a single condition, an area that remains inadequately addressed in the existing literature.

Methods

A literature search strategy for this review was conducted using PubMed, Google Scholar, Elsevier, and Mendeley electronic databases. A range of keyword combinations was applied, including: “siblings”, “disability”,”mental health”, “chronic diseases”, “quality of life”, “cancer”, “depression”, “Down syndrome”, “autism”, “anorexia nervosa”, and “cerebral palsy”. To enhance the accuracy and relevance of the search, keywords were aligned with Medical Subject Headings (MeSH) terminology. The data gathering period spanned from February to April 2026. To guarantee the review's applicability and current coverage, the primary focus was placed on 29 English-language original and review papers published mostly within the past five years. Publications unrelated to the article's scope were eliminated following an initial examination of the abstracts. All searches were conducted manually using the search engines mentioned above; no specialized software tools were employed.

Literature review results

Impact of mental and neurodevelopmental disorders

Individuals afflicted with diseases such as major depressive disorder, Autism Spectrum Disorder (ASD), or Anorexia Nervosa (AN) are at an elevated risk of experiencing a diminished quality of life [17, 18, 19]. Their daily challenges significantly impact not only individuals themselves but also their immediate environment, particularly their siblings, who report that having a depressed sibling during adolescence is associated with a highly stressful and unstable family dynamic. They experience profound negative feelings, including fear, guilt, anger, and helplessness, while often suppressing their own needs. Many sacrifice their social lives and personal development, as the sibling's illness becomes the family's priority. Some individuals cope by emotionally distancing themselves, while others assume caregiving roles, leading to fatigue and burnout. The exposure to intense symptoms, along with parental pressure to conceal the illness from society, exacerbates feelings of fear, isolation, and solitude. Overall, siblings’ depression can profoundly impair the emotional well-being and developmental trajectories of other family members [20].

Similarly, sibling dyads in which one child has been diagnosed with ASD exhibit elevated levels of relational conflicts, particularly in cases where the autistic child displays significant behavioral and emotional issues, or within the cohort of children who are highly communicative and social yet possess mild to moderate intellectual disabilities [21, 22]. Such conflicts may have negative consequences, when accompanied by a lack of warmth, thereby increasing the possibility of developing internalizing and externalizing problems; including anxiety, social withdrawal, depression, risky behaviour, and aggression [23]. Sleep disorders co-occur with other mental health conditions, mostly anxiety, in 20% of neurotypical siblings [24]. It is worth noting that in sibling dyads exhibiting the lowest levels of conflict, autistic children tend to demonstrate the highest needs and the most intricate kind of disability. One possible explanation for this discovery is that unaffected children may adjust their interactions in response to the severity of the latter's disability [21], indicating that having a disabled sibling necessitates behavioral modifications. Despite being more frequently exposed to aggression from their siblings with ASD, they often display more positive behaviors themselves and generally report more favorable perceptions of the relationship than do parents [25]. Remarkably, neither self-reported sibling relationship nor behavioral and emotional issues appear to be predicted by maternal depression [22].

On the other hand, high-quality population-based studies indicate that siblings of individuals with AN exhibit an elevated lifetime risk of multiple psychiatric disorders, particularly internalizing conditions such as mood and anxiety disorders, AN, obsessive–compulsive disorder (OCD), and personality disorders, compared with controls, with substance use disorders- significantly- not appearing on the list. Evidence from large cohort studies further suggests a heightened risk of schizophrenia among siblings, especially in males with sisters affected by AN [26]. Despite these findings, siblings generally more closely resemble control groups than affected probands across most psychological traits. For instance, they do not consistently demonstrate elevated levels of perfectionism or childhood OCD traits, although clinically significant symptoms are more prevalent than in controls. Some evidence also suggests mild difficulties in emotion regulation, alongside increased emotional problems, hyperactivity, inattention, and peer difficulties, particularly during periods of hospitalization of the affected sibling. In terms of eating-related attitudes, siblings tend to show intermediate patterns, scoring higher than controls in body dissatisfaction but lower in bulimic tendencies. Gender differences have been observed, with sisters reporting more disordered eating behaviors than brothers. Studies on body image indicate no substantial differences between siblings and controls overall, although some evidence suggests that brothers may slightly overestimate body fat. Finally, AN has a markedly negative impact on family functioning and siblings' quality of life [27]. Siblings, especially sisters of adolescents with AN are more likely to experience anxiety and depression, as well as negative attitudes towards AN, which have been linked to perceived unfavorable interpersonal interactions. They frequently report increased parentification and perceive greater family dysfunction, highlighting the broader psychosocial burden experienced within the family system [28].

