

An observational study on psychiatric health problems and parenting style in children of parents with psychiatric illnesses

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ABSTRACT

The parent with mental illnesses can have significant long-term effects on the mental health of the children. The offspring of parents with mental illnesses can have various behavioral and psychological disorders. Parenting style, which influences child development and resilience, plays a crucial role in this context. Hence, the study aims to investigate the psychiatric and behavior problems of children of parents with mental illnesses and to understand the role of parenting in psychopathology of children.

Methodology

A cross-sectional study was conducted at tertiary care center, Delhi. The mental health of 92 children was assessed by using the Mini International Neuropsychiatric Interview for Kids (MINI-KID) and parenting style of 70 parents with mental illnesses was assessed by using the Alabama Parenting Questionnaire. Participants were recruited through purposive sampling. The statistical analysis was done by using descriptive statistics and spearman's rank correlation coefficients.

Results

The findings revealed that 36.9 % of the children exhibited behavioral issues, with a notable prevalence of both internalizing (e.g., transient anxiety symptoms, sleep disturbances) and externalizing symptoms (e.g., irritability, poor academic performance). Approximately 28.2% of the children were diagnosed with psychiatric illnesses, predominantly anxiety disorders, followed by mood disorders. The parents with mental illness exhibited both positive and negative parenting styles, with poor monitoring being the most common negative style, and higher positive parenting associated with lower child psychopathology.

Conclusion

The findings underscore the urgent need for targeted interventions and support systems for families affected by parental mental illness, highlighting the critical role of parenting practices in mitigating the risk of intergenerational transmission of mental health problems.

Keywords: Parents with mental illness, parenting style, psychiatric health problems

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INTRODUCTION

Mental illness or psychiatric illness is a global public health problem and contributes to the overall burden of chronic diseases worldwide. In India alone, WHO estimates that the burden of mental illness is 2443 disability adjusted life years (DALYs) per 10,000 population.¹ The mental illness not only has effects on the individual, but also on their family members. Many of these individuals may be parents. Parents with mental illnesses (PMI) can have significant long-term effects on the development and socio-emotional well-being of children. These children may have more school problems and difficulties with attention or self-regulation.² They may also have emotional or behavioral problems and may have a mental health diagnosis themselves.³

Over the past century, a crucial question in psychological research has been how parents influence the behavior and development of offspring. Parental mental illness as an influence has emerged as a special case within this larger domain. Yet although understanding the impact of parental mental illness on offspring is without question a matter of great social and theoretical significance, relatively little attention has been paid in the medical literature to the mental health problems of children of parents with mental illnesses. Families with a parent with mental illness may also suffer from the adverse effects of stigma which can decrease self-esteem, damage family relationships, and be a risk factor for self-stigmatization, isolation, and shame.^{4,5}

Self-harm and suicide rates also tend to be higher in children with parental mental illnesses. However, Werner and Mowbray et al have found that many such children do not develop psychosocial problems as adults.^{6,7} Children of parents who suffer from a mental illness (COPMI) are at risk for developing a mental illness themselves because of both genetic as well as environmental factors.⁸ Offspring of parents with a severe mental illness (SMI) like schizophrenia, major depressive disorder, bipolar disorder, or severe borderline personality disorder (BPD), have a 50% chance of developing any mental illness, and 32% probability of developing a severe mental illness (SMI). This is 2.5 times the risk compared to children

of parents without mental illnesses.⁹ Parenting style plays a crucial role in shaping a child's psychological development, especially in families where a parent has a mental illness. Positive parenting practices, characterized by parental involvement and emotional support, are associated with better mental health outcomes in children. Conversely, negative parenting behaviors, such as inconsistent discipline, poor monitoring, or the use of corporal punishment, can increase the risk of behavioral and psychiatric problems. The study emphasizes the complex interplay between parenting styles and child psychopathology, highlighting that parental mental health can influence parenting behaviors, which in turn affect the child's emotional and behavioral development. Understanding these dynamics is vital for designing targeted interventions to promote healthier family environments and improve outcomes for at-risk children.^{2,3}

The present study is conducted among patients in a military hospital, which provides a specific socioeconomic and demographic context, potentially influencing the findings and applicability of the results. The study aims to bridge the gap between knowledge and practice concerning children born to parents with psychiatric illness by investigating their psychiatric and behavioral problems, as well as the influence of parenting styles on child psychopathology.

