The Role of Parental Mental Health in Child Development

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Abstract: Society builds the future with healthy children and youth. They deserve to grow in a safe, nurturing, and harm-free space. Our happiness, effectiveness, and development depend on our mental health. It is also linked to our physical health and educational outcomes. A child develops socially, emotionally and physically in a positive environment, is more likely to flourish and become a functioning citizen. However, maladaptive behavior and development of psychopathology is more likely to occur in children suffering from deprivation, or whose parents are dysfunctional.

The family unit and the part that mother and father play are key to child development. Stressful situations can harm parenting quality and parental mental wellness. Disasters like poverty, unemployment, and climate disasters can do it. These challenges may lessen a child's well-being because of impaired care, physical discipline, and lack of emotional sensitivity.

Children born to parents with psychiatric disorders are confusingly more likely to develop psychopathology. These risks may be buffered or exacerbated by social determinants. It's crucial to identify parental mental ill-health early and intervene to prevent it. Improving parents' mental wellness may help their children develop resilience and social functioning, highlighting the need for inclusive mental health programs.

Keywords: Parental mental health, child development, psychopathology, parenting stress, preventive intervention

INTRODUCTION

A burgeoning line of literature has shown there are strong effects of maternal mental health on child socio-emotional development (1). This literature is often based on the examination of dyadic relationships, where maternal mental health is hypothesised to have an effect on child development and well-being (2). However, household dynamics are complex, and other household members may have an effect both on the well-being of the mother and the child. One important group of household members are the fathers (3). Their role is important too, and the ways in which their mental health and defined relationships are associated with child development could be explored (4). For example, it is possible that maternal mental health has both lagged and reciprocal effects on child wellbeing, but that both relationships are conditioned by the quality of the parental relationship (4). Affect will flow in a similar way, but with conception of high relationship quality being a prerequisite to positive relationships (5).

In light of this increasing concern about maternal depression and its consequences, an Enumeration Project was established to model the socio-emotional development of children in the UK and consider the roles played by maternal mental health and parenting practices (2). These lines of research offered the opportunity to ground highlights of child data in a broader context and demonstrated the need for more dynamic parenting theory, which considers partner behaviors and compares children (6). With this in mind, the aim of this current study was to advance this work by modelling the longitudinal reciprocal effects of parent partners' mental health and relationship quality on child adjustment outcomes. To this end, research questions were constructed to examine the effects of partners' depression on co-parenting behaviours, and for each parenting variable, their effects on child internalising and externalising problems. Finally, pathways were examined by which maternal mental health, parenting quality, and child adjustment were interored in a reciprocal manner (7).

Research findings alluded to the complexity of relationships in co-parenting dyads, suggesting the emergence of reciprocal pathways over time (8). Or more generally, in parallel and longitudinal studies, the inter-parental model was adopted, which characterised both parents, with a particular focus on the role of fathering (8).

Understanding Parental Mental Health

The high prevalence of life-threatening illnesses in parents with children who are under age 18 poses a significant threat to the developmental trajectory and emotional wellness of this large number of at-risk children (9). Not only do mothers experience the illness of a spouse, but they also grapple with a multitude of choices, decisions, and emotional challenges surrounding caring for both the ill and healthy spouses (10). As a result, a significant number of young mothers are grappling with feelings of personal uncertainty, how to simultaneously care

for their ailing spouse and children, and how to shield the children from the ill spouse's decline and often terminal illness (11). Psychologically healthy mothers maintain a relatively normative parenting approach in child rearing (11). Preschool children raised in this environment feel secure, are emotionally stable, and have high levels of self-esteem. In contrast, mothers suffering from significant psychiatric distress are less able to engage in a warm, supportive parenting approach and in turn, preschool children raised in this environment experience trauma, insecurity, and devastation accompanying the ill spouse (12). Sadly, these children are at high risk for developing behavior problems, co-morbid disorders, and emotional wellness problems (9).

