Parenting Dimensions and its Relationship with Problems among Children of Parents having Mental Illness

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ABSTRACT

Background: Children having parents with a mental illness are in danger of emotional well-being issues. Specifically, the absence of a secure connection between the mother and the child can add to huge learning and developmental issues in the child. *Objectives:* To assess the parenting dimensions of families with one parent diagnosed with mental illness. To assess the relationship of parenting dimensions with cognitive, emotional, and behavioural problems among their children. *Materials& Methods:* The study was a cross-sectional comparative study. Using the consecutive sampling method,30parents diagnosed with eitherpsychotic disorders (F20-F29)or Bipolar Affective Disorder (F31)as per ICD-10forat least one year, attending the Psychiatry OPD of the Department of Psychiatry, Government Medical College and Hospital, Chandigarh; the second parent (without any known psychiatric disorder) with GHQ score of less than 3were recruited for the study with their consent and the Socio-demographic and Clinical Data Sheet, Alabama Parenting Questionnaire and Pediatric Symptoms Checklist was administered on both parents. Ethical clearance was sought from the Institutional Ethics Committee. Data was analyzed using appropriate statistics with the help of SPSS 16. *Result:* There are indications of a lack of positive parenting in parents with mental illness and there is little involvement with children and measures to educate and create awareness in parents about healthy parenting and parenting styles is required. *Conclusion:* There is a need to enhance parenting practices so that child's risk of getting emotional and behavioural problems and poor child-parent communication patterns can be addressed as a mental illness in parents can have different effects on children like the incidence of cognitive, emotional and behaviours problems.

Keywords: Parenting dimensions, emotional behavioural problem, children, parents with mental illness

INTRODUCTION

The dimensions of parenting, defined as the attributes, the characteristics, the descriptive framework used to capture the essence of parenting, reflect one set of building blocks on which the parenting study is constructed (Skinner et al., 2005).

Children having parents with a mental illness are in danger of creating emotional well-being issues. Specifically, the absence of a secure connection between mother and child can add to huge learning and developmental issues in the child. As of late, the Australian Infant Child, Adolescent and Family Mental Health Association discharged a conversation record sketching out standards and national practice rules while treating children of parents with a mental illness. These rules called for parental care groups and projects to be accessible in the network, just as to the accomplice and more distant family individuals from the individual with the mental illness. Buist (1998) has comparatively contended that one positive child-rearing example in a child's life may fill in as insurance against building up a psychological sickness further down the road. Given this background, it is imperative to highlight and establish the correlation of parenting dimensions and problems of children with parents with

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mental illness. A child is an outcome of its surroundings and a huge part of its life is spent with the parents. They are the first level of socialization and source of learning socially acceptable behaviour. A parent when dealing with their own challenges has little scope to care for their child. Hence, studies acknowledging these challenges are a prerequisite for developing preventive measures and future policy and programme formulation to provide assistance to these parents.

OBJECTIVES

- To assess the parenting dimensions of families with one parent diagnosed with mental illness
- To assess the relationship of parenting dimensions with cognitive, emotional, and behavioural problems among their children.

MATERIALS AND METHODS

The study was an institution-based cross-sectional comparativestudy. Using the consecutive sampling method, 30 parents diagnosed with either psychotic disorders (F20-F29)or Bipolar Affective Disorder (F31) as per ICD-10 for at least one year, attending the Psychiatry OPD of the Department of Psychiatry, Government Medical College and Hospital, Chandigarh; the second parent (without any known psychiatric disorder) with GHQ score of less than 3 were recruited for the study with their consent and the Socio-demographic and Clinical Data Sheet, Alabama Parenting Questionnaire and Pediatric Symptoms Checklist was administered on both parents. Ethical clearance was sought from the Institutional Ethics Committee. Data was analyzed using appropriate statistics with the help of SPSS 16.

