Problems Faced and Coping Strategies used by Adolescents with Mentally Ill Parents in Delhi

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Abstract

The present study was conducted to assess the problems faced by adolescents whose parents suffer from major mental illness at selected mental health institutes of Delhi. The objectives also included assessment of the coping strategies of the adolescents in dealing with these problems. The Stuart Stress Adaptation Model of Psychiatric Nursing Care was used as the conceptual framework. A descriptive survey approach with cross-sectional design was used in the study. A structured interview schedule was prepared. Purposive non-probability sampling technique was employed to interview 50 adolescents whose parents suffer from major mental illness. Data gathered was analysed and interpreted using both descriptive and inferential statistics. The study showed that majority of the adolescents had moderate problems as a result of their parent’s mental illness. Area-wise analysis of the problems revealed that the highest problems faced were in family relationship and support and majority of the adolescents used maladaptive coping strategies. A set of guidelines on effective coping strategies was disseminated to these adolescents.

Adolescence is a period full of challenges as a result of all the physical, emotional and hormonal changes taking place. The upbringing of an adolescent is an even more uphill task for the parents, the biggest one being support of the adolescent’s need to have his own identity and maintaining certain limits and boundaries for appropriate behaviour. The adolescent may try to portray a sense of being a totally independent being but deep within there is a child yearning for the support and guidance of the parents. What then would be the situation if the parents are not available for the adolescent at the time of need?

WHO (Fact Sheet, August 2010) reports that in any given year, about 20 percent of adolescents will experience a mental health problem, most commonly depression or anxiety. The risk is increased by experiences of violence, humiliation, devaluation and poverty, and suicide is one of the leading causes of death in young people. Building life skills in children and adolescents, and providing them with psychosocial support in schools and other community settings can help promote mental health. If problems arise, they should be detected and managed by competent and caring health workers. Promoting healthy practices during adolescence, and taking steps to better protect young people from health risks is critical to the future of country’s health and social infrastructure and to the prevention of health problems in adulthood.

Parents have critical role in providing support and guidance to young people; individuals, extended family members and schools all play an important part in this area as well. Numerous studies have demonstrated that the way adolescents connect to their social world influences their health and development and protects them from high-risk behaviours. Consistent, positive, emotional connections with a caring adult can help young people feel safe and secure, giving them the resilience to manage the challenges in their lives.

Trautmann et al (2007) reported that many recent cases in which children killed by a mentally ill father or mother have attracted much attention and a strong emotional response from the public. In Germany, about two children under the age of 15 die, on average, each week as the result of violence, physical abuse, and neglect. Mental illness in the parents is a major risk factor for such tragic events. According to the current scientific knowledge, the children of mentally ill parents are often subjected to severe stresses and limitations, and these children are themselves at a greater than normal risk of developing a mental illness.

Parents with mental illness find it much more difficult to raise their children in a healthy environment. Some of the problems that the family may go through include harming the child, relationship breakdown, negligence, attachment issues, social isolation and parentification i.e youngsters begin taking on responsibilities in their family that are inappropriate for their age. They may be forced to take on cooking, managing the home and caring for...
younger siblings, causing them to lose out on their childhood.

During the researcher’s clinical exposure to the mental health units she used to observe adolescents taking care of the mentally ill parent. She observed that they were prodding them to have their food and cajoling them to go to sleep. There were also instances when the child would sit in a desolate corner and listen to the abuses hurled at apparently no one by the mentally ill parent. At times, the child would be seen clearing up the mess in the patient’s unit that was apparently created by her own violent parent. Very often, they could be seen coaxing their parent to take their medicines. The researcher witnessed a role reversal that took place as the young child appeared to have suddenly “grown up”. This prompted her to ponder as to what more challenges an adolescent with a mentally ill parent would have to face and what best could be done to help them to cope up with their predicament.

**Objectives**

The objectives of the study were:

1. To assess the (i) problems faced by adolescents whose parents suffer from major mental illness; and (ii) coping strategies used by the adolescents in dealing with these problems.
2. To seek relationship between problems faced and the selected factors like Gender, Type of parental illness, Maternal or paternal illness, Duration of parents illness, Family income, Family structure, and Birth order of the adolescent.
3. To develop guidelines to enable the adolescents cope effectively with these problems.

**Assumptions**

The study assumes that:

1. Adolescents, like other human beings, will experience some amount of anxiety and disturbed parent-child interaction owing to parental mental illness.
2. Adolescents having a parent with mental illness, usually have to take on more family responsibilities as compared with those adolescents whose parents do not suffer from any mental illness.
3. Adolescents will express their free and frank feelings about the problems they face because of the illness of their parents.
4. Disseminating information on effective coping strategies through the guidelines will help the adolescents cope better with their problems.

**Delimitations**

The study is delimited to the adolescents between the ages of 10-19 years of age whose at least one parent is diagnosed to be suffering from a major mental illness; whose parents’ duration of mental illness is at least 6 months; who are staying with their parents; and who are available at the time of data collection and willing to participate in the study.