All parents are concerned about their children's social-emotional development and want to promote the best outcomes for them (10). New mothers may feel especially vulnerable given the enormous psycho-social changes and uncertainties coinciding with the arrival of a baby, and they may need additional care to promote their own and their child's well-being (13). Research has repeatedly shown that mothers with poor mental health (most notably depression) are at risk of less favourable outcomes for their child's social and emotional development (13). Children of depressed mothers are at heightened risk of mental health issues in later childhood and adolescence (14). The available evidence shows a strong association between low socioeconomic status, psychosocial hardship, and maternal depression (14). Expansion of mental health services to care for at-risk mothers and their children was suggested (15). Despite the compelling evidence highlighting the need for services, the desire for more information about parents with mental health issues was articulated (15). Nevertheless, there is a dearth of information regarding the household dynamics experienced by mothers with poor mental health and their children, and this lack of understanding limits the development of accessible downstream services for children of these mothers (10).

Impact of Parental Mental Health on Child Development

Volumes of studies now identify parental mental health as an important risk/protective factor in child development (16). A few systematic reviews highlight the impact of parental mental health on child development (17). Most of these studies adopt a one directional approach focusing on how physical health or mental health affect children's adjustment, not on how children's adjustment or health could affect the parental health (10). Methodologically, little attention is paid to the multidirectional or reciprocal relationships in the family contexts (18). A lack of understanding of the co-developing mechanisms limits applications of these findings for intervention (18).

One such study framework that examines the reciprocal direction of parent and child impact mechanisms is the dynamic systems perspective (19). This approach regards parent-child dyad as a system that continuously interacts and adjusts to internal/external circumstances (20). It emphasizes the path of changes and the possible attractors/protectors of the development (19). Under

this framework, not only would the parent's functioning affect the children's behaviours, but also the children's behaviour would in turn affect the parenting attitudes and behaviors (20). This bidirectionality is particularly important since one on one interventions with parenting targets have been found to lead to improvements in both parenting and child maladjustments, but it requires resources and is time-consuming (21).

As in many developed countries, there is a population prevalence of Parent to Infant/Young Child/Teenager Intervention programs for all families upon the birth of their first child (22). These universal programs would provide an important opportunity to integrate child-targeted and parent-targeted interventions so as to possibly enhance both the children's and the parents' better adjustment and development (23). However, little has been done to address both child and parent adjustment or the direction of parent-child relationships in the family contexts in one system with incorporation of the economics and culture differences in different countries (24). Therefore, there is a need to explore a framework to understand the reciprocating impact mechanisms, the possible thresholds and windows of changing these behaviours, better outcomes, and more cost-effective Early Parenting Intervention in economic flowing resources but less time-consuming targeting both child and parent adjustment or health issues (24).

Types of Mental Health Issues

Over 22,000 children were reported to the Kinship Care Program in Minnesota in 1998 (25). Many of the caregivers are grandmothers of these children, a group who typically provide care with little formal support services (26). The findings indicate a need for escalated efforts directed toward this often neglected yet critical caregivers' group (27). Recommendations focus on the need for integration and coordination of service provision efforts as well as outreach efforts to decrease barriers to access (27).

Mothers of mentally ill children were interviewed and were asked questions about their child, family life, and services (28). Ten mother-client dyads were interviewed about their perception of the family's problems, needs, and help-seeking behaviors (29). Narrative analyses of mothers' responses were conducted to develop a framework with which mothers and service providers may more effectively understand the adjustment problems of children with an ill parent (19).

Influence of Maternal Mental Health

A burgeoning line of literature has shown there are strong effects of maternal mental health on child socio-emotional development (2). This literature is often based on the examination of dyadic relationships, where maternal mental health is hypothesised to have an effect on child development and well-being (30). For example, research has shown there is an association between problems in maternal mental health, such as anxiety and depression, and impairment in child socio-emotional development (30). That is, mothers who are more anxious or

depressed tend to have children who struggle with problems like poor behaviour, low peer relations or low hyperactivity (31). However, it is well established that household dynamics are complex, and other household members may have an effect on the well-being of the mother and the child (31). For example, the father could influence the mother's mental health, resulting in an indirect effect on child behaviour. Similarly, the child could influence the attitudes of both parents (22). Very few studies have taken such a broad household approach (15). While literature on reciprocal relationships is emerging in other fields, most work to date has focused on dyadic relationships, often conceptualizing the child and the home environment as exogenous influences on each other (32).