Tools Used

1. **Socio-demographic and Clinical Data Sheet:** It was a semi-structured proforma that included registration number, name, age, sex, educational level, age of onset, duration of illness, duration of treatment, whether any ongoing psychosocial treatment, symptoms, sub-type, no. of hospitalization, side effects, etc. of parents with psychiatric illness. Similarly, children' names, ages, sex education levels were included in the proforma.
2. **General Health Questionnaire (GHQ-12):** It developed from Goldberg's general health questionnaire, which reflects respondents' mental health status. It is one of the most commonly used and popular screening tools for measuring mental health morbidity.The GHQ-12 consists of 12 items, each of which is rated on a four-point Likert scale, typically worded: less than usual, no more than usual, rather more than usual, or much more than usual and scoring 0-1-2-3(Goldberg & Williams, 1988; v et al., 2018).
3. **Alabama Parenting Questionnaire - Parent Form (APQ-PF)**: The APQ-PF was used to document the parenting practices Parenting practices are specific behaviours that parents use to socialize their children. The APQ-PF was designed to assess those dimensions of parenting practices that research has linked to disruptive behaviour disorders in children. This questionnaire documents the five characteristics of parenting practices, namely: involvement (parent participating in the educational processes and experiences of their children), positive parenting (parent being loving, understanding, reasonable and protective), poor monitoring/supervision (the parent does not know or supervise the child's academic and social schedule), inconsistent discipline (parent is inconsistent in disciplinary practices) and corporal punishment

(parent spanks or hits the child as punishment). The APQ-PF requires parents to respond to each of the 42 items as to how often each parenting practice "typically" occurs in their home on a five-point Likert scale ranging from 1 = never; 2 = almost never; 3 = sometimes; 4 = often; to 5 = always. Internal consistency (as measured by Cronbach alpha coefficient) for all subscales except "corporal punishment" are moderate to high (ranging from "involvement," alpha = 0.80; "positive parenting," alpha = 0.80; "poor monitoring/supervision," alpha = 0.67 and "inconsistent discipline," alpha = 0.67). Although the "corporal punishment" subscale has a lower internal consistency (alpha = 0.46), its validity is suggested by its negative correlations with a child's age and socioeconomic status and its ability to distinguish normal and disturbed families (Essau et al., 2006).

4. **Pediatric Symptom Checklist:** The Pediatric Symptom Checklist (PSC) is a 35-item parent/caregiver-reported psychosocial screen available to help in the early identification of cognitive, emotional, and behavioural problems so that appropriate interventions can be initiated. It is not a diagnostic tool and only provides a snapshot of difficulties or impairment. A parent, guardian, or caregiver completes the PSC-35. It takes about 5 to 10 minutes to complete. It is most effective when completed prior to sessions and on its own. PSC items rated as never, sometimes, or often present and scored 0, 1, and 2, respectively. The questionnaire is considered invalid if 4 or more items are left blank. The points are totalled for a total score ranging from 0 to 70. A total score greater than the cut-off point indicates the need for further evaluation: (a) The cut-off score for children/youth aged 6 to 17 is 28 (i.e., 28 or above = psychological impairment; 27 or below = not impaired). (b) For children ages, 3 to 5, the scores on school-related items 5, 6, 17, and 18 are ignored, and a total score based on the 31 remaining items is computed. The cut-off score for younger children is 24 or higher. Consider using the subscales to determine what types of mental health issues may exist. The scoring worksheet on the following page is available for use. Pay special attention to items 4, 7, 8, 9, and 14 (cut-off = 7). Internalizing (depression and anxiety) – items 11, 13, 19, 22, and 27 (cut-off = 5). Externalizing (oppositional, conduct) – items 16, 29, 31, 32, 33, 34, and 35 (cut-off = 7) (Jellinek et al., 1988).

RESULTS

Socio-demographic Profile of the Parents

Table 1A depicted that, in the study, the mean age of healthy parents, as well as MI parents, was 39.30±3.78 and 39.73±3.28 years respectively. Male parents who were suffering from mental illness were 56.7%, whereas females were 43.3% of the study population. Among healthy parents, 43.3% were male and 56.7% were female. The educational background was as follows - 3.3% of both parents were illiterate, 3.3% of both parents had a primary level of education, 23% of healthy parents and 20% of MI parents had passed the middle school, 10% healthy and MI parents had passed matriculation, and 36.7% parents (healthy or MI parents) had passed intermediate, 10% healthy parents and 23% MI parents were graduates, 13.3% healthy parents and 3.3% MI parents had passed post-graduation. Regarding their profession, 6.7% healthy parents and 13.3% MI parents were in a professional job and 13.3 of MI parents were doing a semi-professional job; none of the healthy parents were having a semi-professional job, 20.0% of both groups of parents were engaged in clerical job/shop owner/farmer. 26.7% healthy parents and 6.7% MI parents were engaged in skilled/semi-skilled, 46.7% healthy parents and 40% MI parents were housewives or looking after household work, 6.7% MI parents were unemployed; no healthy parent was unemployed. Regarding income, 63.3% healthy parents and 60% MI parents earned up to 10 thousand as

individual income, 20% healthy parents and 16.7% MI parents were earning up to 20 thousand, 6.7% healthy parents and 13.3% MI parents earned up to 30 thousand and 10% both parents (healthy parents and MI parents) earned more than 30 thousand.

