

Mental health and help-seeking of parents of children with psychiatric illness

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Abstract

Background: A child with significant mental health problems evokes significant stress for the parent. We interviewed parents about their help-seeking experiences for the child's problem and assessed them for common mental health problems. **Objectives:** To study parental mental health in the presence of psychiatric illness in their child and to document pathways of care traversed before reaching the Psychiatrist **Materials and Methods:** After Institutional Ethics Committee's permission, we assessed the parents of 35 children coming to child psychiatry Out-patient Department. A semi-structured proforma and Depression Anxiety Stress Scale-21 (DASS-21) were used. A descriptive analysis of continuous and nominal variables was done, followed by comparative statistics. **Results:** Thirteen out of 35 parents (37.14%) had significant mental health problems, 10 of them were moderate to severe. Distressed parent often had a child above 12 years of age (7 out of 10). Multiple non-medical help-seeking was common. This was often due to lack of information than due to stigma. More boys than girls were seen in the patient population. Diagnoses in children varied; Neurodevelopment disorders were seen in 45.7%. We found parental mental health was worse in the case of primary psychiatric disorders in children like anxiety and mood disorders than neurodevelopment disorders. **Conclusion:** A significant number of parents have stress-related and neurotic symptoms after the onset of psychiatric illness in their child. Fathers who have significant mental health issues should be cared for. We can routinely screen for parental psychopathology in child psychiatric cases for better outcomes and to provide better family support.

Keywords: Parental mental health, help-seeking pathways, child psychiatric illnesses

Introduction

Mental health care facilities for children in India have been slowly improving in numbers and quality⁽¹⁾. So also, more psychological problems in children and adolescents are being detected⁽²⁾. The treatment gap for these childhood mental disorders is huge. Very few patients reach a qualified Psychiatrist to get treatment. These untreated mental health problems in youth cost financially, practically, and emotionally⁽³⁾. Children are brought to mental health institutions set up most commonly by their parents and, at times, by other caretakers. Parents themselves undergo a lot of emotional turmoil when their children have mental health problems. Some of parents also face some type of mental illness⁽⁴⁾.

The presence of mental health problems in parents may adversely affect the course and outcome of a child's illness⁽⁵⁾. Assessment of the parent's mental health is often not an integral part of the assessment of child patients. Various problems related to parenting may arise due to these mental health problems in parents. A child's compliance with treatment may also get affected by these issues. Parents' perception of a child's mental health problem, its causation, and the usefulness of help sought is also an important aspect in the utilization of the mental health care system⁽⁶⁾.

This small study is a tiny step towards understanding impact of child's psychiatric illness on parental mental health. The perceived cause of the mental health problem of the child often determines the help sought by the parent. They often try out various modalities of treatment before reaching the child's mental health setup and rarely seek help for their own distress. Greater the duration of untreated psychiatric illness of the child, more are the chances of it affecting parent's mental health adversely.

Objectives

1. To study parental mental health in the presence of Psychiatric illness in their child and
2. To document pathways of care traversed before reaching the Psychiatrist

Materials and Methods

The study was conducted at a Psychiatry unit of a private Medical College and General Hospital, Pune, Maharashtra, India during 2021-2022. Study participants were the parents of children with psychiatric disorders. Data was collected in the Psychiatry, Out-patient Department (OPD), for parent of every new child case that visited our OPD. Information about the study was given to the parent, and written informed consent was obtained if they wished to participate in the

study. We could collect complete data from 35 parents of child psychiatry patients during 12 months period from June 2021 to May 2022. As per the records, 15 parents declined to participate, 10 of them due to time constraints. The rest five were hesitant about discussing the problem due to the stigma, although confidentiality was assured to them.

The age group of children of parents included was below 18 years. Parent of any child with acute medical or pre-existing psychiatric conditions was excluded.