Methodology

The study was a cross-sectional study. The study was conducted among the children with their parents who visited the Psychiatry Centre of Base Hospital Delhi Cantt with psychiatric illnesses during August 2019 to June 2021. A total of 92 children from 70 parents with psychiatric illness as per ICD 10 were selected. The sampling was purposive, selecting parents with diagnosed psychiatric conditions based on ICD-10 criteria and their children within the specified age range of 5 to 17 years. Children aged between 5 to 17 years and their parents, one of whom has a diagnosable psychiatric condition (as per ICD 10) were included in the study. The exclusion criterion for children were

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1. Patients unwilling to participate in the study or dropped out during study period. 2. Inability or refusal to give consent/ assent due to serious medical illness (like encephalopathy etc.) or major psychiatric illness or condition in acute phase (like schizophrenia, suicidality etc.). 3. Children with Intellectual Disability or any medical or surgical illness. 4. Children with violence at home, school, and neighborhood were also excluded to prevent any bias.

The data was collected by using a predesigned and prevalidated questionnaire. The questionnaire consisted of following parts

Parts A: Socio-demographic information of the parents like age, sex, number of children, education status, occupation etc. The parents were interviewed and their mental illnesses were classified as per ICD 10.

Part B- Psychiatric Assessment Tools: The Mini International Neuropsychiatric Interview for children and adolescents (MINI-KID) was used to assess psychiatric disorders and behavioral issues in the children. This structured interview format allowed for a comprehensive evaluation of the children's mental health. It is a validated tool with excellent concordance for mood, anxiety, substance use and eating disorders (AUC=0.81-0.96, kappa=0.56-0.87).¹⁰

Part C: Parenting Style Assessment: The Alabama Parenting Questionnaire (Parent self-report version) was utilized to study the parenting styles of parents with mental illness. Parents self-administered this questionnaire, with assistance provided to clarify any doubts.

The Alabama Parenting Questionnaire have 5 subscales which consists of two positive parenting dimensions (Involvement & Positive parenting) and three negative parenting dimensions (Poor monitoring, Inconsistent discipline and Corporal punishment). Higher scores on specific subscales indicate more positive or negative parenting practices. The study determined higher scores by calculating cut-off values corresponding to the 90th percentile for each subscale of the Alabama Parenting Questionnaire. The APQ scales and the subscales have acceptable levels of reliability (alpha coefficients above 0.70), with exception of internal

discipline scale (0.54 and 0.62) for father and mother data respectively.¹¹

The study was conducted after taking permission from the institutional ethical committee. A written consent was taken from the parents and assent was taken from children before including them in the study. As some of the children, especially between the age group of 5-10 years were not proficient in English, the parents and children were explained the assent in English/Hindi and any doubts were cleared before their signatures were obtained. The analysis was done by using SPSS version 23.0. Descriptive statistics like frequency, percentage, mean and standard deviation etc. were used to summarize data. The association between parenting style and prevalence of psychiatric disorder in children was analyzed by Spearman Correlation analysis

Results

Parent Characteristics:

The parents in the study were predominantly well-educated, younger, and from a military background, with a majority living in nuclear families and urban areas. The mean age of the parents was 34.5 years \pm 3.3 (range 27 – 45 years). There were more mothers (58.3%) than fathers (41.7%) identified as having mental illness, A significant majority of the parents were well- educated, with 55.4% being graduates and 22% holding postgraduate degrees. Notably, none of the parents were uneducated. The parents who were employed were 34(36%) and the rest were unemployed. Most of the unemployed parents were housewives. Most families were nuclear (99%), indicating a preference for smaller family units. Most parents had two children (70.7%), with a smaller percentage having one child (21.7%). The parents were predominantly from urban areas (64.1%), which may impact access to healthcare and mental health services. The major psychiatric problems among the parents included mood disorders (43.5%), anxiety disorders (34.7%), substance use disorders (13.7%), and psychotic disorders (7.7%) , with mood disorders being the most prevalent. Some parents exhibited dual diagnoses, indicating the presence of more than one psychiatric disorder simultaneously.