Table 1A Socio-demographic Profile of the Parents

Variables	Variables Category	n (%)/Mean ± SD	
		Healthy Parents	MI Parents
Age	(25- 55 years)	39.30±3.78	39.73±3.28
Sex	Male	13(43.3%)	17(56.7%)
	Female	17(56.7%)	13(43.3)%
Education	Illiterate	1 (3.3 %)	1 (3.3) %
	Primary	1 (3.3%)	1 (3.3) %
	Middle	7 (23.3%)	6(20.0)%
	Metric	3 (10.0%)	3(10.0) %
	Inter/Diploma	11(36.7%)	11(36.7)%
	Graduate	3(10.0%)	7(23.3)%
	Post Graduate	4(13.3%)	1(3.3)%
Occupation	Professional	2(6.7%)	4(13.3)%
	Semi-Professional	0	4(13.3)%
	Clerical/Shop Owner/Farmer	6(20.0)%	6(20.0)%
	Skilled/Semi-Skilled/Un-skilled Worker	8(26.7)%	2 (6.7)%
	Housewife/Household	14(46.7)%	12(40.0)%
	Unemployed/Student	0	2(6.7)%
Individual Income	0-10000	19(63.3)	18(60.0)%
	10001-20000	6(20.0)%	5(16.7)%
	20001-30000	2(6.7)%	4(13.3)%
	30001- & above	3(10.0)%	3(10.0)%

Table 1B depicted that, the family income, 26.7% of them were having up to 10 thousand per month, 30% up to 20 thousand, and 23.3% up to 30 thousand, 2% more than 30 thousand.

In the study sample, most of the parents belong to the Hindu religion (83.3%) followed by 16.7% of the parents who belong to Sikh. The majority (73.3%) of the parents belong to nuclear family followed by 3.3% of the family belonged to extended family and 23.3% of the parents belong to joint family.

About the living condition of the family members, 3% of parents were living in a rented house, and 70% of parents have their own house. More than half (53.3%) of the parents of the study population were from the urban background and 46.7% belong to the rural locality. Taking a look at the state they belong to, 40% of the parents belong to Punjab followed by

Chandigarh 33.3% and Haryana 16.7%, only 6.7% of the parents belongs to Himachal Pradesh. In terms of the language they can speak, 40% can speak Hindi only, 16.7% can speak Punjabi and Hindi both, 6.7% can speak Hindi and English, 36.7% can speak English, Hindi, and Punjabi.

Table 1B Socio-demographic Profile of the Parents

Variables	Variables Category	n (%)
Family Income	0-10000	8(26.7)%
	10001-20000	9(30.0)
	20001-30000	7(23.3) %
	30001- & above	6(20.0)%
Religion	Hinduism	25(83.3)%
	Sikhism	5(16.7)%
Family Type	Nuclear	22(73.3)%
	Extended	1(3.3)%
	Joint	7(23.3)%
Living Condition	Rented	9(30.0)%
	Own	21(70.0)%
Locality	Urban	16(53.3)%
	Rural	14(46.7)%
Residence	Punjab	12(40.0)%
	Haryana	5(16.7)
	Chandigarh	10(33.3)
	Himachal Pradesh	2(6.7)%
	Other's Please Specify	1(3.3)%
Language Known	Hindi	12(40.0)%
	Punjabi, Hindi	5(16.7)
	Hindi, English	2(6.7)%
	English, Hindi, Punjabi	11(36.7)%

Clinical Profile of the Parent with MI

Table 2, above, depicted the clinical profile of the MI parents, 50% were having the illness for more than 10 years, 40% for 5-10 years, 3.3% from 2-5 years, and 6.7%for 1-2 years. With regards to the duration of treatment, 6.7% of MI parents were undergoing treatment for 1-2 years, 3.3% for 2-5 years, 40% for 5-10 years, and 50% of them were undergoing treatment for more than 10 years. Regarding the age of onset, more than one third (37%) of the MI parents had an age of onset between 15-25 years of age, more than half (57%) of MI parents had the age of onset between 26-35 years and 6.7% of the MI parents had the age of onset between 36-45 years.

