

Children Who Cannot be Ignored - Children with Mental Disorders

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Abstract: *The children of parents with mental illness (COPMI) are a special and important group. They face unique challenges and risks during their growth process. This article aims to explore the current predicaments of COPMI, intervention approaches, and how they cope with their parents' mental illness. COPMI often experiences a high level of family dysfunction, lack of social support, and limitations in educational and economic resources. These factors may lead to problems in their emotions, behaviors, and academic performance. This article emphasizes the significance of providing customized and multi-level support for COPMI, including mental health knowledge education, enhancing psychological resilience, and seeking peer support. Through these comprehensive and multi-dimensional interventions and support from various sectors of society, COPMI can better cope with challenges and develop the necessary skills to achieve a healthier and more productive adult life.*

Keywords: Children of patients with mental disorders, Mental health, Risk, Intervention thinking.

1. Introduction

Children Of Parents With Mental Illness (COPMI), whose parents suffer from common mental disorders include: depression, schizophrenia, bipolar disorder, schizoaffective disorder, often depression, delusions, withdrawal and other psychotic manifestations. According to a 2022 study by Lisa et al. [1], approximately 17% to 25% of children worldwide live with at least one parent with a mental disorder. By the end of 2022, statistics from the National Health and Health Commission of China show that 6.6 million patients with major mental disorders are registered, and the number of this group is still expanding. Compared with the normal group of children, the COPMI group faces more extensive and far-reaching risks. These risks include, but are not limited to, a number of ways in which parental mental illness can harm the environment of children and adolescents, resulting in reduced mental health; Parental illness can significantly reduce the effectiveness of parent-child communication, thus worsening the parent-child relationship; COPMI groups face genetic risk of mental disorders from their parents; The background of the epidemic exacerbates problems such as difficulties in timely treatment and medication. Therefore, the current difficulties faced by this group cannot be ignored.

The definition of COPMI may vary in different countries and regions, but generally includes the following elements: at least one parent suffers from one or more mental illnesses, such as depression, anxiety, bipolar disorder, schizophrenia, personality disorder, etc.; The parent's mental illness has a negative impact on the child's growth and development, such as affecting the child's emotional, behavioral, cognitive, social aspects; The child has direct or indirect contact with the parents, such as living in the same household or maintaining regular contact with the parents, etc. Therefore, based on the definitions in previous literature, the subjects of COPMI in this study were defined as children and adolescents aged 6-18 years who had at least one parent diagnosed with mental disorder by a professional and formal medical institution, and who lived with one parent suffering from mental illness for at least half a year. According to the ICD-10 criteria, one of the affected parents may be diagnosed with schizophrenia, bipolar disorder, mental retardation with psychotic symptoms

or schizophrenia-like epileptic psychosis, depression, anxiety and other mood disorders.

2. Literature Review

2.1 Current Difficulties Faced by the COPMI Community

Mental health status of the COPMI community. In recent years, studies have shown that the mental health status of COPMI group is generally poor, and they are more prone to emotional disorders, behavioral disorders, cognitive disorders, interpersonal disorders, etc., than ordinary children. The incidence and severity of mental health problems in COPMI group are related to the type, course, symptoms and treatment of parents' mental illness, as well as family environment, social support and personal factors. Mental health problems in the COPMI group not only affect their current lives, but may also affect their future development and increase their risk of mental illness (Reedtz, 2022). [2]

The uneven distribution of COPMI groups is related to factors such as the type of mental illness of the parents, region, and socioeconomic level. (Parkinson, 2021) [3] points out in its study that many children of parents with mental illness experience stigma, suffer from public stigma, which translates into self-stigma, which in turn causes harmful effects and needs support. Children of parents with mental illness are at higher risk of developing mental illness themselves. Feelings of guilt and shame may increase COPMI's risk of developing symptoms of mental health disorders. These feelings of guilt and shame can also affect the quality of the parent-child relationship (Bosch, 2017). [4]

