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PERCEPTIONS OF THE IMPACT OF PARENTAL MENTAL HEALTH ON ADULT CHILDREN

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PERCEPTIONS OF THE IMPACT OF PARENTAL MENTAL DISORDERS
ON ADULT CHILDREN

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Samantha Gallo-Vargas & Queray McMihelk Jr

May 2023

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ABSTRACT

This study sought to gain further understanding of the perceptions of parental mental illness on adult children. Previous research suggests that parental mental illness may create generational trauma that impacts children even into adulthood. This study used a qualitative, exploratory approach, including in-depth interviews with eight individuals who grew up with a parent or caretaker with a mental illness. The participants ranged from ages 18 to 45 and came from various cultural and socioeconomic statuses. The interviews followed a semi-structured interview guide that the researchers designed. The findings of this study suggest that most of the participants used their experience as an opportunity to grow, trying to be better than their parents despite their own mental health struggles. It also shows that there is no guarantee that a parent's mental illness to manifest itself in their children. Furthermore, age appears to affect how experiences are presented, with older participants giving more depth and detail. Birth order shows significance as well, as younger siblings may not see behaviors as abnormal while older siblings do.

ACKNOWLEDGEMENTS

This project could not have been completed without the generous contributions of the interview participants and the many professionals within the California State University, San Bernardino Research Department.

DEDICATION

I dedicate this paper to my family for their consistent encouragement and support during my pursuit of completing the Master of Social Work program. I would also like to dedicate this work to my partner, Erik, who has been incredibly supportive in my efforts and has always been my shoulder to lean on during stressful nights of writing and assisting me through any event life threw my way. Lastly, I would like to dedicate this paper to our children and families within the community who have been affected by mental health disorders and I commend you for your strength and resiliency.

Samantha

I want to dedicate this study to everyone that has assisted me in getting to where I am today. Those whom I know well, like my mom, dad, Cameron, Cabana, Destiny, Kit-Kat, Casket, Patu, all of my aunts, uncles, and cousins, grandparents, Ariel, Dr. Culbertson, Dr. Little, Mr. Carroll, the friends that have stuck around and the friends that have come and gone. Sam, thank you so very much for trusting me to be your research partner; you have been absolutely fantastic. I also want to thank those I have never met personally but have changed my life and helped me find myself, like Sinny V, Seamus, James, Aleks, Dion, Bruce, Neil, Spike, and any others that have slipped my mind here. I want to thank the Lofi Girl for supplying me with endless hours of *just* the right amount of brain stimulation to get me through all my work. And course, Dr. Lanesskog.

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CHAPTER ONE: INTRODUCTION

Problem Formulation

One of the primary areas of focus in social work is mental health and assisting those with a mental health disorder to cope with the disorder's effects. In past research, there has been quite some discussion surrounding parental mental health disorders' effects on the children living in the home (Murphy, 2015). However, the question remains on how adult children are currently managing the long-term effects of their parents' mental health disorders. In analyzing the effects that parental mental health disorders have on current adult children, it is essential to consider how culturally, and economically diverse populations may perceive mental health and how they have learned to cope with such an issue.

Our limited understanding of how diverse populations perceive mental health and how certain factors affect their ability to cope with such effects from parental mental illness is consistent with social workers' ethical standards of cultural competence and commitment to clients (NASW, 2021). According to Patrick, "For mental health professionals, understanding adult children's' similarities and differences relative to the general population is imperative to ensuring appropriate services and interventions are delivered to them and their families" (2019, p. 603). As social workers, it is necessary to gain knowledge of the surrounding communities to gain insight into what type of care is essential

and how the implementation of such care can occur. As of now, we are unaware of policies that support children when their parents have a mental health issue; however, there are resources children and adults can access.

Purpose

This study examines how a parent's mental health can affect their children. As talking about mental health increases in acceptability in the US (American Psychological Association, 2019), it is becoming increasingly common to learn more about it and how it affects people. Mental health is a struggle that can affect anyone and can worsen if proper support is not provided, thus potentially beginning to affect a person's relationships, including the bond between parent and child. Children are developing everyday under the constant care of their parents; this is complicated when a parent is living with a mental disorder that is bound to influence the child in some way, potentially extending to the child directly as some mental illnesses are inheritable from the family of origin (National Institutes of Health, 2013). Parents are a child's primary source of experiences, knowledge, and attachment so this bond is highly important.