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Children characteristics:

There were 92 children interviewed in this study. All had only one parent having a diagnosed psychiatric illness. The children were living with both parents in the same house. The children were aged between 5 to 17 years, with a mean age of approximately 9.3 years with (Mean: 9.3 ± 2.9 , 5 – 16 years). The sample comprised a higher proportion of male children, with 56(61%) being male and 36(39%) females.

Behavioral health problems in children- Of the children 34(36.9%) had behavioral problems. Anxiety, anger, fear of being alone, sadness and poor social interaction were common behavioral problems observed in the study. The psychiatric health problems were broadly categorized as

internalizing and externalizing symptoms as shown in table. The internalizing symptoms were represented by the presence of symptoms of sadness, poor social interaction and sleep disturbance (5.4%), anxiety and fear of the dark (13%). The externalizing symptoms were reflected in presence of inappropriate anger and irritability (7.6%), poor academic performance (3.3%), over activity (2.2%), school absenteeism, late home return along with argumentativeness (3.3%) and excessive mobile use or video games (3.3%). (Table 1). Among children with behavioral health problems, 26% (9 children) were taken to meet a counselor while the majority of 74% children (25 children) were not taken to meet any counselor.

Table1: Behavioural Issues in children of parents with Mental Illness

S. no	Symptoms	Behavioural problems in children	Frequency (%)
1	Internalizing	Sadness, poor social interaction, sleep disturbance, poor concentration	5(5.4%)
2		Anxiety, fear of the dark or being alone	12(13%)
3	Externalizing	Anger, irritability	7(7.6%)
4		Poor academic performance	3(3.3%)
5		Overactivity	2(2.2%)
6		School absenteeism, argumentativeness, late home return	2(2.2%)
7		Excessive mobile use, excessive video games	3(3.3%)
	Total		34(36.9%)

Psychopathology in children

Twenty-six children (28.2%) of parents with mental illness were identified to have a diagnosable psychiatric illness. The rest of the 66 (71.2%) did not have any diagnosable psychiatric illness. We identified 32 psychiatric diagnoses in these 26 children. Among the psychiatric illnesses observed

in the study population, the majority were diagnosed with anxiety disorders ($n = 15$), followed by depressive disorders ($n = 6$) and externalizing disorders such as Attention-Deficit/Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and Conduct Disorder (CD) ($n = 7$).

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Additionally, six children had dual diagnoses, including combinations such as obsessive-compulsive disorder (OCD) and Panic Disorder, Social Phobia and Separation Anxiety Disorder, Agoraphobia and Separation Anxiety Disorder, ADHD with Specific Phobia, ADHD with ODD, and Moderate Depressive Episode with suicidality. In the study, significant correlations were observed between certain demographic variables and the presence of psychiatric illness in children. Specifically, there was a negative correlation between parental education and child psychiatric illness ($r = -0.342$, $p = 0.001$), indicating that higher

parental education was associated with a decreased likelihood of children developing psychiatric problems. Conversely, the number of siblings showed a positive correlation ($r = 0.301$, $p = 0.004$), suggesting that children with more siblings had a higher likelihood of psychiatric illness. Additionally, the child's age was positively correlated with psychiatric issues ($r = 0.257$, $p = 0.013$), implying that older children were more likely to exhibit psychiatric symptoms. These findings highlight the influence of demographic factors on the mental health outcomes of children with parents suffering from psychiatric illnesses. (Table 2).

