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Impact of Parental Illness on Adolescent Mental Health

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ABSTRACT

Parental mental illness has been shown to affect attachment formation, cognitive, emotional, social and behavioural development of children. These children are also at increased risk of developing psychiatric disorder in childhood, adolescence and later adult life. Impact of parental psychiatric disorder on adolescent children in term of general health, intelligence, personality and anxiety. A case control study was conducted among thirty cases of adolescent children (16-18yrs) born to parents with diagnosed psychiatric disorder by ICD-10 Coding attending psychiatric OPD Of SANTOSH HOSPITAL and 60yrs and sex matched controls were enrolled. All the cases and control (age and sex matched) enrolled were subjected to tests – General Health Questionnaire 12, Brief Psychiatric Rating Scale, Sinha Anxiety Scale and Wechsier's Adult Intelligence Scale. Statically Significant value P=0.011& P<0.001 were seen in assessment of intelligence, anxiety respectively. On Assessment of personality statically significant difference was seen. No significant result (P=0.001) was found in General health. The difference in intelligence, anxiety and personality in adolescent child were affected by parental illness but the type of illness had no significant effect.

KEYWORDS: *VIQ= Verbal intelligence quotient, TIQ = Total intelligence quotient, PIQ = Performance intelligence quotient, SAS = Sinha anxiety scale, GHQ= general health questionnaire*

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INTRODUCTION

Parental mental illness has been shown to affect attachment formation, cognitive, emotional, social and behavioural development of children. These children are also at increased risk of developing psychiatric disorder in childhood, adolescence and later adult life. Children withdraw themselves into, become anxious and find it hard to concentrate on their school work often ashamed of their parent's illness and worry about becoming ill themselves [1-2]. They can be preoccupied with fears of 'catching' the illness and can show signs of a similar illness or severe emotional problems. They can have physical health problems and struggle with school and their education, especially when they live with parents in poverty, poor housing or have an unstable life. Parenting and care of infants, children and adolescent may be adversely affected by mental illness through reduced emotional availability, changed perception of the child and impaired ability to support child development [2-3]. The emotional sensitivity and responsiveness of a parent is usually a key factor in outcome for the child in their psychological adjustment [4]. Children of parents with a mental illness are often found to be at higher risk of developing psychological problems themselves [5-6]. There will be higher rates of behavioral, developmental and emotional problems in such children as compared to normal population. This study was planned to know the impact of parental psychiatric disorders on various aspects in which the effect is significant so that the remedial counseling can be started early for them.

MATERIAL AND METHODS

A case control observational study was conducted in Department of Pediatrics and Department of Clinical Psychology at Santosh hospital, Ghaziabad, U.P. Among thirty cases of adolescent children (16-18yrs) born to parents with diagnosed psychiatric disorder by ICD-10 Coding attending psychiatric OPD Of SANTOSH HOSPITAL. Cases: Patients attending Psychiatric OPD of Santosh hospital who have been diagnosed as some psychiatric disorders for at least past 2 years were enquired about their adolescent children. Those who had adolescent children between 16-18 years, their children were asked to enroll for the study. Controls: After enrolling 30 cases, 60 age and sex matched controls were enrolled from the Pediatric OPD, those who attended the OPD for minor ailments

EXCLUSIVE CRITERIA: Children of 18 years of age. Children with congenital neuro developmental abnormalities like cerebral palsy, chromosomal disorders. Children not living in the same house as their mentally ill parents.

INCLUSION CRITERIA: Adolescent children (biological child) between the age group of 16 years to 18 years of either sex born of parents with diagnosed psychiatric disorders who have been symptomatic for 2 years or more either on treatment or off. Case and control are subjected to test: General Health Questionnaire 12, Sinha Anxiety Scale and Wechsier's Adult Intelligence Scale.