**Operational Definitions**

1. Adolescent: A person of either sex between the age group of 10 to 19 years
2. Major mental illness: Parents diagnosed with schizophrenia, bipolar affective disorders, depression and alcoholism with symptoms so severe as to cause impairment in daily functioning.
3. Problems: Includes all the difficulties/challenges faced by the adolescents in the cognitive, affective, physiological, behavioural and social domains.

**Literature Review**

Imran, N et al (2009) conducted a case-control study to determine the prevalence of psychological problems in children of parents having mental illness and to compare it with children of parents without any diagnosed psychiatric problems from January to April 2008 in Lahore. The study revealed that children of parents with psychiatric problems had almost two times higher rate of mental health problems compared to controls (55% vs 28%; p<0.001). Emotional difficulties (p=0.028) and conduct problems (p=0.025) were found to be statistically significant. Boys were more likely to be hyperactive and have social difficulties. Girls had higher rates of emotional problems.

Chronis, AM et al. (2007) in their study on maternal depression and early positive parenting on the course of conduct problems among children with ADHD found that maternal depression predicted conduct problems 2-8 years following the initial assessment, whereas positive parenting during the structured parent-child interaction task predicted fewer future conduct problems. These findings suggested that maternal depression is a risk factor, whereas early positive parenting is a protective factor, for the developmental course of conduct problems among children with ADHD.

Donatelli, JL et al (2010), conducted a study to assess the distinct forms of behavioural problems (i.e., internalising and externalising) in offspring of parents with different forms of psychosis (e.g. schizophrenia, other non-affective psychoses, and affective psychoses). Behavioural observations of chil-
dren of parents with psychosis (N=281) and parents without psychosis (N=185) at ages 4 and 7 years revealed that children of parents with various forms of psychosis are at risk for internalising and externalising problems by age 7 years.

Sandhu, A (2008), in his book titled *Sepia Leaves* recounted his experiences of living with a schizophrenic mother. He has shared the moments of fear when his mother would suddenly become violent and abuse his father and how he was expected to grow up to be a big boy at the tender age of six. According to Sandhu, his learning to speak up helped him to adjust with the varied situations that he faced as he grew.

**Methodology**

A descriptive survey approach with cross sectional survey design was used in this study, conducted in selected mental health units of Delhi. Adolescents (N=50) whose parents suffer from major mental illness were covered. Purposive non-probability sampling technique was used.

**Description of tool**

The tool was divided into 3 parts.

**Part-I:** Consisted of questions related to the demographic data like age, gender, education, presently continuing studies or not, type of family, monthly family income, the nature of parent’s illness and its duration, number of siblings in the family and the birth order of the adolescents.

**Part-II:** Consisted of questions related to various problems that may be faced by the adolescents as a result of their parent’s mental illness. This part was further divided into 9 sections (aspects of life) that can be affected as a result of parental mental illness: academic, peer relationship/support, family relationship/support, social relationship/support, psychological/affective, behavioural, cognitive, physical/somatic and financial. The items in these sections varied from 4 to 15. The adolescent was asked to respond on the basis of how often he/she faced that particular problem. There were 57 questions and the answers were marked on a 3-point Likert scale, that is “Most of the times”, “Sometimes” and “Never”.

**Scoring of responses:** The responses were scored from two to zero respectively for 43 items based on the problems faced by the adolescents. Reverse scoring from zero to two was used in 14 items of the interview schedule. The possible range of scores was from 0-114. Based on the scores obtained a range was created to divide the problems into mild problems, moderate problems and severe problems.

**Part-III:** Consisted of items related to the coping strategies adopted by the adolescent to overcome the problems faced. There were 26 items, of which 13 indicated adaptive coping strategies and 13 statements indicated maladaptive coping strategies. The responses to these items were marked on a 4-point Likert Scale, that is, “Very often”, “Sometimes”, “Rarely” and “Never”. The respondents were asked to respond on the basis of how often he/she adopted a particular coping strategy.

**Scoring of responses:** The responses were scored from 3 to 0 respectively for the adaptive coping strategies and 0 to 3 for the maladaptive coping strategies. The possible range of scores was from 0-78 and a higher score on the scale indicated adaptive coping strategies. These scores were divided into two categories, scores above and below median value. The scores were interpreted as: Adaptive coping strategy and Maladaptive coping strategy.

Formal approval was obtained from the concerned authorities to conduct the final study. The purpose of the study was explained to them. After obtaining their willingness to participate in the study the adolescents were interviewed using the structured interview schedule. The average time taken to administer the tool was 25-30 minutes.

**Results and Discussion**

The major findings of the study are as follows:

Majority of the sample subjects, that is, 35 (70%) had moderate problems as a result of their parents mental illness. Mild problems were seen in 7 (14%) subjects and severe problems in 8 (16%) of the subjects (Table 1).