Table 2: Correlation between Child Psychopathology and Demographic variables

S. No	Child having a psychiatric illness Vs demographic variable	Spearman's Rho	P value	Direction
1	Education of parents	-0.342	0.001	Negative
2	No of siblings	+0.301	0.004	Positive
3	Child's age	+0.257	0.013	Positive

Parenting characteristics

The Alabama Parenting Questionnaire has 5 subscales which consists of two positive parenting dimensions (Involvement & Positive parenting) and three negative parenting dimensions (Poor monitoring, Inconsistent discipline and Corporal punishment). The study identified that parents with mental illness exhibited both positive (parental

involvement) and negative (inconsistent disciplining) parenting styles. The poor monitoring parenting styles was the most common parenting style (50%) by parents with psychiatric illnesses. Only 12% of parents with psychiatric illness reported using corporal punishment, while the majority did not engage in such practices as mentioned in table 3.

Table 3: Parenting Styles Scales of the parents with mental illnesses

Parenting Dimensions	Mean Values,SD	Cut off - 90 th Percentile scores	No of Parents having Higher Values (Percent)	No of Parents Having Lower Values (Percent)
Parental Involvement	33.3 ±5.4	43	11 (12%)	81 (88%)

Positive parenting	21.6 \pm 3.6	28	11 (12%)	81 (88%)
Poor Monitoring	25.9 \pm 4.2	31	46 (50%)	46 (50%)
Inconsistent Disciplining	18.7 \pm 2.9	23	9 (9.8%)	83 (90.2%)
Corporal Punishment	8.4 \pm 1.6	10	11 (12%)	81 (88%)

Table 4 reveals that among parents with mental illnesses, higher scores in positive parenting were significantly associated with lower levels of negative parenting practices, such as poor monitoring and inconsistent discipline. Specifically, the data show that increased positive parenting correlates inversely with poor monitoring and inconsistent discipline, indicating that positive engagement can potentially mitigate some adverse parenting behaviors. Additionally, there was a positive

relationship between corporal punishment and child psychopathology, with a Spearman's Rho of 0.197 ($P=0.05$), suggesting that higher use of corporal punishment is related to increased behavioral and emotional problems in children. Overall, the findings suggest that while some parents with psychiatric conditions may maintain certain positive parenting behaviors, negative practices like poor monitoring and corporal punishment are prevalent and are associated with adverse child outcomes.

Table 4: Correlation between Positive and Negative Parenting styles

	Poor monitoring	Inconsistent discipline	Corporal punishment
Involvement	-0.14 (spearman's Rho), $P=0.16$	-0.126 (spearman's Rho), $p=0.23$	-0.02 (spearman's Rho), $p=0.83$
Positive parenting	-0.36 (spearman's Rho), $p=0.003$	-0.369 (spearman's Rho), $p < 0.001$	-0.131 (spearman's Rho), $p=0.2$

DISCUSSION

The children of parents with mental illness are an important cohort for understanding the development of psychiatric health problems and psychopathology. This study has also looked into the type of parenting styles and their association with the psychiatric health problems and psychopathology in the children of parents with mental illness. Among the 92 children 34 (36.9%) had behavioral problems. The behavioral symptoms were divided into internalizing symptoms and externalizing symptoms. The internalizing symptoms seen were poor social interaction and sleep disturbance (5.4%), anxiety and fear of dark (13%). The externalizing symptoms seen were inappropriate anger and irritability (7.6%), poor academic performance (3.3%), over activity (2.2%), school absenteeism, late home return along with argumentativeness (3.3%) and excessive mobile use or video games (3.3%). Nonetheless, the prevalence of behavioral problems (36.9%) among children of parents with psychiatric conditions appears higher compared to typical estimates of 13.4% in general populations, where behavioral and emotional issues tend to be lower, suggesting a potential increased risk linked to parental mental health issues.¹² This aligns with existing literature indicating that children of parents with mental illness were at a greater risk for developing behavioral problems compared to children in families without such parent mental health challenges. Twenty six children (28.2%) in this study had diagnosable psychiatric illness while 66 did not have any psychiatric illness but had some minor behavioral issues (as brought out earlier). Among the diagnoses anxiety disorders were most common (15 counts) followed by mood disorders (6 counts) and externalizing illness (7 counts), which is comparable to results of other studies like Goetz M et al (Anxiety disorders 60%, Mood disorders 33%), Ferreira GS et al (Anxiety disorders 34%, Mood disorders 23.4%, Externalizing illness 23.4%) and Iacono V et al (Affective Disorders 33%).¹³⁻¹⁵