We used a qualitative research design to gather data from adult children who experienced a parent's mental illness during childhood. Everyone's experience will be different; therefore, a quantitative research model would be insufficient in gathering what an experience was like for the person growing up. Qualitative interviews allow for more in-depth descriptions about life with a parent

that had a mental illness that could open the door for more research in the topic and help broaden the effects of mental illness in general.

Significance

We undertake this study with the goal of providing a deeper understanding of this topic to improve social assistance for the children of adults with mental disorders. If service providers and family members are provided access to information on the illness earlier, it could help relieve some tension on the family as it is better understood what the disorder may mean for the person with it as well as the family surrounding them.

It may also lead to policy change that would allow for more assistance provided to families that are being affected by a mental illness, change that could lead to improved quality of life for families that do not have easy access to support. Due to the stigma of mental health, some people are expected to go it alone when faced with a mental disorder, even if they are already seeking help. Increased clarity regarding mental health and what it can mean for family members may ease the burden for everyone involved.

This study could potentially lead to even further research about the bonds of parent and child and how that relationship can be affected by a disorder. More research into this topic will allow for a broader understanding of how parents' mental disorders affect children of all backgrounds. Study findings may impact the type and availability of supportive services for children of parents with mental

illness. This more comprehensive understanding could be the start of mending families that have been broken due to mental illness (Keller, 2006, p.385).

The question that is sought to be answered is: how do adults who experienced a parent's mental illness in childhood perceive the impact of the illness on their lives?

CHAPTER TWO: LITERATURE REVIEW

Introduction

The National Institute of Mental Health (NIMH) finds that at least 51.5 million adults (aged 18 and up) in the United States suffer from some form of mental illness in the US (2019). This is almost a quarter of the country's population, meaning that many children and adolescents are at risk of developing a generational mental illness if there is no one present already. It is only through the expansion of mental health research that progress can be made toward a better, more stable future.

According to Murphy, there is an increase in developing mental health concerns for individuals who lived with a parent during their childhood with a mental health disorder (2018). While there has been quite a bit of research on how childhood experiences of living with a parent with a mental health disorder, there has been little research on how these experiences impact their parenting roles as children of parents with a mental health disorder. In the role of social work, it is essential to be knowledgeable about how mental health disorders can be experienced by children and cause generational trauma. Generational trauma is defined as "trauma that isn't just experienced by one person but extends from one generation to the next" (Gillespie, 2020, p.1).

In a study conducted by Murphy, ten women and three men were interviewed to understand the narrative of adult children who lived with parents

suffering from mental illness. This study concludes that adult children's worries regarding their own children are often associated with their own childhood experiences (Murphy, 2015). Parenting anxiety is a widespread experience most, if not all, parents share. As health professionals, social workers must support families in building resilience and harnessing positive experiences within their family relationships to combat and recognize parenting anxiety (Murphy, 2015).

Most children and adolescents that find themselves receiving mental health services come from families with at least one parent that needs the services themselves (Campbell, 2020; Gopalan, 2011). There is a perpetuation of mental illness that results from the mental state of parents as they are raising their children. Through this perpetuation, children of parents with mental illness are often impacted. Gopalan, et al. (2011) found that untreated depressive symptoms in parents lead to behavior issues in children. This suggests that trauma experienced by parents can be extended to the lives of their children (Gillespie, 2020). This trauma often has nothing to do with the children themselves but affects them regardless, and the same applies to the existence of their mental disorders in them. Intergenerational trauma experienced by children and adults can affect them in many ways.

Recent studies also show that younger adults and male adults appear to be more at risk for psychosocial issues than older and female adults (Mowbray, 2006). In terms of race, 63% of white and only 30% of black adults seem impacted, representing a major disparity. Prior research on this topic appears to

focus largely on white and Black populations, often excluding Latinx populations. This study expands on prior research by building on prior research to explore the potential ways race, economic status, and income relate to participants' ability to cope with the effects of parental mental health disorders.

Inherited Mental Illness

Many mental illnesses are inherited from close family members. Parents, children, and siblings of people with bipolar disorder have a higher risk of living with the disease than those who do not have any connection to the disorder (Chen et al., 2019). This suggests a biological component to mental illness that can spread through families, which is important to realize because certain mental illnesses can perpetuate as families grow, representing a need for further support for those who need and want it.