Area wise analysis of problems faced by adolescents as a result of their parents’ illness as computed by modified mean score of each area revealed that the highest problems faced was in family relationship (1.16) and the least problems were experienced in the physical/somatic (0.28) aspects. The descending order of problems faced by the adolescents as a result of their parents mental illness was family relationship (1.16), peer relationship/support (0.96), social relationship and support (0.90), cognitive (0.86), academic (0.85), psychological/affective (0.70), financial (0.49), behavioural (0.31) and physical/somatic (0.28) (Figure 1).

There was a significant relationship between the problems faced by adolescents as a result of their parents mental illness and the parent diagnosed with mental illness. But there was no significant rela-
tionship between the problems faced and other selected factors such as gender, type of parental illness, family income, family structure and the birth order of the adolescents. This was done by computing the chi-square values or the Fishers exact test values wherever the frequencies in the contingency tables were below 5.

Adaptive coping strategies were used by only 21 (42%) adolescents and the rest 29 (58%) used maladaptive coping strategies (Figure 2).

The coping strategies used by the adolescent did not show any significant relationship with the selected factors such as gender, type of parental illness, parent diagnosed with mental illness, family income, family structure and the birth order of the adolescent.

**Discussion**

Adolescents who have mentally ill parents do face problems in different aspects of life such as academic, peer relationship and support, family relationship and support, social relationship and support, psychological, behavioural, cognitive, physical and financial. The highest problems faced by the adolescents as a result of parental mental illness was in family relationship/support, followed by peer relationship/support and social support. The findings are consistent with those Reupert & Maybery (2007) who reported that families with parental mental illness report lower levels of cohesion and communication. The family unit often experiences incredible stress as its members attempt to balance care-giving roles. Valialkalayil et al (2004) found that the burden experienced by the adolescents is significant and they often experience a lasting painful emotional legacy that can result in psychological problems as an adult. Maybery et al. (2005) identified some additional challenges that these families face, such as social isolation, financial hardship and marital discord.

The present study also revealed most of the adolescents using maladaptive coping strategies in dealing with the problems they faced as a result of their parent’s mental illness. These included: keeping feelings to oneself, denying the existence of problems or displacing on other people. The adaptive coping strategies such as asking others for help, spending time with friends, finding ways to relax and contacting mental professional for help were not utilised. This is in consistent with the findings by Maybery et al (2002) that many children adopted problematic coping lifestyles, withdrawing, avoiding and distancing themselves. According to Langrock et al (2002), children who use strategies to accept or adapt to the stress of parental mental illness have fewer adjustment problems than those who were unable to disengage.

The tool also contained two open ended questions so that the adolescents could reflect a little more on the problems faced and coping strategies used by them. They were asked if there was any other problem faced by them that the researcher had not asked about or any other coping strategies used by them. The adolescents expressed concern over their parents’ illness and that lack of complete information about their parent’s condition and its management also made it difficult for them. Some adolescents stated that they were never comfortable discussing their parent’s illness with others. The same was also revealed in the study done by Hinshaw (2005) “stigma related to parental mental...
disorders limits help-seeking on the part of the parents and prevents open family discussion and provision of support to the offspring, further exacerbating the child’s risk”.

While interviewing the adolescents, the researcher realised that the process of trying to understand the problems that these adolescents faced was itself a form of intervention. There was catharsis that was happening as they shared their feelings and expressed their concerns.

Based on the assessment of the problems faced and the coping strategies used by these adolescents, guidelines on effective coping strategies were developed for the adolescents whose parents suffer from major mental illness. This was validated by experts and then disseminated to these adolescents.

**Implications of the Study**

As a result of their parent’s mental illness, most of the adolescents used maladaptive coping strategies in dealing with these problems implying a definite need for providing guidance and counselling to the adolescents to protect them from the distressing experience of parental mental illness.

- The nursing personnel should be able to sensitise the family members and relatives of the adolescents with a mentally ill parent about needs of their adolescent which often tends to get ignored.
- The administrator must ensure that the counselling needs of the adolescents are also met so that they are able to effectively handle the problems they face as a result of their parents’ mental illness.
- At community level there should be provision of psycho-education for the adolescents to help them to understand their parents’ illness and to better their communication and relationship with their parents.

**Limitations**

- Obtaining the desired sample within a limited time period was a little difficult for the researcher.
- The sample size was small and limited to only selected institutes of Delhi. Therefore generalisation could not be made.
- Utility and effectiveness of the guidelines could not be ascertained due to limitation of time.

**Recommendations**

- Since the present study was conducted on a small sample, a more extensive study on a wider sample is recommended.
- A follow-up study could be conducted to evaluate utility and effectiveness of the guidelines on effective coping strategies for the adolescents in dealing with the problems they face as a result of their parents’ mental illness.
- A comparative study could be conducted on the problems faced by adolescents with and without mentally ill parents.

**Conclusion**

Adolescents living with a mentally ill parent face a lot of challenges in their daily life, such as relationship issues with family members and peers, academic performance and neglect and abuse. Involving the adolescent in the planning of treatment and care of the parent can help the adolescents gain a better insight into the condition of their parents and in dealing with them. Early intervention strategies that include counselling and guidance of adolescents and most importantly lending a patient hearing will go a long way in developing adaptive coping strategies by the adolescents.

**References**

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