Impact of somatic diseases

Chronic somatic diseases constitute yet another category of medical conditions affecting not only the patients but also their family members. Findings indicate that siblings of youth diagnosed with chronic physical illnesses may initially endure heightened psychological distress, which tends to decrease over time, reflecting adaptive mechanisms. Nevertheless, sibling psychopathology has been revealed as a significant determinant of outcomes. Elevated psychopathology levels are consistently linked to diminished quality of life across various dimensions, encompassing physical and psychological well-being, autonomy and parental relationships, peer support, and school functioning. The severity of the affected child's illness is positively correlated with increased sibling psychopathology, which in turn negatively influences siblings' well-being, underscoring a major mediating effect [29].

Siblings of children with chronic kidney disease frequently demonstrate flexible role adaptation, adjusting their responsibilities to meet evolving family needs and, at times, compensating for structural gaps within the household. This adaptation ranges from minor protective behaviors to the assumption of substantial caregiving or quasi-parental roles. Despite their involvement, siblings often report feeling insufficiently informed about the illness when engaged in caregiving, whereas non-caregiving siblings generally perceive themselves as adequately informed. Across families, siblings consistently experience reduced parental attention due to the demands associated with the affected child, which they describe as emotionally challenging. Many also report feeling overlooked both within the family system and in broader social contexts, contributing to distress and reduced well-being [30].

Caregiving responsibilities are widely associated with economic, psychosocial, and physical burdens, and evidence suggests that these effects extend beyond parents. Siblings frequently experience decreased leisure time, with a notable proportion reporting minimal daily free time and many relinquishing recreational activities altogether, when their siblings are affected by developmental epileptic encephalopathies. These constraints are accompanied by adverse relational outcomes, including strain within both family and peer relationships. Furthermore, caregiving demands may indirectly disadvantage siblings by limiting parental availability and attention. Although school attendance is generally maintained, siblings report a combination of beneficial and adverse psychosocial outcomes. For instance, caregiving contexts may foster prosocial traits such as empathy and a heightened orientation toward helping others. On the other hand, siblings often report feelings of resentment toward the affected child. A considerable proportion also describe a perceived loss of childhood, particularly among older siblings who assume increased responsibility. Additionally, caregiving dynamics may contribute to heightened family conflict, as well as occasional declines in academic performance and increased demands for attention [31]. In another study, it was found that the number of breakthrough seizures (≥10) affected the total and individual domains of Quality of Life in Childhood Epilepsy Questionnaire-55 and Pediatric Quality of Life Epilepsy Module (Peds QL EM) (except for emotional function and sleep/fatigue domain). The siblings' median Peds QL Inventory was 100. The quality of life

of the siblings was unaffected, likely because most patients had well-controlled epilepsy and were developmentally normal [32].

Conversely, cerebral palsy (CP), as an early-onset, lifelong neurodevelopmental condition, often affects daily participation and functioning of children and their siblings. Compared with European norms, 32% of siblings of children with complex care requirements in the study had poorer psychosocial results and an inferior level of quality of life. Some siblings struggled because their siblings' actions interfered with their own pursuits, or they felt ashamed in public when they spotted people watching. These experiences appeared to stem from perceived lack of authority over their circumstances. As a result, some shied away from specific activities, while others retreated inwards and faced difficulties in silence. In the end, most expressed a desire for a more accessible society and a less stressful family life [33].

Early intervention appointments also often shape siblings' experiences of chronic diseases, including childhood hearing loss, as they are frequently expected to attend and take on added responsibilities, with limited consideration for young children's needs within clinical settings.

Many feel that their own necessities are overlooked, leading to frustration and occasional jealousy over the unequal distribution of attention toward the affected sibling [34].

Impact of genetic diseases

Previously observed patterns regarding the impact of health conditions on unaffected siblings are equally applicable to genetic disorders. In a study conducted on 135 parents of a child with Pradder-Willi syndrome (PWS) and 45 unaffected siblings, using standardized assessments, it was found that all siblings exhibited at least one symptom of Post Traumatic Stress Disorder (PTSD) and 28,9% attained clinically relevant levels of these symptoms. Increased behavioural challenges caused by PWS, particularly temper tantrums, correlated with elevated stress levels in both siblings and parents [35].