One, stigma. According to a 2022 study by Dobener et al. [1], children and adolescents who grow up with a parent with a mental disorder are a particularly vulnerable group to stigma. COPMI not only have a higher incidence of mental illness than non-adult children and adolescents, they are also often subjected to discrimination, misunderstanding, and stigmatization from the outside world. Especially in the cultural background of Chinese society, there is often a negative attitude of "talking about mental illness", and patients with mental disorders and their families are often

reticent about mental disorders. As a result, it is difficult for COPMI to get correct information and equal treatment in life. Over time, it aggravates its inner conflict, turns the external shame into its own internalized shame, and becomes more ashamed to speak up and seek help, resulting in a greater tendency to avoid, dodge and conceal the fact that their parents suffer from mental disorders in interpersonal communication. These phenomena such as discrimination and stigma from the society make COPMI seem like an "invisible child" living among us.

Second, genetic risk of disease. According to research by Willem J Kop [5] in 2022, children who grow up with parents who suffer from mental illness can have a detrimental effect on their well-being as adults, with anxiety, depression and suicidal tendencies common in the offspring of parents with mental illness. The study also mentions that child adolescents with a COPMI background have a two to four times higher risk of developing a mental disorder before the age of 18, and that after the age of 18, this risk increases to 13 times that of adult children whose parents do not have a mental disorder. The study estimates that about two-thirds of COPMI children will experience psychosocial or psychiatric disorders as adults. Long-term consequences for children and adolescents with COPMI backgrounds include anxiety disorders, major depression, and substance use disorders.

Third, the epidemic background exacerbates inherent difficulties. In recent years, the pandemic has been raging around the world. In the context of the prolonged containment and other measures, the lives of most people have been more or less negatively affected, especially the COPMI group. The first is the deterioration of human relations. According to a study by Zhou Tianhang and other scholars in 2021, COPMI groups are vulnerable and anxious during the COVID-19 pandemic. In the study, a total of 665 COPMI people from six regions in China were surveyed and evaluated, and the results showed that 16.1 percent of the participants' mental health was in the abnormal range, with interpersonal relationships being the most common problem. Long-term anxiety and depression were the next most common problem. 48.6 percent of respondents said they were worried about the epidemic, such as the loss of family income, the development of the epidemic, or even violence or abuse, the study said. Long-term worry brings with it long-term anxiety, which can do great harm to mental health. However, one of the guardians is often not full of self-knowledge, or the sense of autonomy is not controlled by self-control, so it is difficult to play the role of a good guardian, it is difficult to do a good job in adjusting the anxiety and fear of their children. In addition, the treatment conditions are adversely affected. In the special period of COVID-19 prevention and control, the country's medical system is facing major challenges, including the shortage of medical resources, the shortage of medical personnel, the urban traffic control caused by silent lockdown and other management measures, and the problem of obstructed logistics, which directly threaten the medical support and obstacle treatment of COPMI families. Many parents with mental disorders cannot get the drugs they need in time, resulting in forced interruption of treatment. In particular, parents with mental disorders are distributed in large numbers in rural areas of China, and the medical conditions in rural areas often lag behind those in urban areas.

Due to the difficulty in buying medicine, the lack of necessary preventive personnel, the lack of psychiatric hospitals, and the inability to find the corresponding emergency help in case of disease emergencies, Therefore, the difficulties encountered by parents with mental illness in rural areas during the epidemic are more prominent, which is easy to cause passive abandonment, forming a passive attitude of resignation and muddling through, and no time to take into account the physical and mental health of their children. Negative and pessimistic attitude is also easy to affect children in the family atmosphere, COPMI children can not get enough security from their parents, easy to form cowardice, anxiety, inferiority and other emotions.

2.2 Prevention and Intervention for COPMI Group

Intervention measures for COPMI groups. Interventions for COPMI groups should be diversified, multi-layered and multi-dimensional, involving individual, family, community, society and other levels. Gellatly and Judith (2018) [6] conducted an 8-week community-based intervention for the COPMI population to improve health-related quality of life for children and adolescents whose parents suffer from severe mental illness and found that interventions for the COPMI population should take into account both their specific needs, While respecting their individuality and choices. Interventions should focus on treatment and rehabilitation as much as prevention and early detection. It should draw on both professional mental health services and lay social resources. Interventions have also been updated for this group, Fara R ova (2022) [7] conducted an intervention study in the Czech Republic with children of parents with mental illness, a COPMI group at high risk of developing mental disorders due to intergenerational transmission. Without effective intervention, they may form the next generation of psychiatric patients. The researchers used ChildTalks+, a novel preventive intervention involving four structured psycho-educational sessions designed for parents and their children affected by mental disorders. The aim is to reduce the risk of mental disorders in children of parents with mental illness.