Influence of Paternal Mental Health

Most research into parenting focuses on the mother's role, but growing evidence underscores the critical role fathers play in the development, health and wellbeing of their children (33). Other studies at less than 3.5 years have shown that little focus has been given to the earlier important toddler years (33). Evidence on the benefits of increased paternal involvement for both children and fathers burgeons (34). However, the proportion of fathers participating in their children's lives (at least in certain contexts) is far lower than that of mothers (35). Even research-based interventions are usually aimed at mothers to the near exclusion of fathers (35). As a result, new delivery mechanisms are needed to improve engagement with fathers (36). In the UK, a new infant mental health initiative based on the Circle of Security approach was piloted with randomisation at the area level. Invitations to attend the mother and baby group (the intervention) were by letter (36). Paternal attendance was extremely low (37). An incentive approach paired with a gradual introduction of changes that directly included fathers is presented (34).

Research has found that fathers who were depressed reported lower dissatisfaction with their wives, the quality of their partnerships and felt less able to talk to them about parenting (38). Depressed fathers also showed off-the-farm behaviour consistent with other research. They showed more anger, irritability and negative mood, had more rigid routines, had a more pessimistic outlook on life, spent less time with their children, had more conflicts, and perceived both their children and their parenting as more difficult (39). Their depression also impacted on their own upbringing history and interpersonal relationships, which were often unstable (40). This struggle in their marriages often created undue stress in their children. Research shows that fathers in stressed marriages tend not to want to be at home (39). Their children's time is therefore spent elsewhere. When the children are with their fathers, the time is more filled with stress and conflict rather than play (40).

Intergenerational Transmission of Mental Health Issues

There is a growing body of evidence suggesting that poor parental mental health (PMH) is linked to compromised child wellbeing and development, including developmental delays, behavioural and emotional difficulties, and

psychopathology and associated with low levels of positive parenting (31). One striking finding from the literature is that adverse circumstances tend to be transmitted across generations (41). In the case of PMH, it could be speculated that this is partly attributable to genetic transmission (41). However, while there is promising evidence for such a transmission with respect to some mental health disorders, understanding of developmental mechanisms is still rudimentary (42). On balance, jealousies, fears, and ambivalence about the parent-child attachment relationship could all be intensified in the context of PMH problems, which could in turn amplify vulnerability for the child to into adult life and militate against the development of a secure bond to parents (42).

Research also suggests that it is likely that parent mental health issues greatly increase risk for maladaptive parenting behaviour, including neglectful or abusive actions, aversion to attunement with the child's emotional states, hostility, emotional distance, and rejection (43). All of these have important implications for a child's cognitive and emotional development, including increased helplessness and decreased security, and could in turn be associated with an increased risk of the child developing similar mental health issues into adulthood (44). It can be argued that rather than explain or account for an outcome, depressive states can also yield behaviours that compromise a child's wellbeing (44). Bidirectional alliances in child welfare contexts are known, for example, a child experiencing disrupted care displays pervasive behavioural difficulties which adversely impact parenting such that the standards of care fall below the threshold of decency (43).

The Role of Attachment in Development

Attachment plays a pivotal role in development and positive mental health and well-being throughout the life cycle (45). Attachment can be defined in general as: 1) "an emotional bond with another individual" and 2) "a deep affectionate relationship" (46). Attachment theory offers knowledge of how children develop close relationships with particular others which is foundational for understanding the development of parent-child relationships and, thus, children's development and well-being (47). Attachment is regarded as a child's motivational system to seek proximity to caregivers who offer a safe haven and a secure base during early life (47). Therefore, parental responses to children's signals of distress or fear are fundamental for the development of attachment security or insecurity (46). Children's internal working models are created based on the emotional caregiving experiences and control their expectations to be loved and cared for by others (45). "Ideal" internal working models of the self and the "other" as nurturing increase the likelihood of security in all future close relationships, whereas negative working models of "self" as unworthy of being loved and "other" as harsh and dangerous lead to insecure attachment strategies (48).