About the number of times they got hospitalized, 63.3% of them had no prior hospitalization, 20% of them had been admitted once in the hospital, whereas 13.3% of them were admitted twice in the hospital and 3.3% were admitted thrice. The majority (86.7%) of the MI parents did not have hospitalization in past one year due to presenting illness and only 13.3% of the MI parents had hospitalization in past due to presenting illness. About current ongoing treatment, the majority (90.0%) of them were taking treatment and 10% were not on any treatment currently.

The majority (86.7%) of the MI parents did not have any family history of psychiatric illness and only 13.3% of the MI parents had a family history of psychiatric illness. The majority 93.3% of MI parents did not have any medico-legal issues and only 6.7% of the MI parents had medico-legal issues. The majority 93.3% of the MI parents did not have any comorbidity and only 6.7% of MI parents had comorbidity. The majority (90%) of the MI parents maintained compliance with treatment and only 10% of MI parents were non-compliant to treatment.

Among parents with Bipolar Disorder, 6.7% of them had the second episode of BPAD, 20% had the third episode of BPAD, 16.7% of them had more than four episodes of BPAD and about 56.7%could not point out the exact number of episodes; 13.3% of them had the last episode within 6 months, 3.3% had the last episode with 24 months and about 83.3% of them could not tell the time-lapse from the last episode.

Regarding scheduled follow-up, 10% of MI parents had follow-up within 3 months, 6.7% within 6 months, 10% of MI parents had follow-up within 12 months, 30% within 24 months and for 43.3% of them, could not tell.

Table 3 described that the mean age of children was 7.10±5.52, with 50% boys and 50% girls; 30% of children were studying in the primary class, 16.7% of children in the middle class, 36.7% of children in matriculation, and only 16.6% of children in intermediate. Children studying in Government schools were 40% and 60% of children were in private school; 53.3% of the siblings were in the same school and only 46.7% of the siblings were not in the same school.

Regarding languages known, the majority (90%) of children could speak Hindi, English, Punjabi, 6.7% of children could speak both Hindi and English and only 3.3% of children could speak only Hindi. Only 36.7% of children were having special achievements or participated in awards/olympiad/sport and 63.3% of children were not engaged in any of these.

Regarding siblings, 33.3% of children were not having any siblings and 66.7% of them were having one sibling, 23.3% of sibling's age was between 6-10 years and 43.3% of sibling's age was 11-17 years; where 43.3% were boys and 23.3%, girls. About siblings' education, 33.3% of siblings in the primary class, 23.3% of middle, 10% of a sibling in matriculation.

Table 4 described the general health condition of the healthy parent, (20%) of the sample who have faced concentration problems and sleep disturbance. There were 10% of them who felt depressed. Very few (3.3%) of the sample were felt playing a useful part, and 3.3% of parents were not able to face up the problems and lost confidence. There were 3.3% of the sample were under strain and could not overcome their difficulties.

Table 2 Clinical Profile of the Parent with MI

Variable	Category of Variable	n(%)
Duration of Illness(Years)	1-2y	2(6.7)%
	2-5y	1(3.3)%
	5-10y	12(40.0)%
	>10y	15(50.0)%
Duration of Treatment (Months and Years)	1-2y	2(6.7)%
	2-5y	1(3.3)%
	5-10y	12(40.0)%
	>10y	15(50.0)%
Age of onset (Years)	15-25	11(37)%
	26-35	17(57)%
	36-45	2(6.7)%
No. of Hospitalization	No Prior Hospitalization	19(63.3)
	Once admitted	6(20.0)%
	Twice admitted	4(13.3)%
	Thrice admitted	1(3.3)%
Hospitalization (within 1 year)	Yes	4(13.3)
	No	26(86.7)
Current ongoing treatment	Yes	27(90.0)%
	No	3(10.)%
Family History of Psychiatric Illness	Yes	4(13.3)%
	No	26(86.7)%
Any medico-legal issues	Yes	2(6.7)%
	No	28(93.3)%
Diagnosis	F31	14(46.7)%
	F20-F29	16(53.3)%
Any comorbidity	Yes	2(6.7)%
	No	28(93.3)%
Compliance with treatment	Yes	27(90.0)%
	No	3(10.0)%
In case of BPAD, total no of episode	One	0
	Two	2(6.7)%
	Three	6(20.0)%
	>3	5(16.7)%
	Not Known	17(56.7)%
In case of BPAD, last episode	Within 6 months	4(13.3)%
	Within 12 months	0
	Within 24 months	1(3.3)%
	Not known	25(83.3)%
Last scheduled follow up	Within 3 months	3(10.0)%
	Within 6 months	2(6.7)%
	Within 12 months	3(10.0)%
	Within 24 Months	9(30.0)%
	Not known	13(43.3)%

