

Needs of Children of Parents with Schizophrenia

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Abstract

Background: Children with parents suffering from schizophrenia are at risk of different challenges as they are more vulnerable to experiencing physical, mental, and social health problems.

Objectives: This study aimed to determine the needs of children whose parents suffer from schizophrenic disorder, in Qazvin, Iran.

Methods: In this qualitative content analysis study, children were selected using purposive sampling method. The inclusion criteria were no history of mental disorders in children and living with parents, one of whom was suffering from schizophrenia. The data were collected using interviews, observations, and note-taking, and the data collection continued until data saturation was reached. Then the collected data were analyzed using the conventional content analysis.

Results: The main theme extracted in this study was "support" with economic, psychological, and informational subthemes.

Conclusion: The needs of the children having parents with schizophrenic disorders have been changing from their childhood because of tensions aroused by the parent's illness. According to the findings, it is recommended to promote information and education on mental illness at the community level to the extent possible. Moreover, the families and relatives of these patients are also suggested to receive such training. Furthermore, a support system for the children with mentally-ill parents would be efficient to prevent problems.

Keywords: *schizophrenia, children, parents, support, content analysis, psychiatric disorders, qualitative research, nursing*

Introduction

Psychiatric disorders are common in all societies [1]. Out of four individuals worldwide, at least one person has been suffering from a mental disorder for 12 months [2]. In Australia, one out of five adults experience mental illness throughout their lives [3]. In this regard, 23% of children live with parents suffering from a mental disorder [4]. In other words, it is estimated that 20%-30% of adults with mental disorders have children [5]. Moreover, in Canada, 12% of children aged ≤ 12 have either a father or mother with a mental illness [6]. In Iran, the prevalence

of mental disorders is estimated to be 20%, and about 1% of individuals with mental disorders require hospital services [7]. Out of patients with at least one child, about 49.5% are female, and 43.9% are male [8].

Given the inevitable and severe outcomes of schizophrenia, its recurring nature, and high costs [9], schizophrenia is one of the most debilitating mental disorders [10]. The prevalence of schizophrenia is 0.6-1.9%, and it is the fifth leading cause of disability worldwide [11]. About 450,000 schizophrenic patients live in Iran [12],

and the prevalence rate of this disorder is 0.89% [13,14].

The mean age of onset for schizophrenia is 25- 35 years [15], which coincides with the fertility age range [16]. Several studies have revealed that about 50-59% of women suffering from a severe mental illness are mothers [17,18], and that about 54-80% of mothers with schizophrenia are upbringing at least one of their children [19].

Children of parents with a mental illness are at the higher risk of developing mental disorders [20] as the risk of developing psychiatric disorders in these children is estimated to be about 41-77% [21]. Schizophrenia is one of the main causes of parental misconduct, leading to behavioral problems in children [22]. Such children are more likely to be aggressive and suffer from impaired social relations and neurodevelopmental deficits [23]. These findings suggest the significant of paying further attention to these children [24]. The living place of children with mentally ill parents may be disordered and frightening at the same time, especially if they are a part of their parents' behavioral illusion [25]. Schizophrenia in mothers is a potential source of disruption in the infant-mother relationship and maternal adaptation. Women suffering from schizophrenia often experience interpersonal misbehaviors, mood, cognition, and abnormal behavioral problems [26].

Moreover, some of these children are in charge of taking caring of their mentally ill parents and siblings; therefore, when the young care providers stay at home to support their families, their schooling is likely to be affected. Supporting and protecting children with anxious parents is a selected coping strategy to prevent mental problems from being transferred from one generation to the next one [27].

When a family member is ill, it poses a crisis and tension on the other members, especially when the crisis is aroused by the mental illness of a parent [28]. The families of patients are also required to be protected as covert clients. One way to support them is to meet their real needs to reduce their suffering and help them better cope with a patient with mental illness. These families have a variety of needs to take care of their patients, and nurses can help by identifying and prioritizing these needs and proper planning and application of the nursing process [29].