First, seek peer and social support. COPMI group is generally more isolated, they hide the inner fear, shame and other emotions, interpersonal relationship processing ability is significantly lower than normal children, and parents are not enough to take care of the children's mental health due to illness, at this time, a good and appropriate peer relationship is particularly important. Good peer relationship can alleviate children's anxiety, buffer part of the loneliness and shame caused by parents' illness. Peers can be children of parents who also suffer from mental illness, or children or adolescents who have had the same experience, but have since recovered from negative emotions such as depression, fear and shame. The same experience is more conducive for children in this group to open their hearts, learn together, play together, encourage each other, and become their own good friends, thus reducing loneliness, stigma, and improving children's self-mastery. Peer relationships provide COPMI with the opportunity to learn social behaviors, including how to form and maintain friendships, how to compete and cooperate, how to manage individual and small group relationships, and how to resolve conflict and respond to bullying. Being accepted

into a peer group can give children a sense of belonging and security, a feeling that can help them become less nervous and depressed when facing unfamiliar situations and better adapt to a variety of situations, thus reducing the occurrence of emotional and behavioral problems. In view of the small average age of COPMI group, how to organize group activities and create a good peer atmosphere depends on the efforts of the community, street office and volunteers, and other organizational units such as mental health office and disabled persons' Federation can also give the group a helping force.

Second, enhance Resilience. Mental resilience, also known as "resilience", was proposed in the 1970s. At present, there is no unified definition. A more mainstream definition is Garmezy in 1990. "Despite challenging conditions or threats to personal development and adaptation, individuals still have the ability to adapt successfully, try to overcome them and finally achieve success". In daily life, COPMI group often suffers from verbal and physical violence from sick parents, or discrimination from society, as well as inner anxiety and panic. Compared with normal family children, these are the growth environment which is very threatening to physical and mental health and psychological development. Therefore, the psychological resilience of the group is improved, emotional symptoms are relieved, anxiety is reduced, and so on. It is of great practical significance to enhance their ability to fight negative life events. Van Schoors (2023) [8] mentions five protective factors that enhance COPMI resilience: information, support, family functioning and bonding, child coping, and parenting styles. Providing children with information and education about mental illness, treatment and its impact on family life helps them to better understand their parents' difficulties. Support from different sources (such as co-parenting parents, siblings, family members, friends, or community role models) is essential for children to get through difficult times. The way the family functions as a whole and the sense of connection with family members or friends has a positive impact on a child's ability to adapt. The thinking and behaviors that children use to manage stressful situations, such as adaptive strategies such as acceptance, problem solving, or positive thinking, can promote mental resilience.

Nazilla Khanlou [9] mentioned in a 2014 article on children's mental resilience that improving children's mental resilience, from an ecosystem perspective, requires multiple levels of interaction. Firstly, from an individual perspective, it is necessary to change the way of thinking and attribution, so that children in the group understand that certain life conditions are not their fault. Cultivate an optimistic personality, take an active part in school or community activities, and combine personal characteristics with the experiences learned from participating in activities to better shape their adaptability to life. Secondly, from the perspective of family, we should clarify the advantages and disadvantages of family conditions, increase parent-child communication as much as possible, establish a safe attachment relationship, and improve bad parenting styles. Finally, from the social perspective, policies and laws should be adopted to create equality of opportunities and social justice, enhance social inclusion, and influence the psychological resilience of individuals and families from a macro perspective. According

