

# Difficulties in daily living, psychosocial development, and the health of children raised by parents with schizophrenia

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## < Background >

- The number of individuals seeking mental health care is increasing annually. As such, the number of children being raised by parents with psychiatric disorders is also on the rise, but in Japan, **very little attention is paid to children of those families and their living conditions are hardly known.**
- The children obviously face many challenges in living with a parent who is mentally ill and must find ways to cope, but many also continue to struggle as adults. Unfortunately, there are very few studies that have described the process by which a child's psychosocial development and health are affected by living with a parent who is mentally ill.

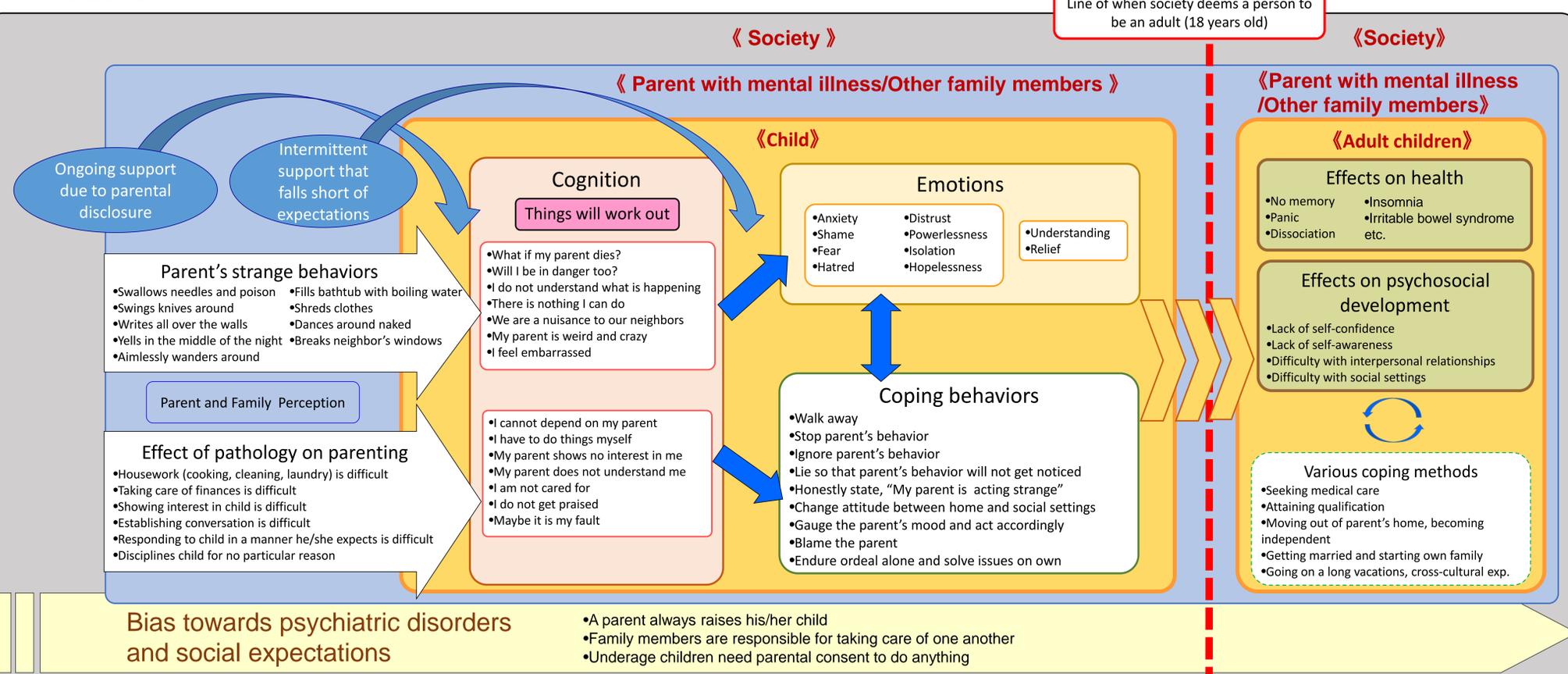
## < Purpose >

- **Make clear the effect living with a parent with mental illness has on a child's psychosocial development and health,** through interviews with adult children who were raised in such homes. By uncovering the process by which a child's development is affected, **the timing for interventions will become clear,** making it possible to reduce the impact a parent's mental illness has on a child.