Studies conducted by Gopalan (2011) and Murphy (2015) prove that there is a connection between parental mental health and child mental health. One study explains that children who live with a parent who has mental illness are likely to develop one of their own. Another study confirms this, further affirming a connection between the two. This research is vital because it will provide society with more proof that mental health is an aspect of human life that should be taken care of and normalized more broadly and accurately. It affects everyone through a ripple-type effect that has far-reaching implications.

Generational Trauma. One study of 212 Black/African American and Hispanic/Latino single mothers living below the poverty line found high levels of depressive symptoms in the parents (Gopalan et al., 2011). This widespread depression may lead to a disconnect in the parent-child relationship due to the depression that leads to worsening behavior for the child. The study concludes that child behavior issues should include an analysis of parental behaviors to further decide a course of action, given the relationship between parental depression and child behaviors, especially in younger children (Campbell, 2020; Gopalan, 2011).

Synthesis and Critical Review

While Murphy plays a considerable role in contributing to social work research, there are quite a few gaps in the literature. The first gap is that Murphy fails to consider cultural factors when discussing the topic of parental mental illness. Having an understanding and interviewees who were of an ethnic background would be a significant advantage in social work research. Considering that most interviewees were men, it would have been great to compare the gender differences in how these two genders experienced and interpreted their parental mental illnesses.

A similar issue is present in Campbell and Gopalan; most research does not account for paternal mental health concerning children with mental health issues as equally as it does for maternal mental health. There can be many reasons for this, most notably the stigma that is present against men regarding

mental health. It can be challenging to judge the severity of the issues presented when there is inadequate representation of any group, in the case of Campbell/Gopalan being the underrepresentation of men and Murphy being the underrepresentation of women. An emphasis on a broader lens to view these issues is encouraged.

In terms of including a cultural factor question in Murphy's research, we would have understood how mental disorders were viewed within the family structure. "Every culture has a different way of looking at mental health. For many, there is a growing stigma around mental health, and mental health challenges are considered a weakness and something to hide" (Mental Health First Aid USA, 2019). It would have been helpful for Murphy to identify any cultural stigmas within the interviewees' childhood family relationships and even look at how their cultural stigmas shape their views now.

Another way cultural competency could have shaped these research findings in Murphy's research is by understanding how culture can influence people's descriptions of their symptoms. "It can affect whether someone chooses to recognize and talk about only physical symptoms, emotional symptoms or both" (Mental Health First Aid USA, 2019). It is unknown if the inclusion of cultural factors would have impacted the outcome of this study. However, this should play a role when interviewing participants for future research.

Argument in Support of Research

According to Murphy, “children of parents with mental illness present with great prevalence of mental health concerns” (2015). If research were to be done on the long-term effects of parental illness with a culturally competent lens, it would greatly benefit the field of social work practice. If long-term impacts were known, social workers, agencies, and organizations would be more adept in how they could adequately service children living with parents suffering from mental illness. These findings would also be necessary to align treatment procedures with the family’s cultural background and beliefs to be more sufficient.

There are also concerns regarding socioeconomic status that should be addressed in research. Gopalan et al. (2011) point out that most parents who suffer from these issues come from lower socioeconomic classes, furthering the hardship they and their families face. Depression is a national issue, coupled with chronic poverty, making the outcomes much more challenging to manage effectively, thus worsening mental disorders and family relations.

The lack of information on how adult children of parents with mental illness are affected based on cultural background and history is noticeable. Social work’s core values and ethics surround being culturally competent and engaging with our clients and communities with the acknowledgment and understanding of cultural differences. Murphy’s research further proves that there is a need for this information.

Theories Guiding Conceptualization. General systems theory should be recognized in this study as it views a person's whole as self, environment, and family. Each of these parts affects the physical and mental well-being of a person and should be considered when discussing any part of the whole.

Family systems theory plays a huge role in the need for past research. "Family systems theory is an approach to understand human functioning that focuses on interactions between people in a family and between the family and the context(s) in which that family is embedded," (Watson, 2012). To understand how families function, research is conducted regarding how families respond to mental health and, more importantly, how it affects the parenting process.

Summary

While thorough research in the field of social work has been done, there still is quite a gap in research in adult children of parents with mental illness with various cultural backgrounds. Social work values itself on cultural competency and engagement with clients and their communities. To gain a better understanding of those who have experienced living with a parent with mental illness during their childhood, general systems theory and family systems theory are essential in examining the effects parental mental illness has on adult children. In comparison, understanding the family unit and cultural influences can have a huge impact on the field of social work and coinciding research.