Another novel study revealed that siblings of children with Trisomy 21 experienced recurrent sleep disruption due to behavioural issues such as turning lights on and actively seeking contact during the night. These disturbances contributed to fatigue and adversely influenced their emotional regulation, concentration, and overall performance, particularly attention in school settings. Nevertheless, this group exhibited a profound understanding of their challenging family situation, addressing it with a sense of acceptance and inevitability. At the same time, they used strategies to support their siblings with DS and to help themselves find comfort. These actions are often overlooked by parents, who tend to minimize the frequency and impact of siblings' sleep disruptions, such as when they take on nighttime caregiving duties. Additionally, parents often do not fully recognize the extent to which siblings attend to their affected child during the night, which could create potential challenges in family dynamics [36]. Other hardships faced by siblings of children diagnosed with, among others, DS, Angelman syndrome, Kleefstra syndrome and 22q11.2 deletion syndrome were analysed based on 73 parents-child dialogues conducted within The Sibling Project group intervention for siblings and parents of children with chronic disorders. This study indicated that siblings predominantly articulated concerns regarding the impact of the diagnosis on family dynamics, encompassing restricted shared activities, recurrent disagreements, and disparate treatment within the family. Feelings of unfairness due to differences in expectations and rules were frequently reported. Moreover, participants described emotional distress linked to their sibling's behaviour; including anxiety, shame, and annoyance, especially in reaction to emotional dysregulation or public outbursts. Concerns about medical care, parental absence, and uncertainty about the sibling's future were also salient and could substantially impact daily functioning [37].

Meanwhile, siblings of children with Williams syndrome (WS) tend to be well adjusted, though caregivers report higher emotional difficulties. In contrast, siblings themselves note more behavioural, emotional, and relational challenges. The behavior of the child with WS, sibling behavioral issues, peer problems, and the quality of sibling relationships have been found to be significantly correlated [38].

Impact of cancer

A significant part of the population continues to believe that cancer diagnosis is a "death sentence". A study conducted in the United States revealed that, in 2017, this belief was endorsed by 62,9% of 3,285 respondents [39]. Considering this, it is unsurprising that such a diagnosis exerts a profound negative impact on patients and their families. Specifically high vulnerability has been observed in adolescent siblings, who experience a substantial level of unmet psychosocial needs, with more than 80% reporting at least one unfulfilled requirement. The most prominent deficiencies pertain to access to information about the sibling's illness and assistance with managing emotions such as anxiety, fear and guilt. Conversely, the necessity for

practical aid such as help with daily activities or school obligations, is less commonly indicated as unmet [40], underscoring the importance of emotional support and information access in times of heightened stress. Besides the psychological consequences, siblings of children diagnosed with cancer suffer from somatic symptoms as well. A longitudinal cohort study consisting of 1,600 representatives of this vulnerable group compared with 32,000 children with unaffected siblings, demonstrated that those exposed to a sibling's cancer exhibit a slightly, but statistically significant, increased risk of hospitalisation due to various physical health issues. The overall risk was 15% higher, with notable prevalence of illnesses like pneumonia, sleep apnea, inflammatory bowel disease and certain skin disorders. These findings were especially true for siblings of cancer survivors, which can be potentially indicative of sustained stress exposure or caregiving dynamics. On the contrary, no elevated risk of hospitalisation was observed among children whose siblings succumbed to cancer [41]. However, bereavement may adversely affect siblings' self-worth over time, mainly because of disruption in communication with grieving mothers [42]. Relocation has also been found to be a significant factor in the disturbance of family relations, since more than half of the families in the Chilean research were compelled to move due to the diagnosis or course of treatment. Such changes often disrupt siblings' routines, and as parents devote more time to care for the ill child, medical appointments, treatment, and hospital stays, siblings may also lose parental attention. Siblings of children with cancer thus suffer from discomfort and signs of PTSD. Among them, 10% claimed they had some trouble in school, 24% reported issues socializing, and 55% said their connection with their parents had been negatively impacted. Along with challenges in their social life, patients experienced a variety of unsettling emotions; including depression, discouragement, and frustration [43]. Following cancer, among families of teenage survivors, at least one parent in nearly 20% of households now suffers from PTSD, and recurrent symptoms were reported by at least one family member in 99% of the sample in a study conducted by Kazak et al. [44]. Among siblings of children with cancer, a substantial proportion exhibit clinically significant post-traumatic stress symptoms (PTSS), with 60% scoring in the moderate-to-severe range and 22% meeting full criteria for PTSD. The majority report distressing emotional reactions when thinking about or hearing about the illness, alongside frequent efforts to avoid cancer-related thoughts and discussions. Re-experiencing symptoms is highly prevalent, with 90% of participants of the study endorsing at least one such symptom, most commonly recurrent emotional distress. Avoidance symptoms are also prominent, with over half meeting diagnostic criteria in this domain. These symptoms are often persistent and occur multiple times per week in a considerable subset of participants. PTSS have a notable impact on siblings' functioning, with approximately 75% reporting interference in at least one area of daily life. The most affected domains include general happiness, engagement in hobbies, academic performance, household responsibilities, peer relationships, and family dynamics. Despite this high level of functional impairment, relatively few siblings report clinical levels of anxiety (5%) or depression (3%). Overall, the findings indicate significant trauma-related distress associated with a family member's cancer, with meaningful consequences for both individual well-being and family functioning [45].