Over 600 studies confirm the validity of the assessment of attachments and their relevance for positive and negative functioning across diverse samples and

settings around the globe across the life span (48). Compared to each of the other big five theories in psychology, attachment theory offers an integrative framework for explaining the role of emotional caregiving experiences for the development of adjustment and psychological well-being over the life span (49). The validity of attachment theory's postulates for influence mechanisms is corroborated (50). In conclusion, the relevance of attachment for later adaptation or maladaptation during childhood and beyond is a central topic of attachment research and warrants further investigation. Importantly, many researchers regard attachment as a relevant topic worthy of analysis (51).

Effects on Cognitive Development

The early cognitive and language development of children is fundamental, as it holds significant implications for later cognitive, socio-emotional, and academic achievement (52). Promoting cognitive and linguistic development in infancy is vital to ensure healthy development (20). It is suggested that parental embodied mentalizing positively predicts infants' cognitive and language advancement in longitudinal follow-up, while parents' mental health problems undermine infant cognitive and language development, and a nonnormative socialization environment may impede the achievement (53). A secure attachment will likely catalyze carrying out mentalization upon cooperative situations, and intimate dyadic interaction may link mental state talk and cognitive development (52).

Information processing is essential for cognition, and creativity is essential for gathering diverse information (54). Children with normal cognitive development have the ability to think creatively (54). Cognitive flexibility helps an individual to restructure thoughts or attentional focus to adapt to an externally altered environment (15). A deficit in cognitive flexibility is thought to be a core impairment in children (55). Executive function plays a key role in adjusting thought processes to achieve goal-directed behavior, while cognitive development is enhanced by a rosy parent-child interaction (55). Motor stimulation includes caretaking, caregiving, reassurance, and physical stimulation, which exert both immediate and delayed impacts on child cognitive development in spite of background variables like home stimulation (56). These functions become correlated in the second year of life but, because cognitive input is endowed with a distinct anterior-posterior gradient of brain maturation, visual processing might have independent processing (56). Regardless of the specific mechanisms by which parental mentalization distorts child development, social learning is thought to be important pathways through which parents are thought to influence child cognitive and language development (57). Early parental representations of attachment can still impact cognitive functioning in an indirect manner (57).

Socioeconomic Factors and Mental Health

There is a consensus in academics that a child's development depends on family dynamics (58). The child's characteristics may affect how a parent has

parental mental health (59). Similarly, the parent's characteristics may affect how a child develops. Family dynamics have been described in terms of the reciprocal effects of parent and child characteristics that may influence child outcomes (15). Maternal behaviors and attitudes interact with the child's characteristics to affect child social, emotional, and behavioral outcomes (58). Therefore, transforming maternal behaviour may be effective in improving child development outcomes (59).

In educational policies worldwide, the observational study of maternal schooling and children's behavior is emphasized (60). Mothers' education is typically modeled as a proxy for the mother's socioeconomic status (SES). SES is considered a serious issue in child mental health (61). For decades, scholars have debated the causal relationship between factors describing individual economic background and mental health (62). Conversely, mental health problems have been studied intensively in the social sciences, and an association with income-related factors is well-documented (62). There is a surprisingly simple truth: low SES is a risk factor for poor mental health (61). Because mental disorders severely handicap a single person's life circumstance, some individuals with mental health problems tend to drop to lower social strata over the course of a lifetime (60).

On the other hand, impoverished life conditions can either lead to pathological changes in the brain or provide too few resources to the development of sufficient coping strategies, or a combination of both (63). Childhood is a particularly delicate phase in human life because the development of consciousness is still incomplete, and the brain is prone to environmental influences (64). These early experiences do not just shape person-features but interact with neuroendocrine systems that prepare a hyper-sensitivity to adverse stimuli (65). Adverse childhood experiences seem to have long-lasting consequences on individuals, families, and societies (66). Accumulated and persistent adversities are not evenly distributed but rather clustered spatially (65). There are areas in which people suffer extreme poverty, calamities, and social conflict over generations, resulting in so-called culture of poverty (64). These pathological systems of behaviours buffer against environmental stressors, but over time, they may become so rigid that further disturbances to the micro-systems are impossible (66).

Cultural Context and Parenting

Cultural beliefs are fundamental in shaping a parenting style that serves different functions for child and family adjustment (67). Eastern cultures share similar cultural beliefs in which children have a duty to care for their parents, and parents have obligations towards their children (68). These cultural beliefs influence family interaction processes which contain parenting behaviors or practices directed to satisfy perceived role obligations (69). Following the tradition of cross-cultural parenting research, cultural context has been identified as the most influential factor in understanding parenting across societies (68).