This was a cross-sectional descriptive study to document mental health problems and distress in parent, path traversed till they have reached the Psychiatry Department OPD and their perceptions about child's illness. We administered a semi-structured questionnaire to assess the pathways of care used by parents for help-seeking for their child's condition. Parents' perception about the usefulness of help sought was also asked and documented. Both spontaneous and probe responses were documented by two writers, and responses were then classified. The parent was then assessed using Depression Anxiety Stress Scale-21 (DASS-21) item questionnaire for the presence of anxiety, depression, or stress.

We interviewed the child after gathering basic socio-demographic information from the parent. Diagnosis of the child was established by the consultant as per International Classification of Diseases (ICD)-10 criteria.

Data was entered in an Microsoft Excel sheet and analyzed. A descriptive analysis of continuous and nominal variables was done, followed by comparative statistics using Bio-Medical data Package (BMDP) software.

Results

Socio-demographic factors

Parents: We included 35 parents of children coming to child Psychiatric OPD of this general hospital. Out of the total, 16 fathers and 19 mothers were interviewed. In all, 26 out of 35 were from nuclear families (74.28%), and 24 were from urban background (68.57%).

Children: The children whose parents were interviewed ranged from 1 year to 18 years of age, the average age being 12 years, and the standard deviation was 4.06. Out of these children, 24 were boys and 11 were girls. It was observed that, 27 children were educated in normal schools while 4 were studying in special schools.

Diagnosis of child psychiatric disorders

Neuro-developmental disorders were diagnosed among 45.7% children (13 children). Autism Spectrum Disorder (ASD) was found in majority children (20%), followed by Bipolar Disorder (BPAD) and Intellectual Disability (ID) (11.4% each) (Table 1).

Table 1: Diagnosis of the child psychiatric disorders (N = 35)

Disorder	ICD 10 diagnoses	n (%)
Attention-deficit/hyperactivity Disorder (ADHD)	Hyperkinetic disorder	2 (5.7)
Autism Spectrum Disorder (ASD)	Pervasive developmental disorder	7 (20)
Adjustment disorder	Reaction to severe stress and adjustment disorders	1 (2.8)
Bipolar Disorder (BPAD)	Bipolar Affective disorder	4 (11.4)
Bruxism	Bruxism	1 (2.8)
Catatonic	Catatonic Schizophrenia	1 (2.8)
Intellectual Disability (ID)	Mental retardation	4 (11.4)
Obsessive-compulsive Disorder (OCD)	Obsessive-compulsive disorder	4 (11.4)
Oppositional Defiant Disorder (ODD)	Conduct disorder	2 (5.7)
Paranoid	Paranoid schizophrenia	1 (2.8)
Severe	Severe depressive episode without psychotic features	1 (2.8)
Teenage problems	Teenage related problems	1 (2.8)
Anxiety	Other anxiety disorders	2 (5.7)
Dissociative disorder	Dissociative disorder	1 (2.8)
Psychosis	Unspecified non-organic psychosis	1 (2.8)
Mild depressive episode	Mild depressive episode	1 (2.8)
Severe Depressive episode	Severe depressive episode with psychotic features	1 (2.8)

Mental health of parents

We found that a total of 21 parents interviewed had a DASS score above the mean score for this population. Thirteen of the parents (37.14%) scored above the cut-off level, which means they had poor mental health. Out of these, 10 had moderate to severe distress. As per the scoring guidelines for this scale, 6 had a score above cut-off in anxiety, 7 of them had a score above cut off in depression, and of 3 had a score above

cut-off in stress; that means these parents did suffer from clinically significant distress (Table 2). It was found that, 6 fathers (37.5%) and 4 mothers (21.05%) had anxiety or depression. Distressed parent often had a child above 12 years of age (7 out of 10). Duration of psychiatric illness of child was one year or more in 5 of the 10 distressed parents with anxiety or depression.