Supporting the family of patients with mental health needs and meeting their needs is the responsibility of all care team members. However, in this case, nurses are in a special position, and they are the prominent supporters of family members in the hospital [30].

This is while children with mentally ill parents are disregarded by researchers. According to the literature, they are exposed to psychological, social, and physical harm; hence, considering their needs and providing them with necessary support would primarily reduce the ill parents' anxiety and concerns and thereby promote their recovery and rehabilitation. On the other hand, detecting the needs of these individuals and providing them with necessary support can be effective in preventing the spread of mental illness. This issue would have a positive effect on the economic and social problems of the community as family is the smallest and first component of a large nation-state community. In the literature, there is a knowledge gap regarding the experiences of adult children with schizophrenic parents, and their needs have not been addressed properly. Accordingly, this study aimed to explain the needs of children with schizophrenic parents in Qazvin.

Methods

In this study, the conventional content analysis was used to explain the children's needs in terms of schizophrenic disorder. This approach was select as we aimed to explain a phenomenon and extract direct and obvious themes from data with imposing no predetermined theories or categories. The participants were selected regarding a variety of parameters, including age, gender, cultural and economic status, number of children in the family, the level of education in the family, and the place of residence. Moreover, the children could participate in this study if they were living with their ill parents, and if their parents had at least a hospitalization history. Furthermore, the participants had no history of mental illness. The purposive sampling method with maximum variability and range was used to select the participants from the children of patients in a psychiatric hospital in Qazvin. IN this regard, the data collection procedure lasted for 10 months.

To observe the participants' rights before the interview session, the research objective and

procedures were separately described to each participant.

Then the participants willingly filled in a consent form. After obtaining their informed consent, the participants' demographic information was collected, and they were ensured of the confidentiality of their personal information. Upon their request, the interviews were conducted at the Faculty of Nursing and Midwifery in Qazvin University of Medical Sciences.

Data were collected using interviews and observations. The interviews' duration varied from 45-100 minutes, with about 60 minutes in average. Moreover, the interviews were recorded, immediately imported to the computer, and transcribed verbatim to protect data integrity and reduce investigator bias. The interviews started with some warm-up questions and then an open question was posed in line with the research objective: "What problems have you experienced since the diagnosis of your mother/father's mental disorder?" The subsequent questions were posed based on the participants' responses.

Moreover, the data were analyzed using the conventional content analysis. The analysis and coding of interviews were performed immediately after each interview session so that each interview included the data and the concepts emerged from the previous interviews. The coding was continued until no new themes and constructs emerged. Long-term involvement and integration promoted the validity of data. The data collection and analysis processes lasted for 13 months.

Establishing trust-based communication with participants is an essential principle to reach high-quality data. The researcher had the experience of working with the family of psychiatric patients as such he could establish trust-based communication with the participants. To ensure the validity and reliability of the findings, preliminary codes were reviewed, revised, and compared a few days later. Moreover, another coder was requested to examine the extracted codes to promote agreement and the reliability of the results.

Results

The children's mean age was 22 years, with the age range of 10 -30 years. Six children with schizophrenic parents (i.e., a boy and his ill father, a boy and his ill mother, three girls and their ill

fathers, and a girls and her ill mother) participated in this study.

After analyzing the collected data, there was one major theme "support" with four subthemes, namely economic, psychological, and informational, and effective factors

Support was the main concept detected for the needs. In identifying the needs, 'support' referred to anything that could help an individual to meet his needs and describe the needs of children with parents suffering from schizophrenia.

Economic support

Economic support represents the economic need of children with schizophrenic parents. In this regard, some measures should be adopted to provide the children and their families with financial support. The need is more highlighted when the child's father is mentally ill as such the economic problems would lead to other problems and emotional experiences such as embarrassment, anger, and regret. An interviewed teenager stated,

"We fight for money. Well, I'm looking for money. I go to school. I need money. My father cannot work, and my mother has to work. I should do something as well."

