

**Original Research**

## **Parents' Mental and Emotional Disorders and Psychosocial Problems in Children at Public Elementary School 1 Kucur**

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**ABSTRACT**

The psychosocial challenges faced by children may not always correspond with the emotional disorders exhibited by their parents. A robust support system from their social network can significantly contribute to the enhancement of their mental well-being. This study aims to investigate the relationship between parental emotional disorders and psychosocial issues in school-aged children. The research utilizes a descriptive correlational approach with a cross-sectional design, involving 165 students aged 6 to 12 from Public Elementary School 1 Kucur who are currently enrolled in school, along with one consenting parent, resulting in 330 respondents. The Self-Reporting Questionnaire-29 (SRQ-29) is used to identify parental emotional issues, while the Strengths and Difficulties Questionnaire (SDQ) assesses children's psychosocial problems. An analysis employing Somers' D Gamma was conducted to ascertain the correlation between parental mental-emotional disorders and children's psychological well-being. The findings reveal that the highest average score for parental mental-emotional disorders stands at 82.4%. In comparison, the highest average score for total difficulties in children's psychosocial issues is 58.8%, while the highest average prosocial score is 92.7%. The statistical analysis reveals no significant connection between parental emotional disorders and children's psychosocial problems on the prosocial scale ( $p=0.897$ ) and total difficulties score ( $p=0.897$ ). In conclusion, the findings of this research do not establish a direct link due to the numerous factors influencing children's psychosocial challenges.

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## Introduction

The mental wellbeing of children is upheld and shaped by their parents or the people in their immediate environment. Maintaining mental wellness in childhood is fundamental to fostering emotional and developmental health and acquiring positive social abilities and practical problem-solving skills (Weissbourd *et al.*, 2023). Children who possess mental wellbeing typically experience a high standard of life satisfaction and demonstrate enhanced capabilities to operate effectively within their familial, educational, and societal spheres. The progress of a child's mental wellbeing relies on parental figures and/or other nurturing individuals who assume parental roles, particularly those who foster autonomy and promote wholesome, successful lifestyles. The mental welfare of both parents and children intertwines significantly. Parents grappling with personal mental health struggles, such as symptoms of depression or anxiety, may encounter more incredible difficulty in tending to their children compared to parents with sound mental health (Sheehan, 2017).

Providing for children poses challenges for parents, particularly in the absence of adequate resources and support, potentially exerting adverse effects on parental mental wellbeing. Parents and children may encounter shared hazards, including inherent vulnerabilities, residing in unsafe surroundings, and encountering discrimination or adversity. The mental struggles of parents correlate with diminished mental and physical wellbeing in children. Parental psychological issues may result in unfavourable parenting practices and a disregard for the needs of children (Kamis, 2021).

Based on data from the National Survey of Children's Health (NSCH), a survey reported by the primary caregiver that is nationally representative of children living in the US, approximately one out of every fourteen children between the ages of 0 and 17 have parents who indicate struggling with mental health issues. These children are at a higher risk of experiencing subpar general health, cognitive, emotional, or developmental challenges or adverse childhood events like exposure to violence or family upheavals such

as divorce, along with enduring poverty. Statistics indicate that as many as 23% of children have parents contending with mental health challenges. The compromised mental wellbeing of parents impairs their capacity to nurture, stimulate, and actively positively interact with their children. Conversely, a robust bond between parent and child fosters the resilience of children and serves as a significant shield against stressors and various other risk factors during childhood (Renneberg *et al.*, 2023).

Comprehending the link between parental mental health and the psychosocial wellbeing of children has broad implications for public health. This insight can inform policies and efforts to improve mental health within families, thus contributing to the overall welfare of society. Factors such as psychological disorders, support systems, family conflicts, and coping mechanisms are associated with reduced quality of life in children with parents facing mental health issues. Consensus between children and parents regarding the health-related quality of life tends to be moderate, with differences influenced by various factors related to the child and family dynamics (Radicke *et al.*, 2021).

Recognizing the connection between parental mental wellbeing and psychosocial challenges in children facilitates the implementation of early intervention measures. Timely identification of issues enables prompt assistance and intervention tailored to address the requirements of both parents and children, potentially averting enduring adverse outcomes (Nordh *et al.*, 2022). The objective of this study is to explore the connection between mental and emotional disorders in parents and psychosocial issues in elementary school-aged children. This investigation seeks to elucidate how parents' mental well-being impacts their children's emotional and social growth, especially in peri-urban areas where Public Elementary School 1 Kucur is located.