## < Result >

## < Method >

- **Design:** Qualitative descriptive study
- **Participants:** 22 adult children who grew up in a home where a parent had schizophrenia (Age range: 21-67 yrs., Avg. age: 35.1 yrs., Male: 5, Female: 17)
- **Data collection & Analysis:**
  - 1) Research participants were recruited through websites.
  - 2) Semi-structured interviews about living with a parent with schizophrenia were conducted (70 min.-160 min. per interview).
  - 3) Data was transcribed and a qualitative descriptive analysis was conducted, with a focus on the effect of living with a parent with schizophrenia had on psychosocial development and health.
- **Ethical considerations:** This study was approved by the institutional ethical committee. We obtained informed consent from the participants.



- Children were confused over their parent's strange behavior and felt that something was wrong, which made them feel a sense of fear, anxiety, and shame. The effect pathology had on parenting gave them an understanding that they could not depend on their parent and they were not cared for, which left them with a feeling of powerlessness and isolation. When children asked for an explanation to family members but were met with silence or relatives came to help with housework but quickly left afterwards and provided intermittent support that was less than what the child hoped for, he/she felt a sense of distrust, isolation, and hopelessness, which required him/her to find his/her own way of coping.
- Despite having a parent in a similar situation, if the parent disclosed about his/her mental illness, he/she was able to receive support from caregivers and some children were even able to make requests for support on their own, which resulted in receiving ongoing support. In such cases, the children were able to feel that "things will work out," and did not view their parent's mental illness in a special manner, which allowed the children to develop without too much hindrance.
- For many children, the difficulties experienced during childhood continued to have an impact into adulthood due to psychosocial development issues. The adult children made various attempts to cope with the difficulties they experienced

## < Discussion >

- We found that the behaviors of parents with psychiatric disorders in which the child feels anxiety, fear, shame, mistrust, isolation, and powerlessness, cause extreme stress or chronic stress for the child, resulting in PTSD symptoms such as memory loss, dissociation, interpersonal relationship difficulties, and unstable self-identity. The coping method children used, of displaying a different attitude between home and social settings to protect themselves, created confusion over their identity, which appears to have made the adolescent developmental task of establishing self-identity more challenging.
- When children did not receive the support they were hoping for from family members and/or relatives, they felt hopeless and it affected their health and psychosocial development, which hindered healthy development. On the other hand, if a parent disclosed their mental illness and let their children see how they were getting the help they needed, the children did not view their parent's mental illness in a special manner and were able to achieve healthy development. This shows that a parent or relative's attitude and action towards the mental illness became the model for how children accepted and coped with their parent's mental illness. Not only is it **important for the parent with the psychiatric disorder and other family members to deepen understanding about the disorder itself, but providing psychoeducation about the effect of hiding or not explaining about the mental illness to their children, is needed.** The children must **also be provided with accurate information** to reduce anxiety and self-blame, **along with an approach that will prevent isolation.**
- Although there were support figures such as teachers who showed concern for the children and gave them a sense of relief, if it is not ongoing, it does not lead to a stable form of support. **There is a need to build a system where medical, educational, and social welfare institutions cooperate to provide ongoing support.**

## < Limitations & Future study >

- Research participants were limited to those who volunteered to be interviewed and contacted the researchers. As such, the study does not cover a range of children raised by a parent with mental illness.
- The interviews focused on the experience of being raised by a parent with mental illness, so the difference between participants who continue to struggle and those who were able to believe things will work out and found ways for self-realization, were not made clear. In the future, we would like to conduct interviews of adult children who found ways for self-realization in order to determine the timing of interventions to enable healthy development of children.
- Building a system that provides children who are unable to take initiative to request support, access to ongoing support must also be considered.