Thus, it is important to review cultural context, particularly the cultural beliefs and family processes rooted in a given culture (67).

The well-known collectivism versus individualism distinction suggests that people in collectivistic cultures are highly influenced by cultural rules and norms (70). A hallmark of Asian cultural beliefs is the maintenance of social harmony, personal sacrifice, and in-group welfare over self-interest (71). It is hypothesized that cultural beliefs of collectivism, when manifested in child behaviors, would lead to a sense of obligation for children to care for their parents (72). The proffered parenting style in Chinese culture is highly demanding yet highly responsive (72). Parents are expected to play the roles of family managers, tutors, friends, and mentors and are responsible even during the later stages of parenting, with less emphasis on family autonomy (73). In such families, strict discipline is salient. The exhibited discipline favors a style characterized as high control and firm parenting (70).

Family as the fundamental social unit in Eastern cultures is emphasized in child-rearing, and family obligation is a child's recognition of and reaction to socialization of the family's special cultural context (74). The focus on family obligation is found uniquely among families of Asian descent, and its salience relative to families of other cultural backgrounds is highly likely (75). It is hypothesized that the parent-child relationship in Chinese American families would be characterized as low warmth-high control in which higher levels of parental control would predict more depressive symptoms in adolescents, higher endorsement of family obligation would be associated with less parental control among mothers, and Chinese immigrant mothers would endorse family obligation more than their American counterparts (75).

Support Systems for Parents

Parents who suffer from a mental illness may struggle to care for their children, and consequently, child protective services may intervene (76). An examination of the long-term effects of growing up with a mentally ill parent discovered that the majority of children are not adversely affected, even without any external support systems (77). However, supports from family, friends, mentors, and professionals were considered helpful (78). The children considered themselves to be in more positive situations when they had more support in the long-term (77). There is a need for communities to develop systems of support for parents with mental illnesses (76).

Children with a parent or caregiver who suffers from a mental illness may become susceptible to a variety of social and emotional difficulties (79). Children may internalize or externalize behaviors, fear for the ill parent's life, worry that they too will be afflicted, or feel embarrassment about the parent's behavior (80). They may become the primary caregiver, suffer from employment difficulties, and seek knowledge about the illness through inappropriate means (81). Mental health professionals who become aware of such child-parent situations may make referrals to child protective services for neglect or abuse

(81). In response, psychologists and social workers may create programs to help parents improve their coping strategies, parent skills, general functioning, and self-care (82). An examination of children's reactions to their parents' mental illnesses and their views on external supports was conducted (19).

Most children reported a variety of emotional and behavioral reactions to their parents' mental illness. Reactive children appear to profit from brief interventions and educational efforts with their parent with mental illness (48). Children identified as coping with the parent's illness did the best with professional contact that supported the child's capacities (83). Recommendations include establishing an interdisciplinary team as soon as the parent is diagnosed (83).

Intervention Strategies for Improving Parental Mental Health

There are several preventive measures for mental illness in parents and children. Clinical intervention forms such as family therapy and support groups are important practices in improving mental wellness specifically in parents (84). On a community level, schools should offer parenting programs, suicide prevention programs, and support groups for parents (85). Public policy on a governmental level must also be arranged with regard to mental health in parents (86). For instance, legislations supporting training of clinicians in attachment theory may be highly recommended (86). Parenting enhancement training would also cover many areas such as ethnicity, culture, and the impact of socioeconomic status. Taking Parent's along with Children's Perspective (84). Cleary written longitudinal studies from each parent's perspective would help clinicians deliver treatment tailored to a specific situation (19). This information would enhance monitoring and designing of programs to help parents with their mental illnesses as well as benefit their children (85). Many children of mentally ill parents will try to maintain some sort of connection (87).

Dementia is a major problem in regards to global aging (88). Older parenting means higher risks of parents being unable to take care of themselves (88). When life endangering situations arise in older parents, a child may have to face great stress and pain (89). Throughout it all, the child still tries to be a functioning adult and a good enough parent to an infant (53). An increase in discrepancies exists in this regard where there is an incongruity between the expected behavior of a parent, normally inactivity, and the enacted behavior, hectic behavior not needed prior to a children's stage of development (90).