## Method

The methodology utilized in this study adopts a descriptive correlational approach with a cross-sectional design. This framework aims to investigate the association between

parental mental and emotional disorders and psychosocial challenges in children.

A non-probability total sampling technique was employed in this research. Those involved in this research are children aged between 6 to 12 years old and enrolled as students at SDN 1 Kucur, along with one of their parents of these students who are willing to participate in this research activity, totalling 165 pairs resulting in a sample size of 330 individuals. The tool utilized to assess parental mental and emotional disorders is the Self-Reporting Questionnaire (SRQ)-29. This questionnaire identifies various aspects of parental mental and emotional health, including energy levels, cognitive functions, depressive symptoms, physiological symptoms, anxiety, substance abuse, psychotic tendencies, and posttraumatic stress disorder. A cut-off point score of  $\geq 5$  "YES" responses to questions 1–20, 1 "YES" response to question 21, 1 or more "YES" responses to questions 22–24, and 1 or more "YES" responses to questions 25–29 is utilized to indicate the presence of mental-emotional disorders (Keliat & Marliana, 2018) (Prasetio *et al.*, 2022). The validity test results on the SRQ-29 questionnaire, conducted with 30 respondents, indicate that all questionnaire items have validity values ranging from 0.411 to 0.823. In contrast, the reliability test using Cronbach's Alpha reveals a reliability value of  $\alpha = 0.926$ .

The tool employed to recognize children's psychosocial challenges is the Strengths and Difficulties Questionnaire (SDQ). This questionnaire assesses emotional issues, behavioural concerns, hyperactivity, difficulties with peers, positive social behaviour, and overall difficulties. Students from grades 1 to 3 are answered by their parents, while students from grades 4 to 6 answer themselves. The responses are categorized into three categories: normal, borderline, and abnormal (Keliat & Marliana, 2018). The validity test results on the SDQ questionnaire, also conducted with 30 respondents, demonstrate that all questionnaire items have validity values ranging from 0.303 to 0.873, with a reliability test using Cronbach's Alpha showing a reliability value of  $\alpha = 0.897$ .

The approval from the Faculty of Health Sciences Universitas Brawijaya Research Ethics Committee was acquired by ethical standards, bearing the number 6664/UN10.F17.10.4/TU/2023, dated September 29, 2023. The ethical considerations employed in the study include autonomy, non-maleficence, respect for persons, confidentiality, beneficence, and justice. Participation was directly obtained from adult individuals, whereas for minors, consent was provided by their parents or legal guardians. Following the acquisition of research approval, the researcher conducted the research activities from October 2 to 31, 2023.

The analysis of data involves utilizing univariate methods to examine the frequency distribution data regarding demographics, parent's mental-emotional health issues, and children's psychosocial challenges. Bivariate analysis was performed utilizing Somers' D Gamma statistical method to investigate the correlation between parent's mental-emotional disorders and children's psychosocial issues. The data exhibit ordinal characteristics and do not follow a normal distribution pattern. In this investigation, the conclusion is drawn based on a significance level of  $p\text{-value} < 0.05$ , indicating a relationship between the variables, while  $p\text{-value} > 0.05$  suggests no significant relationship.

## Results and Discussion

Univariate examination is applied to scrutinize the frequency distribution data concerning demographic details, parental mental and emotional issues, and children's psychosocial challenges. Conversely, bivariate analysis utilizes Somers' D Gamma statistical analysis to explore the correlation between parental mental-emotional disorders and children's psychosocial problems.

The predominant age bracket within this research (Table 1) encompasses individuals aged between 10 and 12 years. The association between a child's age and their psychosocial challenges is intricate and multifaceted, with mental health difficulties during childhood and adolescence exerting substantial effects on developmental trajectories into adulthood. Children and

adolescents grappling with mental health concerns frequently manifest a range of issues, encompassing internalizing difficulties (like anxiety, feelings of shame, and instances of rejection) as well as externalizing challenges (such as physical restlessness, aggressive conduct, and breaches of rules) (Schlack *et al.*, 2021). The profound influence of mental health challenges during childhood and adolescence on the journey into adulthood emphasizes the necessity for a comprehensive comprehension of the hurdles encountered by children and teenagers concerning their mental wellbeing.

