

Is Parental Mental Illness a Risk to Child Development?

Some argue that Mental illness is a socially constructed phenomenon, whilst others question the mere existence of Mental illness, some arguing that it is merely a consequence on social inequalities. One can already begin to understand the problematic nature of Mental illness. What causes more confusion is that 'Mental illness' is an umbrella term, covering wide variety of disorders which are very different; they have different symptoms and effects. Considering there is no known definitive underlying cause of Mental illness meaning the area is still not fully understood, it does not have the same standing as physical illness, coupled with the fact that it is not clearly visible to others means that it can be a great deal harder to deal with, by both the sufferer and their families.

Research in the area of potential risk to children, requires clearer definitions between the different types of mental illnesses; parents affected by Schizophrenia, personality disorder or depression will each have different symptomatic outcomes, which means the experiences of their children will be different.

According to Cleaver et al (1999) a "significant proportion" of children in the child protection system, come from families with domestic violence; drug or alcohol dependence or parental mental illness. Their research shows, in isolation problem drug or alcohol use or mental illness present little risk of significant harm to children. Becker and Macpherson (1988) found that common social characteristics found in 'abusive' families, other than parental mental illness, included low income; poverty and social exclusion. Other studies have also shown the link between mental illness and perpetuating factors; Meltzer et al (1995) found that unemployed people are twice as likely as those in full-time employment to suffer neurotic symptoms. They also found that mental illness was strongly linked with Social Class; the highest rates of neurotic disorder and functional psychoses were found in manual and unskilled occupations. Whilst Cleaver et al (1999) suggest that social class related factors, including adverse life events, such as sexism; racism poverty and other types of oppression or social disadvantage are in fact themselves factors which can make an individual vulnerable to mental illness.

Parental mental illness has been stigmatized by society and the media, who tend to concentrate on the negative aspects of mental illness; thus perpetuating negative assumptions, without paying attention to the experiences of the children involved. Aldridge and Becker (2003) go on to say that negative and damaging associations between children's experiences and the presence of mental illness in families have been reinforced by medical and social research. Wahl and Harman (1989) point out that it is very likely that families involved in mental illness will experience stigma, including the children. Goffman (1963) refers to this as 'courtesy stigma'.

It is wrong to assume that mentally ill parents have poor relationships with their children, or that in fact these relationships are damaging to the child. Although Mental illness has been known to possibly result in parental 'absence', where the parent lacks reflexivity and loses their parenting function, whereby perhaps they are unable to be there emotionally for their children. However, as pointed out by Aldridge and Becker (2003) parental mental illness does not necessarily cause long-term loss of parenting function.

Interestingly, O'Hagan (1993) believes that where parents have a mental illness, emotional and psychological abuse of children is inevitable. Statistically, parental depression has been linked to child abuse and neglect, as noted by Aldridge and Becker (2003). Other researchers are keen to point out that most psychiatric patients can and do parent adequately (Cassell and Coleman, 1995; Oates, 1997).

One should note that 'abuse' comes in different forms; emotional; physical and sexual, as defined by the Children Act (1983). Some would consider parents' mental 'absence' as emotional abuse, particularly where young children are involved.

Anthony (1970) came to the conclusion that children's experiences of 'parental disorder' were the same, regardless of whether the parent was physically or mentally ill. One would argue that this is a gross oversimplification, and far from just. Studies of children of mentally disordered parents indicate that the children concerned find it far harder to cope with their parents' illnesses as they are 'hidden' and are not obvious to see. Aldridge and Becker (2003) point out that due to the fact that parental mental illness and caring are largely hidden, the psychological impacts on the child become so much more difficult to define in any practical sense.

Supporting the view that parental mental illness, alone is not a risk factor; Rutter and Quinton (1984) who studied the effects of parental psychiatric disorder on the psychological welfare and development of children. Their findings indicate that the impact is not disorder specific, but rather that the 'social and relational consequences of the parents' disorders play a large part in the effects on the child.

Children most at risk of significant harm are those who feature within parental delusions and children who become targets for parental aggression or rejection, or who are neglected as a result of parental mental illness, a possible example would be in the case of a Schizophrenic parent. Some depressed parents may neglect their own, and their children's physical and emotional needs. In some circumstances, some forms of mental illness may blunt parents' emotions and feelings, or cause them to behave towards their children in bizarre or violent ways. Unusually, but at the extreme, a child may be at risk of severe injury, profound neglect, or even death.

After reviewing world literature on parents who murder their own children, Resnick (1969) concluded that 67% of the mothers who had committed murder, and 44% of the fathers had been psychotic, whereas in 71% of mothers and 33% of fathers depression was evident. In the UK, d'Orban (1979) noted that 27% of women imprisoned for attempted or actual murder or their children were mentally ill.

Puckering (1989) found that maternal depression in infancy is associated with long-term effects on the child's psychological and physical health, academic performance and behaviour.

Some researchers have looked into the effects of parental mental illness on children's attachment types. Ainsworth et al (1978) looked at the effect of maternal psychiatric disorders on children's attachments. She found that these children are more likely, in the second year of life, to show anxious or avoidant attachment. But went on to state that if the child is given the opportunity for an improved relationship later, the attachment can become secure.