RESULT AND DISCUSSION

Our study was carried out in department of pediatrics in collaboration with department of clinical psychology at Santosh hospital, Ghaziabad, U.P. Patients attending Psychiatric OPD of Santosh hospital who has been diagnosed as some psychiatric disorder for at least past 2 years were enquired about their adolescent children. Those who had adolescent children between 16-18 years their children were asked to enroll in the study. After enrolling 30 cases, 60 age and sex matched controls were enrolled from pediatric OPD, those who attended the OPD for minor ailment. Adolescent children (biological child) between the age group of 16-18 years of either sex born to parents diagnosed with psychiatric disorders who have been symptomatic for 2 or more years, either on and off treatment were enrolled in the study. The cases and control were assessed for intelligence Indian adaptation (WAIS R/V & WAPIS) [7]. Personality (EPQ), Psychological parameters (BPRS)[5], Anxiety (SAS)[10,11], Perception of general health (GHQ). Amongst cases recruited in our study (37.5% parents suffered from depression, 31.2%had alcohol depression, OCD-D in 12.5%, MDP-D in 9.37%, MDP-D-P in 6.25% and 3.125%parents had OCD [8-9]. Weschler's adult intelligence scale (WAIS) was employed using verbal and performance test and then a mean TIQ was calculated. Mean verbal IQ in the test group was 95.57+/- 2.909 as against control where it was 118.78+/-3.966. though the mean score was lower in the cases as compared to control this difference was not found to be statistically significant (p=0.162) [9-11]. Amongst the cases there was no child with bright normal, superior or very superior intelligence. When the performance IQ was taken into consideration mean levels amongst cases and control were 100.53+/- 2.837 and 123.01+/-5.656 respectively and this difference was statistically significant. (p=0.005) mean of verbal and performance IQ taken as total IQ also reflected a statistically significant inferior TIQ levels as compared to controls (p=0.011). The finding of our study suggest that mental illness in parents certainly affects the intellectual excellence as evident Table 1&2. In GHQ 12 questions format screens for perception of psyco social health by the subject was used. Where the mean was 12.12+/- 2.270 which was interpreted as having mild problems perceived by them. However as compared to them controls were categorized as almost healthy as per there perception (mean score 5.07+/-1.247)this difference was statistically significant. Hence from our study it appears the children with parents having mental illness perceive their psyco-social health as sub normal as compared to controls. Anxiety levels were assessed by Sinha anxiety scale which contains 100 questions to be answered as yes or no. The number of yes responses are counted and score assigned to the subject. Table 5 shows very high level of anxiety seen in 66.6% cases and high levels in 23.3% while only 10% cases were normal. In contrast to it amongst control, 65% were normal, 21% had low level of anxiety. This means were calculated and compared to and p value was found to be significant (p<0.001)

In our search for literature we have not come across studies that have assessed anxiety level separately but the studies done on psycho social attributes do point out that children of parents with mental illness are excessively stressed and anxious. However that scale of assessment is indigenous to the institute from where the study was originated.

Table 1: Distribution of viq score among cases and controls

VIQ SCORE	CASES (N=30)	CONTROL(N=60)	P VALUE
Dull normal(80-89)	1	0	
Average (90-109)	29	0	
Bright normal (110-119)	0	28	
Superior (120-129)	0	32	
Very superior (>130)	0	0	
Mean	95.57+/- 2.909	118.78±3.966	**0.162**

Table 2: Distribution of PIQ score among cases and controls

PIQ SCORE	CASES (N=30)	CONTROL(N=60)	P VALUE
Dull normal(80-89)	0	0	
Average (90-109)	30	1	
Bright normal (110-119)	0	8	
Superior (120-129)	0	47	
Very superior (>130)	1	4	
Mean	100.53±2.837	123.01±5.656	**0.005**

Table 3: Distribution of TIQ score among cases and controls

TIQ SCORE	CASES (N=30)	CONTROL(N=60)	P VALUE
Dull normal(80-89)	0	0	
Average (90-109)	30	1	
Bright normal (110-119)	0	23	
Superior (120-129)	0	36	
Very superior (>130)	0	0	
Mean	98.05±2.426	120.90±4.139	**0.011**

Table 4: GHQ distribution among cases and controls

	CASES(N=30)	CONTROL (N=60)	P VALUE
Mild Problem (0-12)	14	60	
Moderate Problem (12-24)	16	0	
Severe Problem (24-36)	0	0	
Means	12.13± 2.270	5.07±1.247	**0.001**

Table 5: SAS distribution among cases and controls

Anxiety level	Percentiles	Cases (N=30)	CONTROL (N=60)	P VALUE
Very high (80-99)	76-99	20	0	
High (61-80)	61-75	7	0	
Normal (41-60)	31-60	3	39	
Low (21-40)	21-30	0	21	
Very Low (1-20)	1-20	0	0	
Means		47.33±9.40	26.15±2.667	**0.0001**

CONCLUSION

Our study suggests that parenteral psychiatric illness has a significant impact on their children in term of intelligence, perception of general health, personality. However larger study with larger sample size is needed. The result of this study may be used in psychiatric clinics where children of affected parents are counselled, to minimize the negative impact of the diseased parents

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