Table 2: Depression, Anxiety, Stress among parents (N = 35)

Mental health problem	Present in: n (%) *
Anxiety	6 (28.57)
Stress	3 (14.29)
Depression	7 (33.33)
Score above cut-off in any one of three conditions	13 (37.14)
No problem detected	22 (62.85%)

*Some parents had multiple mental health problems

Pathways of care

Parents tried to solve the problem themselves and with the help of some relatives. Help sought for the problems included home remedies most commonly. Seven patients reported Psychiatrists as the only help sought by them, 14 of them had discussed their problem with the treating Pediatrician, and 7 of them reported the help to be useful.

Common reasons for consultation of children with the Psychiatrist included externalizing symptoms like irritability, tantrums, anger outbursts, threatening behavior, and hyperactivity and cognitive symptoms like inattentiveness and distractibility. Disturbances in functioning and behavioral problems were also often reported. Thus internalizing symptoms like withdrawn behavior and anxiety were less common.

Parental help-seeking and child diagnosis

Child psychiatric disorders were grouped into those with neurodevelopmental problems, which have been there since an early age, and compared with all other psychiatric

illnesses. We could find statistically significant differences in these two groups as far as first help sought, most useful help, and emotional distress in the parent. Medical help was more commonly sought and found to be the most useful one as far as neurodevelopmental problems were concerned (Table 3). These included children with intellectual subnormality, hyperkinetic disorder, and autism spectrum disorders. One parent reported, "We noticed that his behavior was much different than that of other children of his age. Our other son is very normal.."

For various mood disorders, psychotic disorders, and childhood emotional disorders, help-seeking from family members and faith healers was much more common. Parental score on DASS was significantly higher for these children. They didn't always prefer help from a Psychiatrist and delay in treatment was noticed. One father of depressed child said, "We thought children are nervous at times. We did not think that this could be an illness. Now I feel guilty that my child suffered so much."

Table 3: Clinical diagnosis of child and parent's help-seeking (N= 35)

Diagnosis	Help sought			p-value	Chi-square value
	Home n (%)	Medial n (%)	Faith healers n (%)		
Neuro-developmental	2 (20)	13 (68.42)	1 (16.67)	*0.0132	8.652
Others	8 (80)	6 (31.58)	5 (83.33)		

*p<0.05 = Significant

There was strong association between children having

neuro-developmental or other disorders and parents having DASS score above cut-off ($p < 0.01$).

Table 4: Clinical diagnosis of child and DASS score above cut-off of parents (N = 35)

Diagnosis	DASS score above cut-off		p -value	Chi-square value
	Yes n (%)	No n (%)		
Neuro-developmental	3 (18.75)	13 (68.42)	**0.0037	8.595
Others	13 (81.25)	6 (31.58)		

****p < 0.01 = Highly significant**

In 9 out of 35 children, parents reported that the child's psychiatric illness was precipitated by some stressful event. Commonest among these were interpersonal problems in the family and school-related academic and other problems like peer pressure and altercation with friends.

Parents of children having various emotional disorders, anxiety disorders, mood disorders, and psychotic disorders were found to be significantly worse in their own mental health. However, none of them was seeking any treatment for themselves. One of the mothers said, "I have given up on attending all the social functions. I am devoting all the free time for my child. What else can I do!" They were neglecting their own mental health.

Discussion

We assessed the parent's mental health using the Depression Anxiety Stress scale 21 item version. This short scale is easy to administer with established reliability and validity⁽⁷⁾. We found that two-fifth of the parents scored above the cut-off level, which means they had poor mental health. Most importantly, it was noticed that the mental health of parents was ignored. A child having a newly developed psychiatric problem, is likely to be more stressful for a parent. Stigma about psychiatric disorders may also be adding to the distress. Parents did not assess health facility for their mental health. Hence we need to assess parents' mental health as a routine in practice. This may help get better treatment outcomes for parents and children with mental health problems.