CHAPTER THREE:

METHODS

This chapter discusses the methods used in this study. This chapter includes our study design, the sampling techniques that we intend to utilize, the instruments that will be involved, procedures followed, human subject protection, and analysis of the data. In addition, a description will be provided as to why the structure of this study is qualitative and the implications of this model.

Study Design

The purpose of this study was to explore the ways in which parental mental illness affects adult children. A qualitative research method was ideal for this study due to the intimate nature of the study topic and to the need to gather in-depth information and experiences of what life was like for adult children of parents living with a mental disorder. A qualitative study allowed us to gather rich, individual level data on our topic.

Sampling

We recruited eight adults who come from a household that had at least one parent or caretaker that was living with some form of mental health disorder. This included children of parents with depression, anxiety, substance use disorder, bipolar disorder, as well as any other relevant illnesses. We will attempt to focus primarily on Black and Latin communities as they are generally

neglected and underrepresented in this type of research. Through recruitment, we were able to maintain an equal number of minority participants to those participants who would be considered the majority.

Data Collection and Instruments. The data for this study was gathered through a series of interviews with eight different participants. These interviews were conducted via Zoom, which transcribed the interviews. All of the names of the participants were altered and/or removed altogether. The questions gathered information about the participant's family, history of mental illness, views of mental health, and their own children (if they had any). Follow-up questions were asked, and insights were requested where necessary to get the most out of the interviews. The interview questions were asked in an order that allowed the conversation to proceed naturally while still gathering most information. Interview questions are included in Appendix A.

Procedures

First, we recruited participants by posting a flyer to social media platforms that would allow participants to respond to set up an interview. Zoom interviews were scheduled with participants via messaging on social media platforms to see what time worked best for everyone. Third, we provided the participants with the informed consent document and explained what the interview would consist of. Fourth, we conducted and recorded each interview via Zoom. All participants were interviewed in the winter of 2022. All eight individuals were raised by a parent with a mental disorder during their childhood and are now adults. Most of

the participants are in the middle class now, coming from various careers, but some grew up in a lower socioeconomic class than others. The recorded Zoom interviews were then downloaded and transcribed. None of the questions will be required to be answered and the interview can be stopped at any point. We will begin the research process by allowing those interested to fill out a questionnaire online prior to meeting with them that will gather the following information: which parent had the disorder, what is the disorder, how long was the disorder present, what is the socioeconomic status of the family, what is the participant's race, and what are the participant's preferred pronouns. The interview questions are included in Appendix A.

Protection of Human Subjects

Given the sensitive nature of the information that we intend to collect, we understand the importance of keeping this study confidential. To ensure the confidentiality of our participants, no names will be used in the study that are not pseudonyms. By changing the names of individuals involved, we can provide more confidence to the participants that their information will not be identifiable. In addition to the usage of pseudonyms, we will obscure participant demographics or details which may allow someone to connect the dots back to the participant or their story. Using these techniques, the participant, as well as their family, will be able to be comfortable knowing that their information will be kept confidential.

Participants will also be provided with informed consent and provided resources should they feel the need to get additional support in the future. This informed consent will include the purpose of the study, a description of what the study seeks to learn, an explanation that their participation in the study is voluntary, information about confidentiality, how long the interviews are expected to take, potential risks of the study, potential benefits of the study, contact information, and where they can see the results of the study. This should give the participant a full understanding of the study and the implications of it.

Data Analysis. Using a qualitative method, we will be allowing the participant to describe their interactions with their parents with mental illness. As a part of this, we will question how the relationship is now, if they themselves have been diagnosed with a mental health disorder, and if they think interventions would have been helpful, if so, which type. While the goal of this research is to identify the long-term effects on adult children of parents with mental illness, it is also our goal to recognize how different everyone's history is depending on the mental illness and whether interventions were in place. It will also be interesting to gain information regarding demographics to understand how cultural factors influenced the long-term effects as well.

Summary

Overall, this study seeks to answer the question about the effects of parental mental health on adult children. To examine these effects, we will use primarily qualitative interviewing with the children of these parents who live with

mental illnesses of different sorts. We will recruit participants through a variety of different means, hopefully including individuals from different age groups and backgrounds. Of course, with the nature of the information gathered, confidentiality is of utmost importance, and steps will be taken to ensure the privacy of those who are willing to participate in our study. At the end of this study, we hope to have a better understanding of the effects that parent's mental health has on their children in the long term.