In general, it has been found that parental mental illness has little effect on children's cognitive development. However, children of depressed mothers' are likely to suffer cognitive impairment (Cohler et al, 1977; Meadows and Mills, 1987).

Some have tended to look at how parental mental illness affects the child's own mental well-being, largely research in this area questions whether mental illness is hereditary or whether it is learned. Rutter et al (1990) point out that there is little evidence to suggest a major genetic contribution in child psychiatric disorders, except in the case of early-onset major depressive disorder, as identified by Price et al (1987) and Puig-Antieh et al (1989) and Akiskal et al (1995) add bipolar disorder, particularly when they manifest themselves during the adolescent period. On the other hand, Tienari et al (1990) have identified that genetic dispositions in children can be related directly to mental illness in parents, but their course can be affected, indirectly by the parent through the family environment.

It is necessary to point out that some behaviours can be learned, through modelling their parents behaviour, Rosenbaum et al (1988) argue that a child who is exposed to a parent with an anxiety disorder may develop an 'anxious stance' through modelling.

Researchers such as Hare and Shaw (1965); Richman et al (1982) and Rutter and Quinton (1984) have documented how children of mentally ill parents have a substantially higher risk of developing psychiatric disorders themselves. Rutter and Quinton (1984) over a four and half year period, found that a third of the children of consecutive new psychiatric cases showed signs of a persistent disorder; a third had transient psychiatric disturbances and a third showed no behavioural or emotional disturbance. Overall, the high rate of disturbance in these children was not related directly to the illnesses, but to the psychosocial disturbance in family that is associated. According to Emery et al (1982) and Rutter (1982) the major contributors, therefore, are aggression; marital discord; disruption and hostility. Beardslee et al (1983) found that psychiatric diagnoses have been found in 40% of children of parents with an effective disorder. Cummings and Davies (1994) state that children of depressed parents are up to five times more likely to develop behavioural problems than other children.

Most researchers have found that children of mothers with eating disorders have high rates of eating disorders themselves (Hodes et al, 1997; Strober, 1995). Again, with Anorexia Nervosa and Bulimia Nervosa are associated with significant levels of co-morbidity, most often depression (Cooper, 1995). Other co-morbid disorders, as identified by Garfinkel (1992) are obsessive compulsive disorder; alcohol and substance misuse.

It is important to understand that a parents' mental illness can affect a child in a number of ways, children may have caring responsibilities placed upon them inappropriate to their years, leading them to be worried and anxious, which could cause difficulties making a successful transition into adulthood (Frank et al, 1999). Children may have limited opportunities for partaking in leisure activities (Aldridge and Becker) and have restricted opportunities for social networking and developing friendships, if they are caring for their parent (Bilsborrow, 1992), thus these children's experiences of childhood become quite different than those of other children.

Research has identified some socio-cultural protective factors for children with a mentally ill parent, such as a close extended family; which could possibly provide the child with support and security and confiding relationships in times of stress. Relationships with adults in the community, such as a teacher for example, as well as confiding friendships, especially in the case of adolescents may make a significant difference to the coping ability of a child, as pointed out by Gopfert et al (1996).

Protection against adversity can come in the form of sensitive teachers, as well as educational opportunities (Rutter, 1979; Quinton and Rutter, 1984). Aldridge and Becker (2003) state that children can be more resilient to harmful effects when they feel a part of their parents care; when they have been caring and living with the parent for a long period of time and when they are older; research has indicated that babies and toddlers are greater risk if the parent has a psychotic disorder.

Research suggests that a stable home environment and a sense of being loved by the ill parent help; Downey and Coyne (1990) state that this positive contact can protect the child from emotional damage. Having an interest at school and outside interests are all beneficial to the child, this has been backed by the Royal College of Psychiatrists. These can all constitute to a healthier upbringing for the child of a mentally ill parent.

Aldridge and Becker (2003) after having reviewed evidence from medical and social research, conclude that at this point there is no feasible empirical proof to confirm that children are at risk of abuse or neglect, based on their parents' diagnosis.

Aldridge and Becker (2003) would say that the impacts of parental mental illness on children can be detrimental in some contexts, and particularly when treatments and support are ineffective and when young caring infringes on children's emotional, social and educational development. Falcov (1998) states that a significant proportion of children living with a mentally ill parent, will develop psychological problems or disorders, whereas others will show no long-term emotional or behavioural disorders.

Findings across studies in area of parental mental illness and risk factors would indicate that children of parents with a mental illness are at greater risk for a variety of emotional and behavioral problems than children whose parents do not have mental illness (Weissman, Warner, Wickramaratne, Moreau, & Olfson, 1997) and that many of these children (30% to 50%) do just fine (Masten, Best, & Garmezy, 1990). Thus, although parental mental illness is a risk factor, it does not necessarily predict poor outcomes.

Studies have revealed that child outcomes are related to multiple factors. These factors include illness characteristics, such as severity and chronicity; parenting factors, such as emotional responsiveness; family factors, such as communication; environmental factors, such as stress and support; and child factors, such as temperament and coping (Downey & Coyne, 1990; Scheifer et al., 1996).

Roy (1990) states "overall, the answer to the question of risk factors has to be viewed as very incomplete", which would indicate that the impact of parental mental illness and the issues surrounding it are far from conclusive.