Children's mental health problems are often considered normative and expected to improve with age. However, when the child reaches school-going age and there are problems in schooling, it often sends an alarm for professional help. A child patient is always brought to Psychiatrist by parent or guardian. Childhood behavioral and emotional problems increase the stress of child rearing for the parent. However, a parent seeks help for child health from multiple other sources before consulting mental health professional. A study from United Arab Emirates (UAE) reports reasons for not consulting Psychiatrists for mental health problems include

denial that it is mental illness, stigma, and skeptical view about the usefulness of mental health services⁽⁸⁾. Other factors like ethnic background, parental education, and socio-economic status may also contribute^(9,10). A study from India reports that the majority of Indian patients, i.e., parents of children with psychiatric illness, do not avail any healthcare facility, early in the illness course. There is a significant delay by the time patient reaches a psychiatrist⁽¹¹⁾. Psychiatrist was the first help sought only in 9.2% of the patients in the study. This delay in help seeking is likely to adversely affect the mental health of parent.

Help-seeking is often affected by various illness factors, predisposing factors, barriers, or facilitators, if any⁽¹²⁾. The process by which they seek help from various resources is as important as sources of help⁽¹³⁾. These were assessed for local settings in this study. The process of help seeking itself evoked anxiety and stress among the parents.

The use of faith healing, black magic, etc., is not common for child mental health. More commonly perceived causes include parental neglect or inappropriate handling, friends' behavior, academic pressures, etc. Parents often feel guilty and hold themselves or their relative responsible for the child's problem. They often try to solve the problems by themselves. Whenever the child has any physical problem, the pathway of care is short and direct. This is not the case with the mental health problems of children. Parents are also concerned about comments of relatives and society if a child is taken to Psychiatrist. There are various psychosocial hurdles that may delay treatment by Psychiatrists in case of mental health problems⁽¹⁴⁾. Lack of service provision and underutilization of available services were both reported in a recent study in Uganda (2019)⁽¹⁵⁾. An Indian study, including patients with Psychosis, reported a significant delay in help-seeking due to various individualized socio-cultural factors⁽¹⁴⁾.

Children with neuro-developmental disorders were more commonly taken by parents for help from a mental health professional. This could be due to the seriousness of the

symptoms and no improvement perceived after help sought from other sources.

World Health Organization (WHO) directions on caring for children and adolescents with mental disorders mention the usefulness of cultural relevance of diagnosis⁽¹⁶⁾. Same disorders have different cultural contexts, and thus presentations may vary. The path of care chosen is decided by their understanding of the diagnosis. Symptoms close to normal behavior may be neglected until they significantly affect the child's behavior.

Reducing the delay in help-seeking for mental health problems is important in reducing the burden caused by these illnesses⁽¹⁴⁾. Mental health services available in educational institutes may facilitate help-seeking in children and adolescents⁽¹⁷⁾. Most commonly sought early help includes family and friends, followed by counselor-trained or untrained. These counselors need to be sensitized about the role of the Psychiatrist. They should be also encouraged to emotionally support the parents and not hold them responsible for the child's problem. Lapses in parenting on their part could be due to their own mental health problems, which should be promptly managed. Awareness of child psychiatry among medical and para-medical personnel needs to be increased.

Parents seek help from various social and spiritual sectors apart from biomedical. There is a lack of collaboration between the sectors and a lack of a mechanism for the integration of various help sought by parents⁽¹⁸⁾. As many patients seek help from care providers other than Psychiatrists⁽¹⁵⁾, the study of these pathways has been useful for effective policy-making for child mental health.

Conclusion

In this study, a significant number of parents of children with psychiatric disorders had significant depression, anxiety, or stress score. Pathways of care for child's mental health varied and were multiple in most cases. Parents usually tried to solve the problem themselves or with the help of close relatives. The most useful help was usually received from a Psychiatrist and Psychologist in most cases. Awareness and education about parent's and child's mental health is needed.

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Conflict of Interest: Nil

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