CHAPTER FOUR:

RESULTS

Introduction

Through qualitative research collection, the researchers were able to interview a total of eight individuals within the community in order to gain insight into their experiences growing up with a parent that had a mental illness and how it affected them.

Demographics

The ages of those interviewed ranged from late teens to mid-forties. Four participants identified as white, three as from Latin descent, and one as African American. Since the criteria to be a participant in this study was to have been raised during childhood by a parent experiencing a mental disorder, all participants shared this experience. Six participants stated that their mother was the parent who experienced the mental illness, while two said that both parents had a mental disorder. Participant 1 shared that their mother suffered from chronic depression. Participant 2 shared that their mother suffered from depression, post-traumatic stress disorder (PTSD), borderline personality disorder (BPD), and anxiety. Participant 3 shared that their mother was diagnosed with bipolar disorder and suffered from alcoholism. Participant 4 shared that their mother suffered from chronic depression, paranoia, and PTSD. Participant 5 shared that their mother suffered from depression, and their father suffered from depression, a reactive attachment disorder, and some anger

management issues. Participant 6 stated that their mother had depression and anxiety. Participant 7 said that their mother suffered from depression and anxiety. Participant 8 shared that their mother had depression, and their father had schizophrenia.

Findings

The findings of this study heavily suggest that most of the participants used their experience as an opportunity to grow, trying to be better than their parents despite their own mental health struggles. It also shows that there is no guarantee that a parent's mental illness will manifest itself in their children, as some participants said they feel as though they do not have a mental illness of their own. Furthermore, age appears to affect how experiences are presented verbally, with older participants giving more depth and detail with less probing. Finally, birth order also shows significance, as younger siblings may not see behaviors as abnormal, while older siblings do.

Expression of the Disorders within the Family

While each of the participants in this study had different experiences growing up, there were numerous similarities between them. The way in which depression manifested itself for each of the participants' mothers was similar in that each spent a significant amount of time in bed or asleep, thus creating a barrier between the parent and the child. This led to multiple instances of increased independence in the child, usually starting in the early teens and continuing throughout their lives. One of the participants that became

independent because of their upbringing began saving money very early and made a point of paying for their own needs, such as phone bills or groceries. They also opted to leave home early and live alone despite the opportunity to move in with their partner as a means of continuing this independence before moving from the home where they lived with their family and into a home with someone else. The independence garnered by these children from their parent's absence correlated with their parentification. The participants that were the eldest of the children in their family became at least partially responsible for their siblings and would often have to play the role of mediator between both parents.

It is interesting to note that while the eldest child was mostly aware of their parent's mental health and the problems illnesses create, the youngest siblings can miss signs about the problems with their parent's behavior or are more protected from it than their older siblings. One of the younger participants mentioned that they did not believe that there was anything wrong with their parents but had been told by older siblings that problems were presenting themselves. There was a common theme of firstborn children having parents that were happier when they were young, but this happiness declined with age, or they became more aware of the problems that were previously believed to be normal as they got older. One participant recounted,

I knew that [the illness] frustrated people, but I didn't know why or, you know, the details of that because she was my mom. And so, I want to say

that in my young child eyes, up until I was about twelve, I felt that she was quote, unquote normal.

The majority of the participants' parents were divorced at some point during their childhood. The marriages of the participants' parents were poor across everyone, ranging from frequently argumentative to physically abusive, often in front of the children in the home. A common point of contention in the parents' marriages was surrounding mental health. For example, one participant told a story about their own mental illness manifesting and said,

My dad was fine with me talking with someone and having them help, but once it came to a discussion about prescribing medication, I remember my mom and dad getting into very loud verbal altercations about it.

These kinds of arguments were consistent throughout each participant's story. The level of acceptance in the families was often low, leading to internalization, which created more anger and depression within the family.

The marriages were referred to as chaotic by a few of the participants as there were feelings of a lack of consistency in the home. A participant said that they would, "make a mark on the calendar or make a mental note" the last time their father had an outburst or the last time their mother was immobilized by their depression. While it could be tracked, there was never a guarantee that the situation in the home would remain calm.

Overall, the expression of mental disorders was often negative or responded to in a manner that was counterproductive to the improvement of the problems being caused.