Psychological support

The psychological support is also accompanied with some problems; hence, the lack of satisfaction would affect individuals' mentality. Generally, psychological support is a measure that psychologically helps individuals to deal with their problems. This concept includes the detection of strengths and their implementation, the need for attention, escaping from home, increased self-esteem, needs at different life periods, communication needs, and promoted sense of responsibility. A child talked about his problem in communicating with others:

"You feel embarrassed. Loud voices, shouts! We had neighbors, and we were friends. We feel why we have problems they don't have. The next day, we see each other. This makes you stay away from others as they know you and your family, and then you are embarrassed. Because of this, we were not looking for new friends and limited those around us."

Or when a child was to describe one of his memories regarding the profound impact of others, he, after crying and silence, noted:

“One of my friends told me something that bothered me. He told me to make sure that my mom didn't poison our food.” My mother brought me food and then I told her that..... (Crying) I will not forgive myself ... I did not eat. She asked me why, and I answered because you poisoned our food. She showed her hands. She told me that she did not poison it ...”

As it can be inferred, a child is influenced by others. For some people, if someone is a trouble, he/she should be eliminated. A friend and spouse can be hidden from others, but this is not about the mother. It is not about the father. Because of ignorance, others say that your father should divorce your mother. This stuff...they think, they are guiding, and this bothers the children, and they do not talk to anyone.

The interviews revealed the profound impact of others on these children. An uninformed person can confuse and irritate a child's mind with the smallest words as such their consequences may always last. Even in adolescence, these children may feel guilty because of doing wrong caused by what others said. Another child mentioned, “The patient is patient ... People around her are sicker. People can help, but they don't. It's more painful.”

Informational support

Informational support is to inform and aware individuals to help them tackle with the lack of knowledge, and it includes the need for awareness and the need for an advisor. In all the interviews, the children and others' lack of awareness aroused some problems. One of the interviewees said,

“A sick person does not harm a child but a healthy person does. Now, perhaps, I have forgotten my mother's health problem, but my father's words about her treatment are in my mind.”

Regarding the need for an advisor, due to the parent's illness, the parents need an aware advisor to guide them through difficulties in dealing with different challenges to avoid making mistakes. One of the children stated,

“I frequently make wrong decisions as if I had a shortage, a gap to be filled. I made a mistake...

again and again... to confront myself. Now I understand that I wish it hadn't happened and I hadn't done that. If I had a father, he could have helped me.....”

Factors affecting support

The findings indicated that age and gender are two factors affecting these children's needs and, consequently, the kind of support they need.

Age: The children of the parents with schizophrenia have special needs at any age, meeting or not meeting which have effects on these children. A child explained this issue as follows:

“What annoyed me so much was the fact that they wanted us to treat our mother. For example, they wanted us to talk to her and talk to her in that way A child does not understand this issue.... Do not use a child as a tool to take a mother to a physician. The physician should not use the child and ask him/her to tell lies.”

Gender: The interviews illustrated the relationship between the ill parents' gender and the child's gender with regard to their level of education, specific characteristics, and types of problems.

A girl whose mother was pointed out the weaknesses of females,

“Well, I've been interacting with two men, my dad and my brother. They don't backbite. I do not care about feminine matters. For example, her elegance. I do not know... I do not receive caress, and maybe if my mother was not sick, I would receive that. I have a father. I'm not afraid at all. Nothing threatens me.”

A girl whose mother was ill, noted, “Girls are emotionally dependent on their fathers, and the boys are dependent on their mother. I had my father, and I did not have a problem. My self-confidence was good but my brother is different... his absence is well-felt.”

On the other hand, the parent's gender affects the type of problem. For example, when a father is sick, economic problems are more severe than when a mother is sick.