Discussion

Current research, though limited, clearly indicates that siblings of children with disabilities are at high risk for experiencing negative consequences related to their family circumstances. They are affected across emotional, social, and even physical domains, which substantially impacts their overall well-being. They frequently endure increased psychological distress, unmet emotional and informational needs, and disturbances in family relations, typically accompanied by reduced parental attention and amplified caregiving responsibilities. Although some siblings develop adaptive coping mechanisms and may acquire prosocial traits, many remain vulnerable to persistent mental health challenges, including anxiety or PTSD, as well as diminished quality of life. The impact is multifactorial, shaped by the illness severity, familial environment, and individual attributes, including age and gender. Higher awareness of the disorder, the opportunity for open communication with parents, and effective coping strategies for stress are all critical components of a healthy child's adaptability.

An important observation emerging from the reviewed literature is the remarkable consistency of psychosocial challenges experienced by siblings despite substantial differences in the underlying medical conditions. Whether the affected child has a psychiatric disorder, a neurodevelopmental condition, a chronic somatic illness, a genetic syndrome, or cancer, siblings repeatedly report emotional distress, altered family roles, and reduced parental availability. This suggests that many adverse outcomes may arise not solely from the diagnosis itself but from the long-term disruption of family functioning associated with chronic illness.

Consequently, interventions should focus not only on disease-specific education but also on strengthening family resilience, communication, and adaptive coping strategies.

The reviewed evidence also highlights the importance of distinguishing between adaptive responsibility and maladaptive parentification. While assuming age-appropriate caregiving responsibilities may promote empathy, maturity, and prosocial behavior, excessive caregiving can interfere with normal developmental processes, contribute to chronic stress, and increase the risk of anxiety, depressive symptoms, and social withdrawal. This pattern was particularly evident in families of children with developmental epileptic encephalopathies, chronic kidney disease, and anorexia nervosa, where siblings frequently described a perceived loss of childhood and difficulties balancing family obligations with their own developmental needs. Such findings emphasize that caregiving should be continuously monitored by healthcare professionals to prevent excessive burden on healthy siblings.

Another noteworthy finding concerns the heterogeneity of sibling outcomes. Although many studies documented elevated psychological distress, not all siblings experienced clinically significant psychopathology, indicating considerable variability in resilience. Factors including supportive parenting, open family communication, accurate information regarding the illness, and positive sibling relationships appear to mitigate adverse outcomes. Conversely, behavioral disturbances in the affected child, parental psychological distress, family conflict, and uncertainty regarding prognosis consistently emerged as risk factors for poorer adjustment. These observations reinforce the necessity of adopting an individualized rather than universal approach when assessing sibling well-being.

From a clinical perspective, the findings support incorporating siblings into routine family-centered care. Regular psychosocial screening, psychoeducation tailored to developmental age, sibling support groups, and opportunities for direct communication with healthcare professionals may reduce feelings of isolation and uncertainty. Such interventions may be particularly beneficial in oncology, where trauma-related symptoms are especially prevalent, but they are equally relevant in chronic neurodevelopmental and genetic disorders, where stressors often persist over many years. Ultimately, recognizing siblings as active participants within the family system rather than passive observers may improve both individual psychological outcomes and the overall functioning of families living with childhood disability.

Conclusions

This review highlights that siblings of children with psychiatric, developmental, somatic, genetic, and oncological disorders constitute a vulnerable yet frequently overlooked population who are exposed to a variety of stressors negatively impacting their own physical and mental health. Presented results underscore the necessity for systemic identification and targeted psychosocial support for siblings, as well as the adaptation of treatment facilities to better accommodate family needs as an integral component of family-centered care. It is necessary to conduct further research on this subject to better comprehend the extent of the difficulties faced by siblings of children with disabilities and to provide the most accurate assistance possible.

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