These strategies aim to enable parents to share these situations with trusted friends and professionals (91). These recommendations are important in prevention of transgenerational transmission of psychopathology (92). By proving parents with mental health care provider's perspective on their connection with their children development, the fear of being a bad parent highly advocated by professionals may be abated (93).

Role of Healthcare Providers

Most parents with mental illness want to protect their children from the impact of their mental illness, and are motivated to seek assistance (94). Healthcare professionals can play a key role, helping parents achieve positive outcomes for themselves and their children (95). Unfortunately, many healthcare professionals lack an understanding of effective responses, and often overlook parental status or feel uncertain about how to respond (94). Given the impact of mental illness on parenting ability, mental health professionals have an important role to play in addressing the well-being of families with dependent children (96). Mental health services are often the first point of contact for families when seeking assistance (96). Parents themselves cite their own mental health as a primary concern when seeking help (97). Mental illness does not preclude the possibility of being an involved parent, but may create additional challenges (97). Many professionals are aware of the need to provide appropriate interventions to families affected by mental illness, and many consider early intervention a priority (98). Mental health professionals may lack confidence in their skills and knowledge to respond effectively to families (99). This gap can leave parents feeling unsupported in their parenting role, and without appropriate support, the family situation may worsen (99). There is a pressing need for the development of programmes, guidelines, and standardised practices, as well as training and system-wide implementation, to ensure the inclusion of the entire family unit in planned mental health treatment (95).

Global, national, and state policies have been instigated to begin addressing the rights of parents with mental illness (PMI), and the need to provide appropriate care to prevent secondary mental health difficulties in their children (100). Much work needs to be done to bring about culture and practice change at the clinical level (101). Mental health services have the opportunity to respond directly to families with dependent children where both parents and children are identified as clients (102). Building on current policies, and the workforce capacity, it is crucial to establish effective interventions to identify and respond to the needs of clients with dependent children (103).

Community Resources and Support

Almost all children, in one way or another, are influenced by parents with mental health difficulties (85). In some cases, the development of the child is not affected by maternal illness; in others, high and inextricable risks are posed (85). After a comprehensive overview of the relevant literature, it was possible to uncover some key factors determining the outcome of the child (35). Those factors are the nature/other of the mental illness of the parent (or parents), the quality of the relationship with the child, how the illness is managed, the effect of the illness on the caregiver, the presence of other supportive relationships, and the community and societal factors. These factors interact in a complicated web that influences the outcome of the child (104). They can therefore be addressed when considering what actions, if any, society should take in order to prevent, contain or remedy damaging effects (104). There is a fundamental need

to consider the context in which mental illnesses are situated (105). The social systems surrounding the parent, the child and their relationship form the environment upon which parent and child build their unique interaction (105). This transaction is fundamental to understanding how children experience and have contact with mental illness (19). In recent years, there has been a growing awareness of the need for a family-centered approach to mental illness (106). This framework posits that no person with mental illness lives in a social vacuum (106). Rather, mental illnesses develop in an environmental and contextual context, which comprises a relevant system of individual interactions outside the ill person (88). This systems-approach views the person as the center of a nested set of interactions that might be conceived as concentric circles (107). Policy efforts have thus far focused on constructing a social support system for parents with mental health issues, both for the attainment of individual parental competencies and to buffer children's development from parental illness (107). The goal of this approach is not primarily to remedy dysfunctioning parent-child relationships, but rather to strengthen the overall social matrix that connects the family to its surroundings and is solicited to buffer risk and offer protection (107).