In the study, it was observed that there was a negative correlation between psychiatric illnesses of children and parent education. Higher education in parents could have a moderating effect on parenting styles. It could also be possible that adults who are

better preserved cognitively, have children who are more resilient to the risk of having a psychopathology. Similarly, Sonogo M et al observed that there was a strong association between parent education and child mental health. The increase in parental education decreased the odds of child mental illnesses.¹⁶ Another study also observed that the enhanced parental education might improve parenting style and better outcome of children.¹⁷ There was also a positive correlation between the child psychopathology and having a sibling and increasing age. It implies that the more children in the family of a parent having a psychiatric illness the chances of the child having a psychopathology is increased. It is possible that this effect shows both a nature and nurture issue. The former being that higher genetic load of the risk could be seen which is thus seen as both siblings having higher risk of having an illness. It could also reflect resource depletion in families with more children leading to eroding support as a factor of resilience conferred in single child families. Feng Y also observed that sibling rivalry and conflicts might give rise to an increase in mental health problems of children. Hence, a positive or democratic parenting style is required for warm sibling relationships and better psychological outcomes of children.¹⁸ Another Danish Psychiatric study also found that increase in parental and sibling age increased the risk of schizophrenia and related disorders, mental retardation, and autism spectrum disorders.¹⁹ Positive parenting is the greatest recipe for the best start in life for children and is fundamental for reducing mental health. On the other hand, when parents display signs of adverse parenting such as unsupportive relationships or lack of parental involvement, this is where characteristics of decreased levels of emotional health come into play. PMI can have significant long-term effects on the development and socio-emotional well-being of children.^{2,3} The dogma that parents with psychopathology are harsh on the children and used punitive parenting was not reflected in our study as only 12% of parents with psychiatric illnesses adopted corporal punishment parenting style. On the contrary we saw that almost 50% of parents had higher scores in poor monitoring, thus reflecting the

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possible effect of parental psychopathology on executive function deficits which are subtle and cuts across various organizational tasks and emotional control involved in parenting. The study has few limitations. The study design was cross sectional in nature. Hence, it became difficult to establish causal relationships between parental mental illness and child outcomes. Most of the parents were from army background which could limit the applicability of the study to the general population. While the study aimed to exclude certain confounding factors (e.g., violence at home, severe medical illness), there may still be unmeasured variables that could influence the results, such as socioeconomic status or additional family stressors. These limitations suggest that while the study provides valuable insights, further research with larger, more diverse samples and longitudinal designs is needed to better understand the complexities of parenting in the context of mental illness.

CONCLUSION

The study found that a significant proportion of children with parents suffering from mental illness exhibited behavioral problems, with 36% of the children showing such issues. Additionally, 28.2 % of the children were diagnosed with a psychiatric illness, highlighting the impact of parental mental health on child development. Among the diagnosed children, anxiety disorders were the most common, followed by mood disorders and externalizing illnesses. This underscores the need for targeted

mental health interventions for children in these high-risk families. An association was found between higher levels of education in parents and a lower likelihood of their children developing psychopathology. This suggests that educational attainment may play a protective role in the mental health of children. The study noted that the number of children in a family and the increasing age of the child were associated with a higher likelihood of manifesting psychopathology. This indicates that family structure and dynamics can influence mental health outcomes. The study explored the relationship between parenting styles and child psychopathology. It was observed that parents with mental illness often exhibited both positive (parental involvement) and negative (inconsistent disciplining) parenting behaviors. The corporal punishment style of parenting was related to a child having psychopathology.

The findings emphasize the importance of providing mental health support and resources for families affected by parental mental illness. Early intervention and access to mental health care are crucial for improving outcomes for both parents and children. In conclusion, the study highlights the significant impact of parental mental illness on children's mental health, the prevalence of various psychiatric disorders, and the complex interplay of parenting styles and family dynamics. It calls for increased awareness and targeted interventions to support these vulnerable populations.

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