Seeking Clinical Assistance

Of all of the participant's parents, only one sought clinical assistance and found it beneficial. This participant did find that there is importance in taking care of one's mental health and has shown improvements in their quality of life since starting. The rest of the parents found complications throughout their journey to support, however. There was a common belief between some of the parents that there was no need for services because there was no problem. A few of the parents decided to utilize their religion as a form of support, and this did prove to be beneficial to them to an extent. The participants whose parents opted to turn to religion did not appear to the participants to have much of an effect; the problems were still present despite the efforts to find support.

Those that did attend therapy either did so very briefly or inconsistently. Of the individuals sampled here, none found therapy to be particularly helpful and thus stopped attending. Some of the parents were prescribed medication, primarily Prozac, to assist in their mental health, but the medication alone was not enough, and the concerns remained present. One participant used the analogy,

Having depression is kind of like having diabetes. You can take your diabetes medication, but if you're not watching your weight or if you're not

exercising, then you're just a person with diabetes taking medication.

You're not really trying to get better.

Utilizing this as a means to get their parents to therapy more often did spark surprise, but it ultimately did not make any changes to the behaviors of the parent. One participant's parents even actively discouraged seeking outside services.

Most of the families did not find much success in seeking support from anywhere, inside or outside of the family. This was mostly due to a lack of knowledge or a struggle to find something that suited the person living with the illness positively.

Family's View of Mental Health and Diagnosis Reaction.

Of the participants interviewed, all but two of the parents in this study had a negative view of mental health and therefore was not discussed much, nor was much support looked for. The stigma surrounding mental health was present in each of the families, and belief in the validity of mental health was poor.

In terms of explaining how it was growing up in this environment, most participants, if not all, experienced hardships in various ways. Many current mental disorders prevailed after living in environments where instability was taking place. While two of the participants said that they did not believe that they had a mental illness currently, all of them reported having dealt with them for a significant amount of time, if not currently present. The problem was the frequent normalization of maladaptive behaviors. Many of the mental health issues

presented to parents were met with dismissive responses about getting over it, comparing the individual to another family member that was also dealing with mental illness, or completely ignoring symptoms. One participant shared that they were vomiting every morning upon arriving at school due to anxiety and that their parents “wrote it off as a ‘nervous stomach’ but never took me to a doctor to find out what it was, so I was left thinking something was wrong with me”.

Minimization was also a common reaction to mental health, which applied to everyone within the home. One of the participants shared, "I feel like when we talk about our problems, we get, like, a response like, 'well, everyone deals with hard things, you're not the only one,' type of thing." This mentality was damaging to the participants and the parents in the home that were already struggling. There was a lack of respect for mental health and how the lack of proper care affects the person and the people around them. There were several attempts made to avoid mental health entirely in some cases, where the family would say that they did not want to talk about what was going on with how the person was acting or feeling when the behaviors were at their worst.

There were instances of hiding the illness from outside parties as well, whether it be from shame or from a belief that these kinds of things were insignificant and “normal”.

One of the participants stated that during their adolescence, they were not accepted by their family, which made their role in the LGBTQ+ community difficult to share with their family when they were already dealing with their own

shortcomings outside of that. A family's Culture had an impact on the view of mental health as well, namely Mexican culture, in which mental health is not a topic that is addressed holistically if it is addressed at all.

Those that were more accepting of the idea of mental health did find a more wholesome experience and came out of their homes with a more positive childhood to look back on; however, there were still repercussions to growing up with someone living with a mental illness as the maladaptive behaviors were still left unchecked for a significant amount of time.

Current Adult Child's Parenting Style and Mental Health

A common theme among the participants in this study was their intention to give their own kids better than what they had as a child. This proves an attempt at growth going forward rather than continuing the path that their parents and their parents' parents followed. While not all the individuals in this study had children of their own, they expressed the same desire to be better and more present, caring, and accepting of their own children. Each participant that had kids said that they have a good relationship with their kids, even if getting to this relationship took time due to them not having a good example of what it is to be a good parent.

One of the participants made a significant comment, saying,

I try to be the parent that I never had, which is being very positive and very upbeat. Saying, 'Oh, I'm so proud of you,' and 'Oh, you did this great!' You know, I rarely got that from my parents, so I try to be that

parent who is present, and happy, and encouraging, and lets her be who she is because I really felt like I couldn't be who I was.