Table 3 Socio-demographic Profile of the Children

Variables	Variables Category	n (%)/Mean ± SD
Age	(7-17) years	7.10±5.52
Sex	Male	15(50.0)%
	Female	15(50.0)%
Education/Studying in Class	Primary	9(30)%
	Middle	5(16.7)%
	Matric	11(36.7)%
	Inter/Diploma	5(16.6)%
School	Government	12(40)%
	Private	18(60)%
Sibling in same School	Yes	16(53.3)%
	No	14(46.7)%
Languages known	Hindi	1(3.3)%
	Hindi, English	2(6.7)%
	Hindi, English, Punjabi	27(90.0)%
Achievement/ awards-Olympiad, sports	Yes	11(36.7)%
	No	19(63.3)%
No of Siblings	No Siblings	10(33.3)%
	1 Sibling	20(66.7)%
Age (years)	(7-10)	7(23.3)%
	(11-17)	13(43.3)%
Siblings sex	No Siblings	10(33.3)%
	Male	13(43.3)%
	Female	7(23.3)%
Siblings Education	No Siblings	10(33.3)%
	Primary	10(33.3)%
	Middle	7(23.3)%
	Matric	3(10.0)%

Table 4 General Health Questionnaire on Healthy Parent (n=30)

0 = less than usual, 1 = no more than usual, 2 = rather more than usual, 3 = much more than usual

Domains	0	1	2	3	Mean ± SD
Concentration	0	24(80)%	3(10)%	3(10)%	1.27 ± .598
Lost sleep	0	24(80)%	4(13.3)%	2(6.7)%	1.25 ± .543
Play useful part	0	29(96)%	0	1(3.3)%	1.05 ± .316
Making decision	0	30(100)%	0	0	1.02 ± .158
Under strain	0	29(96)%	1(3.3)%	0	1.05 ± .220
Overcome difficulties	2(6.7)%	27(90.0)%	1(3.3)%	0	1.00 ±.320
Enjoy daily activities	0	30(100)%	0	0	1.02 ± .158
Face up to problems	0	30(100)%	0	0	1.02 ± .158
Feeling depressed	0	27(90)%	2(6.7)%	1(3.3)%	1.12 ± .404
Losing confidence	1(3.3)%	28(93.3)%	1(3.3)%	0	1.00 ±.226
Feeling worthless	0	30(100)%	0	0	1.00 ± .000
Reasonably happy	0	30(100)%	0	0	1.00 ± .000
Total score (range 11-18)	-	-	-	-	12.83±1.38

Table 5 Alabama Parenting Questionnaire on Parent (n=30)

Domains	Score Range	Mean ± SD		t- value	Significance Level
		Healthy parent	Parent with MI		
Positive Parenting	6-30	20.13(3.90)	15.50(4.78)	5.07	.00**
Parent Involvement	5-25	18.43(4.22)	13.80(3.70)	5.0	.00**
Poor Monitoring/ Supervision	3-15	14.70 (3.54)	14.63(4.4)	.08	.93
Corporal Punishment	5-25	5.56(1.63)	5.70(2.66)	.21	.82
Inconsistent discipline	3-15	7.10(1.51)	7.2(2.24)	.31	.75
Total Score	22-110	1.22(12.07)	1.05(20.38)	4.21	.00**

** Significant at the 0.001 level

Table 5 shows the comparison of mean scores obtained by healthy parents and parents with mental illness on the Alabama Parenting Questionnaire. It depicted that there was no significant difference between the two groups on the four parenting dimensions i.e. poor monitoring, corporal punishment, inconsistent discipline except positive parenting, parent involvement (p= .00, α = .05), (p=.00, α =.05)and the total score (p = .00, at α = .001) which differed significantly .