Table 1: Main theme and subthemes extracted from the data

| | Effective Factors | Age |
|----------------|-------------------|---|
| | | Gender |
| Support | Economic status | |
| | | Detection of strengths and their implementation |
| | | Need for attention |
| | | Escaping from home |
| | Psychological | Increased self-confidence |
| | | Need for the natural passage of age cycles |
| | | Communication needs |
| | | Promoted sense of responsibility |
| | Informational | Need for information |
| | | Need for a consultant |

Discussion

The findings revealed that the children have faced their parents' disorder since their childhood, as one of the most significant and sensitive periods of their life. During the same period, important events and issues have impacts on adulthood; hence, children's needs change after facing the tensions of their parents' disorder as such meeting their natural needs also gets difficult. Moreover, various problems, with which such children tackle because of their parent's disorder, would arouse different emotions, mostly negative, and influence their personal growth and development. Based on Maslow's hierarchy of needs, some basic needs (namely economic needs and the need to be loved) are not met in these children because of their parents' illness. Failure to meet the basic needs prevents individuals from reaching higher levels of needs. For a child who has become familiar with fear since his childhood, self-actualization may not be reached because such fear is mostly associated with relatives and others' view and judgment, thereby promoting alienation. Furthermore, rejection by many social groups for a child with schizophrenic parents is also likely. According to the researchers, Maslow's hierarchy of needs is significant, especially for the affected people or those at further risk. The children of parents with schizophrenia often experience tensions in their environment from their childhood. An environment with either a bitter silence or obscure and disgusting voices, as parents are involved in such environments, puts the children at risk.

According to by Mayberry et al. (2005), the most critical point regarding children with

schizophrenic parents is the acceptance and adaptation with their problems and challenges. Although Mayberry et al. investigated the needs of children with parents suffering from mental disorders, not a specific type of illness, their findings were consistent with those of the present research, indicating the needs of such children as well as the double pressure imposed on them during the hospitalization of their parents. Moreover, Mayberry et al. investigated the needs of the children from the parent's perspective. The problem of children's education in the community, as one of the main needs from the children's perspective in the present study, was also noted in their study [31].

In a study entitled "Outcomes of parents' mental illness for children," Oskouei et al. (2011) extracted five main outcomes (namely communication, psychology, education, economic, and role of additional factors in children) when the children's communication of is impaired. Moreover, when parents are diagnosed with mental illness, children encounter mental health problems such as stress, lack of trust, frustration, communicational, psychological, and economic problems, and decreased self-confidence. These findings are consistent with those of the present study.

In this study, age and gender emerged as factors affecting "support." Meaning of family support as assistance from family members provided to one another in informational, emotional, and instrumental aspects [32]. Support, as a complex concept, is the primary function of the nursing profession, which has different implications in this field. It can be described by three parameters,

namely physical, social, and emotional [33]. The findings approved the effect of the age and gender of the children and their ill parents on the children's needs. The interviews revealed that the children were familiar with their parent's illness from childhood, and their needs had changed because of the type of support they needed.

Moreover, the gender of the children and their parents also affects need changes. In this regard, the findings documented the effect on the children's upbringing and growth. Zeighami et al. (2017) addressed the gender differences of the parents with mental illness and their effects on the needs. They indicated that the economic and social outcomes were two significant problems arising from the fathers' disorder [34]. However, regarding the problems of the mother's illness, emotional problems were mostly highlighted. It is argued that this finding is in contrast with the fact that children's emotional problems are more likely to occur during the period of the mother's illness. The inconsistency is probably caused by the objective of the present study, i.e. to explain the needs of children with schizophrenic parents. Moreover, the interviews in Zeighami's et al. (2011) study outnumbered those in the present study.

Conclusion

In the first phase, it is of paramount importance to investigate and detect the needs of schizophrenic individuals and their families. Accordingly, informing and educating the public regarding this mental disease and how such individuals and their families should be treated is one of the basic issues in mental health, which would reduce fear in these children. The concept 'social stigma' was perceived from all the interviews. Wrong labeling by others, including the relatives of the patients imposes mental stress on their family members and children. Such stress is even aggravated when uninformed individuals talk to children about their parents' mental problem, which would hurt them deeply. In other words, not only the parents' illness but also the environmental issues would hurt these children. Accordingly, information and education on mental illness should be increased at the community level, or at least the families and relatives of such patients should receive these services. Furthermore, a need-oriented support system and a care plan are recommended to

prevent numerous problems in children with schizophrenic parents.

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Conflict of interest

There is no conflict of interest.

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