This is not to say that there are not times when the participants do find themselves annoyed with their children, but it is the way that this annoyance is presented that shows a great change in parenting styles.

Many participants reported that their own mental health is somewhat similar to that of their parents. For example, having trouble containing anger, feelings of anxiety, depression, and other similarities resulting from the environment they grew up in. While they have since grown past it with the help of therapy, one participant said, "You develop behaviors that are exactly like [your parents]. You don't know how to cope with anger, either. So, you respond with anger." Another said,

Her negativeness wears off on me, and I sometimes feel like I get those thoughts, too—thoughts of, like, not wanting to be here anymore, but just everything. Because I mean, I have depression too that I deal with. I just feel like I got a lot of that from her, seeing her and growing up and just having negative thoughts.

While the presentation is less severe, their illnesses are still present in their lives and show impacts on how they care for their children.

There were some participants who reported that because of the environment that they grew up in, they have no desire to have kids of their own. One of these participants said,

Part of the reason why I don't want to have kids is because I don't want to damage them the way my parents did. But I also don't want to pass down any depression or anxiety. I don't want to have another person go through that just because I decided to have a kid.

Most of the participants reported that they have a positive outlook on life even though they have been in situations where their living situation was not beneficial to their growth. There were scars left from their childhood, some of them too deep to heal fully, but there are still attempts to move past them without becoming stagnant.

Current Parent-Child Relationship.

While it was expressed that those participants who were parents have worked on their relationships with their own children. It is interesting to see how the relationship between the participants and their parents has changed since their childhood. Some participants shared that their relationship with their parents is still strained to this day as a result of their upbringing, sharing that there has not been much change in the way their parents behave now and how they acted when they were children. However, some other participants shared that their relationship with their parents is much improved in comparison to when they were younger.

Summary

This chapter reported the demographics of the interview participants and themes that were identified in the data. This study identifies the obstacles that are faced by children who grew up in a household where their parents had some type of mental disorder, what those disorders were, whether the disorder was hidden from the family, how the parent was prior to the onset, how the parents' behavior changed while the disorder was present, what attempt to receive support were made, family view of mental health and their reaction to the disorder, how it was growing up in this environment, how it affects their parenting today and their mental health status, how their relationship with their parent is today, and demographics and socioeconomic status of the family. These themes revealed to the researchers in the transcriptions were sought out individually, with each researcher using analytical and theoretical skills. These categories represent the primary obstacles and current challenges adult children from parents with mental health disorders currently face.

CHAPTER FIVE: DISCUSSION

Introduction

This chapter will explore the interpretation of the results, identify limitations and barriers, as well as describe the relationship between the findings and existing literature related to parental mental health. The limitations of this study that will be discussed will include recommendations for social work practice and research in this area of study.

This study's findings are consistent with Gopalan's (2011) study, which suggests that a parent's depressive symptoms can negatively affect the parent-child relationship. In many cases, a participant's parent with symptoms of depression struggled to have a positive relationship with their children due to a struggle with getting out of bed or generally finding joy.

Similarly, our findings are somewhat consistent with Murphy's (2015) study, which asserts that their children are also struggling if a parent struggles with a mental illness. However, unlike Murphy's study, a few of the participants in this study were able to get through their experience without any significant mental health issues, suggesting that all children of mentally ill parents may not be destined to suffer from mental illness.

We also found evidence of generational trauma, which is consistent with Gillespie's (2020) article, which points to a family's previous experiences being

passed down from one generation to the next, specifically related to mental health in this study. In the case of each of these families, mental illness was present in up to two generations prior to that of the participants of this research. While those in this study showed the beginning of moving forward, it is possible that it will continue into the next generation as well, although it cannot be confirmed just yet.

Our findings were inconsistent with Mowbray's (2006) study, which stated that men were more likely to have a mental illness. In our study, the majority of parents that were living with a mental illness were mothers. While this was a small-scale project in comparison, the numbers presented in Mowbray's study do not match what we found with our participants.

This study has several limitations. To begin with, the perspective gathered for this study only included adult children who, at one point during their childhood, lived with a parent experiencing a mental disorder. Choosing this perspective as the primary for the research provided a one-sided view of the experience from an adult child's perspective. Additional studies might explore the perceptions of both adult children and their parents.

Similarly, the research study focused on past events, which were over 10 years ago, in most cases. The memories of the participants could also be distorted as some events have not occurred recently.