Research Gaps and Future Directions

While many researchers and practitioners in the area of child development and parenting acknowledge the importance of parental psychological well-being, its role relative to child development and parenting is more tenuous (107). Research at a national level has begun to define and map the landscape of the mental health issues faced by mothers in particular and their implications for parenting (107). It has asked some of the more fundamental questions regarding the relations between maternal mental health and child development, though not always in linguistically accessible terms (108). Some researchers have translated findings on the importance of maternal or parental mental health in child development using the constructs of attachment style, child abuse, parental differentiation and so on (108). More recently there are moves in the fields of theoretical and empirical research into mapping and defining the constructs of maternal and parental mental health on a more local or circumscribed level (109). This research asks some of the deeper and perhaps more difficult questions about what maternal, parental or family well-being or mental health might include on a more local basis, looking at the mediating factors such as resilience, resources, social networks and connectedness that might feed this process (109). Such research posits the notion that a key route through which maternal well-being feeds child development is through parenting (110). The latter can be understood as a continuum from sensitivity to harshness, both of which can be seen to fall under a unifying construct of attachment theory (110). Research into and measurement of parenting can be simultaneously a privileged route and a window onto maternal and family well-being per se (19). But there also remain many gaps and conceptual difficulties both in terms of measuring parental mental health or well-being on a local, circumscribed level and regarding the validity and practicality of measuring parenting on an empirical level (111). Most importantly

there are ethical dilemmas alluded to earlier, regarding assessing family mental health or parenting where the child is thought to be at risk (111). This question conveys two implications (45). First parenting measures need to be accurate yet brief, as other services need to be triggered (145). After a first stage of assessment, specialist services are needed to address family risk and parenting needs, as opposed to universal services. More broadly, whether screening instruments and practice for parental needs can be ethically justified is the matter under discussion (112). Second, such studies carry ongoing ethical dilemmas regarding families involved in the research (needless to say, hence the need for gatekeepers and the researchers being vetted). And, in any case, whether short social outcome measures can be held back long enough, let alone where needed, is the more pressing concern (112). Such ongoing dilemmas complicate the task of the public agency and academic researcher alike, in balancing both inquiry (and hence uncertainty of outcome) with the need for intervention (45).

Parental Education and Awareness

Focusing on issues surrounding education and awareness of parents with mental health disorders and how these issues relate to the mental well-being of their offspring has been limited (113). Pathways from parental mental health disorder to child mental health difficulty have been thoroughly investigated, yet there has been little exploration of the ways in which, and extent to which, children may be aware of parental psychopathology (114). The merits of children knowing about parent psychopathology and the challenges that it poses for families have been outlined (113). Findings from a sample of children experiencing an elevated risk of poor adjustment indicate that over a quarter of the sample may be unaware of their parent's parental depression (114). It was also found that a measure of best estimate lifetime parental impairment was related to child awareness of parental gender (115). The processes by which children learn or develop awareness about the mental health issues of their parents is currently an under-explored area in a burgeoning literature base examining the impact of parental mental health on the development of child psychopathology (113).

As a group, children who were thought to be aware of their parent's depression were significantly older and had parents with poorer roles in the parent's worst episode of proportionately larger size and impact, compared to children who were thought to be unaware (116). By using a lifetime best estimate measure of the father's and mother's role in their worst episode of depression and the size of impact expressed using global assessment of functioning measures, it is possible to conclude that the level of chronic impairment was associated with parent-reported child awareness of parental depression (116). On the surface, this is somewhat contradictory to some of the expectations, given that a greater number of parents in the aware group had better functioning scores, indicating greater episodic impairment (117). However, these two measures likely index slightly different things (116). As proposed, it is possible to have high levels of

chronic impairment without recent episodes of marked impairment (117). By contrast, in conditions characterized by greater levels of impairment become aware of the mental illness of a parent due to the circumstances surrounding the illness becoming more visible and the environment changing (118).

Resilience in Children of Mentally Ill Parents

Research over the past three decades has revealed how children exposed to long-term parental mental illness may nonetheless escape the negative consequences typically produced by such exposures (119). Findings from studies utilizing resilience frameworks have served to identify factors within children and their families, as well as characteristics of the broader social ecology, that protect children from negative outcomes following experiences of adversity (120). These protective factors have been decisively shown to mitigate the risk of negative outcomes occurring in children of parents with long-term mental health problems (121). Nonetheless, much remains to be learned about familial manifestations of resilience (121). Specifically, the literature lacks information regarding the processes and mechanisms through which resilience factors operate to produce positive outcomes in children, as well as information relating to interactions among the factors identified (120).