to Fraser (2009) [10], there is a strong positive correlation between social connection and psychological adjustment, while negative coping and involuntary coping strategies have a strong negative correlation with psychological adjustment and caregiving outcomes. When we explore the importance of psychological resilience of COPMI (children of parents with mental illness) from a social ecosystem perspective, we recognize that this is not just a problem at the individual level, but a complex system problem involving families, communities and broader social networks. Mental resilience can be understood as the resilience and adaptability of individuals in the face of adversity, which enables them to maintain or return to normal mental functioning and trajectories of development. Wansink (2016) [11] points out that in the social ecosystem, psychological resilience in COPMI is influenced by multiple levels, including individual factors (such as personality and emotional regulation capacity), family environment (such as family support and communication patterns), community resources (such as education and medical services), and social policies (such as investment and support for mental health). These factors interact and work together to influence mental health and well-being at COPMI. The socio-ecosystem perspective emphasizes the role of environmental factors in the formation and maintenance of mental resilience. For example, Tabak (2016) [12] proposes that a supportive family environment can provide COPMI with the necessary emotional support and stability to help them cope with their parents' mental health issues. Similarly, community and society-level support such as understanding and adjustment at school, timely intervention by the healthcare system, and favorable social policies can enhance COPMI's mental resilience.

Third, universal mental literacy (MHL) education. We often say that "fear comes from the unknown", because of its special family environment, COPMI children and adolescents have more anxiety, fear, inferiority, shame, more emotional internalization problems, and can not get enough care and psychological care from parents, which is largely due to the lack of knowledge of psychological literacy between parents and children. According to a study by Joanne [4] and other scholars in 2017, mental health literacy (MHL) is defined as a person's level of understanding of mental health attitudes and conditions, as well as a person's ability to prevent, identify and cope with these conditions. Mental health literacy in COPMI groups is often very poor, and there is an urgent need for targeted popularization. Mental health literacy for adults can enable families with illness to plan ahead, parents to learn how to regulate emotions and cope with emergency situations, and children to learn how to seek professional help and build confidence. It can also increase mental health knowledge and reduce stigmatizing attitudes towards people with mental disorders among those who do not have them. Fraser (2009) [10] points out that mental health literacy: this refers to young people's knowledge and beliefs about mental disorders that can help them identify, manage or prevent them. Andrea E. Reupert (2010) [13] pointed out that mental health literacy is a key point regarding the education of children with parents with mental illness, and mental health literacy is seen as an important tool to enhance children's self-understanding and empowerment, and plays a role of knowledge empowerment. Providing correct mental health information helps to correct children's misconceptions, thus reducing anxiety and

self-blame. It can also give children the opportunity to learn coping strategies to better cope with family situations and help children acquire appropriate language to communicate their experiences and needs more effectively.

3. Conclusion

We must recognize that mental health issues in the COPMI community do not exist in isolation. They are the result of many interwoven factors, including family environment, sociocultural, educational system and medical resources. Therefore, addressing them requires a multidisciplinary, multi-strategic and integrated approach. Schools and communities should provide a safe and inclusive environment where the COPMI community feels understood and supported. Educators and mental health professionals need to work together to provide tailored psychological support and educational resources to these children. Second, families play a vital role in the mental health of the COPMI community. Rognmo (2019) [14] proposes that parents' understanding and support is an important cornerstone for children to overcome psychological disorders. Family members need to receive appropriate training and guidance to better understand and cope with the challenges posed by mental illness. In addition, communication and emotional support within the family are equally critical to the mental health of the COPMI community. Moreover, Doussa (2023) [15] points out that the attitudes and behaviors of the public have a profound impact on the mental health of COPMI groups. Removing the stigma of mental illness and increasing public awareness and understanding of mental health issues are important steps to support the COPMI community. The media and public policy also have a role to play in promoting a more inclusive and supportive social environment. Finally, we must stress that while COPMI communities face many challenges, they also hold great potential and power. With proper support and intervention, these children are not only able to overcome difficulties, but also develop strong resilience and resilience. Their experiences can translate into deep empathy and social contribution. In conclusion, we should pay timely attention to the mental health of COPMI groups to help them relieve their internalized emotions, enhance their sense of self-efficacy, and reduce their sense of discrimination and shame. This requires individual, collective and social coordination, relying on the attention of schools and communities, relying on the joint efforts of psychological workers, volunteers, doctors and parents to form a mental health force and jointly promote the help of children with mental disorders.

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