Table 6 Pediatric Symptom Checklist as Reported by Parent (n=30)

Domains	Mean ± SD		T	Significance level
	Healthy Parent	Parent with MI		
Attention	1.43±1.67	1.30±1.96	.61	.54
Internalizing (depression, anxiety)	1.56±1.67	1.50±1.59	.37	.71
Externalizing (conduct, oppositional)	2.80±2.41	2.43±2.26	1.04	.30
Total Score	11.53±9.05	10.36±9.62	1.49	.14

Table 6 shows the comparison of mean scores reported by healthy parents and parents with mental illness on various domains i.e. attention, internalizing (depression, anxiety), externalizing (conduct, oppositional), and total score of Pediatric Symptom Checklist. It depicted that there was statistically no significant difference between the two groups.

Table 7 shows the correlation between the study variables. According to the table, there is a significant weak correlation among poor monitoring supervision, the total score of Alabama parenting questionnaire and paediatric symptom checklist (r = .455), (r=.445) respectively. Results also depicted poor monitoring/ supervision has a weak correlation with attention and internalizing depression, anxiety respectively (r=.506), (r=.391) which inferred that poor monitoring and supervision of parents have a mild influence on Attention and internalizing moods. The scores of the Alabama parenting scale and paediatric symptoms checklist seems to have a mild association between each other (r=.403)

Subsequently, results determined that positive parenting has a significant moderate to a strong relationship with the score of the Alabama parenting questionnaire and involvement (r= .787), (r= .815) respectively. Thus, a positive parenting strategy improves parents' involvement in children's decision making and helps in the establishment of bonding between parents and children. However, Corporal punishment shows an inverse association with involvement (r=.010) and moderate positive correlation with inconsistent discipline (r=.556) which reflects inconsistent discipline might be moderately increased by corporal punishment and leads to a decrease in involvement and provide influence on APQ score.

The above table also depicted that the total score of paediatric symptom checklist has a strong positive correlation among subscale attention, subscale internalizing moods and subscale Externalizing (r=820), (r=816), (r=831) respectively. It interpreted that these three parameters have a strong impact on the score of the paediatric symptom checklist. However, attention, internalizing moods and externalizing aspects have a moderate positive correlation among each other.

Table 7 Correlation between Variables

Variables	1	2	3	4	5	6	7	8	9	10
1. Total score of Alabama Parenting Questionnaire on Patient (Parent)	1	.455*	.787**	.111	.847**	.215	.403*	.419*	.264	.241
2. Poor monitoring/ Supervision	.455*	1	.218	-.115	.247	-.227	.445*	.506**	.391*	.330
3. Positive parenting	.787**	.218	1	-.280	.815**	.019	.183	.233	.147	.056
4. Corporal punishment	.111	-.115	-.280	1	-.010	.556**	-.061	-.074	-.093	-.063
5. Involvement	.847**	.247	.815**	-.010	1	.210	.091	.094	.058	.015
6. Inconsistent discipline	.215	-.227	.019	.556**	.210	1	-.144	-.081	-.193	-.118
7. Total score Pediatric Symptom Checklist	.403*	.445*	.183	-.061	.091	-.144	1	.820**	.816**	.831**
8. Subscale Attention	.419*	.506**	.233	-.074	.094	-.081	.820**	1	.633**	.518**
9. Subscale Internalizing(depression, anxiety)	.264	.391*	.147	-.093	.058	-.193	.816**	.633**	1	.539**
10. Subscale Externalizing (conduct, oppositional)	.241	.330	.056	-.063	.015	-.118	.831**	.518**	.539**	1

*. Correlation is significant at the 0.05 level (2-tailed). **. Correlation is significant at the 0.01 level (2-tailed).