Long-term Outcomes for Children

The pervasive impact of maternal depression on adverse child outcomes has gained increasing recognition in research and health policy (122). As differences in the social determinants of perinatal mental health are highlighted, more efforts are being focused on ensuring that support reaches mothers in their local communities (122). Addressing early needs is ideally timed to mitigate vulnerabilities that could compound future inequalities (123). This warrants an exploration of the rarely researched effects of paternal mental health on child development (123). It is acknowledged that depressed fathers are commonly overlooked by health services and by the wider community (124). This leads to hypotheses about long-term disadvantages faced by their children, even in the absence of maternal mental health difficulties (124). These hypotheses are explored along with attention to what is currently understood about fathers' psychosocial trajectories in the perinatal period (125).

Research generally shows that the chemical cycle of many antidepressants is altered by a number of factors such as genetics, age, and sex (126). After 18-24 months of treatment, exposure to a number of selective serotonin reuptake inhibitor and serotonin norepinephrine reuptake inhibitor antidepressants have been associated with adverse neurodevelopmental outcomes in offspring, particularly concentrations of one specific SSRI, but not other classes of antidepressants such as tricyclic antidepressants (127). Health services are encouraged to promote the timely receipt of preventative and treatment interventions for mental illness (127). In particular, the positive impact of psychotherapeutic approaches to hyperactivity and anxiety on wellbeing is emphasized alongside the relevance of psychoeducation for parenting (128).

The Role of Early Intervention

Research on the role of parental mental health in child development has primarily dealt with parent depression and its role in understanding access to early intervention services for children with developmental disabilities (129). Untreated maternal depression has a considerable adverse effect on the mother and child (130). Given the cost-effectiveness of the first years of life, developmental disabilities and mental health difficulties are the most expensive of all costs to government and society (131). Access to early treatment has been shown to mitigate the most negative outcomes of these problems (131). Physicians serving young children may utilize formal screening instruments, observe child motor and milestone development, and/or prompt the parent about any concerns about the child's development (129).

One large-scale study found mothers who were depressed at 2 to 4 months postpartum to have different patterns of health care use for their children (132). Mothers with depressive symptoms were significantly less likely to seek developmental screening at 4, 6, or 18 months, but were in worse health and danger of needing gynecological care (133). Children of mothers who had depressive symptoms were approximately four times more likely to have received early intervention services (134). There are many opportunities to increase early intervention response (134). If developmental delay is suspected, medical home providers should ask the three screening process questions again in the next visit or 1 month later (133). The early intervention agency should send a written response to the parents about the referral to the doctor or the local agency's decision on not accepting the request (132).

High quality early intervention services have been shown to improve outcomes for children, families, and communities (135). Outcomes for young children with disabilities include positive impacts across developmental domains, including health, language/communication, behavior and social/emotional development (136). Families benefit from learning skills to better meet a child's special needs from as early an age as possible (137). Community benefits include children's future academic success, decreased need for special education, and increased participation in the workforce and community (138). The study adds to this literature by documenting positive outcomes for families participating in EI services, with families indicating high levels of confidence and self-reporting high levels of parenting skills taken across the domain of child developmental risk impact on the family (139).

CONCLUSION

Children and adolescents are the pillars of a healthy society (140). Such children become good citizens of tomorrow and that will build a healthy society (140). Children who are the early victims of any sort of delinquent acts i.e. child abuse, parental strain, neglect or parental psychiatric illness often become defected adults and that creates a defected society (141). It results in school drop

outs, child accidents, child running away from home, substance abuse, delinquent acts and so on (141). All these acts disturb peace in the environment (142). This peace is again to be controlled by the police department, the judiciary and so on resulting in a huge loss of public revenue and pollution in a healthy environment (142). Researches have explored significantly higher rate of psychopathology in children whose parents have psychiatric illness in comparison to the general community (143). Therefore, parents' efficiency and mental health need to be taken care of (143). The conduct problem of the child needs to be screened in parent's psychiatric setups (144). Further detailed child evaluation should be assessed if the screening scale is positive (144). Remedial measures are to be taken for the parental illness and for child rearing. The early intervention shall avoid the genesis of psychiatric illness in the children (1).

Funding statement: This work was supported and funded by the Deanship of Scientific Research at Imam Mohammad Ibn Saud Islamic University (IMSIU) (grant number IMSIU-DDRSP2501).

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