Finally, the study included only nine participants from nine families. Future studies should examine the experiences of more diverse groups of adult children

and families, from different backgrounds, locations, and experiences. While our study did pose a question about the family's socioeconomic status, there was no significance found, however, a question regarding how this status affected the family could have been beneficial to the overall findings of the study.

The goal of this study was to have a diverse sample of participants. Having participants from other communities would have led to additional insight. Further research may dig deeper into what different age groups' perspectives are on accessing intervention and prevention services.

Implications for Social Work Research, Practice, and Policy

In addition to recruiting a more diverse sample of adult children and their parents, future research might include opinions and insight from mental health professionals as to why it is that families and individuals do not feel the need to seek assistance. This future research must be conducted to redefine intervention services for those experiencing a mental health disorder, and having insight from clinicians and social workers would be crucial in changing current policy and practice.

Based on the knowledge gained from the interviews conducted for this research, we believe that it could be beneficial for those living with mental illness to be prompted to look back on their family's history with mental health issues. One of the participants in this study found that a part of growing past the traumas they experienced growing up in a home with a parent that had a mental illness

was being able to look back upon what it was like growing up in that space with the intention of making sense of what was occurring in the home in regard to the behaviors of their parents. Utilizing practices that assist clients in exploring their histories may help them in continuing to grow further.

Another commonality found in this study was the importance of knowledge in becoming better parents and better people. Those that educated themselves about their mental illnesses found better experiences than those that chose to ignore the problem, hoping that it would go away. We call for more accessible knowledge of mental health issues as a means of teaching people, young and old, the importance of having the language to talk about these things with friends, family, and mental health professionals more effectively. This could be implementing mental health topics into the school curriculum or, at an extreme, offering a period for group sessions at some point during the school week for students that need support but cannot find or afford quality resources outside of the schools.

Summary

This study explored the challenges and impacts that children of parents experiencing a mental disorder currently face. This study strives to provide recommendations for further research and changes within the social work field. The recruitment of participants willing to share their childhood experiences and traumas is challenging. The themes identified in this research provide a glimpse

into the barriers that adult children of parents with mental illness face during their own parenting or navigating adulthood.

APPENDIX A:
INTERVIEW QUESTIONS

1. Which of your parents have/had the mental disorder, if not both?
2. What disorder is it?
3. Was this disorder hidden from the family, outside observers, everyone, or no one?
4. How was your parent before the disorder arose?
5. How did they behave when the illness was present?
6. What would you say your socioeconomic status was (lower class, middle class, upper class)?
7. Was there any attempt from your parents or family to get support? If so, what kind?
8. What was the family's view of mental health? Acceptance? Stigma?
9. How did other people within the home react to the illness, if applicable?
10. What was growing up in that environment like? Is there anything you would have like to be specifically better?
11. How were you affected by the disorder? What is your outlook on life as a result?
12. Do you suffer from a mental disorder? If so, what disorder(s)? What is your experience with this disorder? How has it affected you and your life? How does it make you feel about your future?
13. Do you have children now? If so, how is the relationship with your child?
14. What is your current relationship with your parent?
15. Any specific high or low moments that stand out to you?

16. What would you want people in their situation or in a similar situation to know about?

17. Did you gain anything from this interview?

APPENDIX B:
IRB APPROVAL

October 21, 2022

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2022-285

Deirdre Lanesskog Queray McMihelk, Samantha Gallo-Vargas

CSBS - Social Work

California State University, San Bernardino

5500 University Parkway

San Bernardino, California 92407

Dear Deirdre Lanesskog Queray McMihelk, Samantha Gallo-Vargas:

Your application to use human subjects, titled "Effects That Parental Mental Disorders Have on Adult Children" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu Please include your application approval number IRB-FY2022-285 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

King-To Yeung

King-To Yeung, Ph.D., IRB Chair
CSUSB Institutional Review Board

KY/MG

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ASSIGNED RESPONSIBILITIES

This was a two-person project where authors collaborated throughout and completed each responsibility as a joint effort. Therefore, the responsibilities listed below were all completed jointly:

1. Data Collection: Joint Effort
2. Data Entry and Analysis: Joint Effort
3. Writing Report and Presentation of Findings: Joint Effort
 - a. Introduction and Literature: Joint Effort
 - b. Methods: Joint Effort
 - c. Results: Joint Effort
 - d. Discussion: Joint Effort