DISCUSSION

Methodological Consideration

The present study was conducted on the parents who attended the OPD at the Department of Psychiatry, GMCH 32, Chandigarh for diagnosis of either psychotic disorders (F20-F29) or Bipolar Affective Disorder (F31). The study was cross-sectional and descriptive in nature. Various “parenting dimensions” and emotional and behavioural problems among children whose one parent had a mental illness were studied. Tools used for the study were General Health Questinour-12(Goldberg & Williams, 1988; v et al., 2018), Alabama Parenting Questionnaire parent form (Essau et al., 2006) and Paediatric Symptoms Checklist – 35 (Jellinek et al., 1988). All study tools have good reliability and validity. Though there are several studies on parenting dimensions among parents with mental illness, there is hardly any study that focuses on parenting dimensions and their relationship with emotional and behavioural problems among children whose parents have a mental illness which is the uniqueness of the present study.

In the present study, the socio-demographic characteristic of healthy parents and parents having mental illness denote the mean age of healthy parents (39.30±3.78), as well as parents

with MI (39.73±3.28), is around 40 years and is comparable. The current finding is somewhat similar to another study where healthy and bipolar parents were compared (Salimi et al., 2018). The majority of the parents who were suffering from mental illness were males. More MI parents were working as compared to healthy parents and more than half of healthy parents were housewives or engaged in household work. Almost all the parents were able to comprehend the Hindi language.

Socio-demographic profile of the children

The majority of the children (whose one parent was having MI) in the study population were girls with an age range between 7-17 years. Around one-third of children were studying in the primary class, (16.7%) of children in the middle class, (36.7%) of children in matriculation, and only (16.6%) of children in intermediate. The majority of the children were in private school followed by (40%) children in the Government school. The socio-demographic profile of the children is somewhat similar to another study (Salimi et al., 2018).

General Health of the healthy parent

In the current study, only (20%) of the healthy parents had faced concentration problems and sleep disturbance which means they had a decreased ability to focus their thoughts on the task at hand. Concentration problems can be caused by stress-induced sleep disturbances and thereby lead to difficulty in staying awake and affect other behavioural aspects such as impulsiveness, intrusive thoughts or concerns, over activity, and inattention.

The GHQ indicated that the majority of healthy parents were not experiencing any symptoms of mental illness, which is similar to another study (Mothukuri & Karredla, 2020).

Parenting dimensions among Healthy and Mentally Ill Parent

When the healthy parents were compared on parenting attributes with MI parents, the present study did not find any significant difference in the three domains of the Alabama Parenting Questionnaire i.e. poor monitoring, corporal punishment, and inconsistent discipline. Although these domains did not differ statistically, the mean score is high in the healthy parent, which could be interpreted that they were better parenting in comparison with a parent with mental illness. The high score on the domain of corporal punishment could be because mentally ill parents also include parents having schizophrenia; they might be having some negative residual symptoms which restrict them to attend to their child's mistakes. Though, the domains of positive parenting and total score have significantly differed between these two groups. Healthy parents scored higher in positive parenting indicating that, the parent compliments or hugs or kisses the child when he/she does something well. The parent does not differ on various parenting dimensions except positive parenting and parent involvement which is better in the healthy parent. This finding is not consistent with a study by Rabha et al., (2021) which suggested that the parenting of schizophrenic patients and healthy control were significantly different in 4 out of 5 parenting domains.

In the current study, there was no significant difference found between healthy and MI parents' parenting impact on their children's behaviour or psychosocial dysfunctions, however, another study by Anke et al. (2019)suggested that children whose parents are mentally ill have much more behavioural issues than children whose parents are well.

Correlation between Parenting Dimensions and Problems among Children

In the current study, poor monitoring/supervision weakly correlated with attention, internalizing (depression, anxiety), in children. The current study is somewhat similar to another study (Mothukuri & Karredla, 2020)which suggested that parenting behaviour is associated with the children's internalizing (depression, anxiety), as parents have not been

monitoring the children, because of which children have an effect on attention and internalizing (depression, anxiety) problems increased in the children. Also, the current study is somewhat similar to another study[51] which suggested that corporal punishment and poor monitoring have been found to have a strong association with child externalizing behaviour problems.

CONCLUSION

As a child grows, the behaviour is the outcome of its surroundings and a huge part of life is spent with the parents. There is a need to enhance healthy parenting practices so that child's risk of getting emotional and behavioural problems and poor child-parent communication patterns can be addressed as a mental illness in parents may have negative effects on children leading to increased incidence of cognitive, emotional and behaviours problems. Similarly, the study results infer that with adequate support and assistance of a healthy parent, the parent with mental illness are performing adequately and taking measures to minimize the effect of mental illness on their daily lives.

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