**Table 1. Characteristics of Parent and Child Respondents (N=165)**

Variables	Categories	n	%
Child Age	Middle childhood (6-9 years old)	77	46.7
	Late childhood (10-12 years old)	88	53.3
Child's Gender	Male	75	44.2
	Female	92	55.8
Number of siblings	0 - 2 people	141	85.5
	3 - 6 people	24	14.5
Child in sequence	Child 1 <sup>st</sup> - 2 <sup>nd</sup>	147	89.1
	Child 3 <sup>rd</sup> - 6 <sup>th</sup>	18	10.9
Parent's Age	20-39 years old	109	66.1
	40-59 years old	56	33.9
Parents' gender	Male	4	2.4
	Female	161	97.6
Parents' education level	Elementary School	78	47.3
	Junior High School	55	33.3
	Senior High School	27	16.4
	Bachelor's Degree	5	3
Parents' job	Labourer	24	14.5
	Farmer	1	0,6
	Entrepreneur	24	14.5
	Private Employee	4	2.4
	Housewife	108	65.5
	Civil Servant/ Military/Police	4	2.4

The research results indicate (Table 1) that most child respondents are female. Variations in sex and gender contribute to the clinical manifestation of mental health conditions in children and adolescents, impacting the probability of onset, referral, diagnosis, and clinical diversity. These distinctions may result in differences in the occurrence rates of conditions, with males frequently exhibiting elevated rates of neurodevelopmental disorders. At the same

time, females tend to receive diagnoses of anxiety and mood disorders more frequently (Martin & Hadwin, 2022). Understanding how distinctions in sex and gender impact the clinical presentation of mental health disorders can assist in devising more efficient diagnostic and intervention approaches tailored to individual needs and circumstances.

Most respondents (Table 1) are young families aged 20-39 years old. Hence, most of them have only 1-2 children, with the maximum number of siblings for the children being 0-2. The number of siblings a child has can impact their growth and adaptation. For instance, an elder sibling might wield significant influence over the development of their younger sibling, influencing their competencies and behaviours. This influence could be direct or indirect through the transmission of family values, coping mechanisms, and social abilities. Sibling disputes may also forecast adolescent adaptation. This implies that the nature of sibling bonds, including conflict, can directly affect a child's psychosocial welfare (Shepherd *et al.*, 2021).

Most parent respondents are housewives; they do not work (Table 1). Current research indicates that mental health issues are more prevalent among children of stay-at-home mothers compared to those whose mothers are employed. The correlation between a non-working housewife and the psychological growth of offspring can be affected by numerous elements. A housewife who does not work but actively participates in offering emotional support, care, and engaging activities for her children can benefit their mental growth (Fatema *et al.*, 2023). Such a caregiver can establish a nurturing and encouraging atmosphere conducive to fostering robust emotional connections, cognitive development, and social skills in children.

Table 2 indicates that the majority of parents are in a normal condition. In the context of emotional and mental disorders, persistent fatigue and low energy can significantly impact daily functioning and overall health. It is essential for individuals experiencing these symptoms to seek appropriate support and treatment to



improve their mental and emotional health (NIMH » Chronic Illness and Mental Health: Recognizing and Treating Depression, 2021).

Low energy in parents and children's psychosocial problems are complex and diverse, involving various factors such as socioeconomic status, parenting stress, and the quality of parent-child relationships (Kamis, 2021). Low energy can lead to losing interest in previously enjoyed activities, difficulty completing daily tasks, or feeling tired without clear reasons. Cognitive impairments are manifestations of symptoms of emotional and mental disorders. The impact of parental cognitive problems on child-rearing patterns can be significant. Cognitive domains that may experience issues include executive function, attention and information processing, and working memory, which are more commonly at risk (Trivedi, 2006). This can lead to inconsistent discipline, poor communication, and a lack of emotional support for the child.

**Table 2. Parents' Mental Emotional Disorders (N=165)**

Sub Variable	Categories	n	%
F1: Energy	Normal	97	58.8
	Energy Problems	68	41.2
F2: Cognitive	Normal	133	80.6
	Cognitive Problems	32	19.4
F3: Depression	Normal	146	88.5
	Depression Problems	19	11.5
F4: Physiological	Normal	120	72.7
	Physiological Problems	45	27.3
F5: Anxiety	Normal	134	81.2
	Anxiety Problems	3	18.8
Drugs Problems	Normal	164	99.4
	Drugs Problems	1	0.6
Psychotic Problems	Normal	153	92.7
	Psychotic Problems	12	7.3
Posttraumatic Stress Disorder (PTSD)	Normal	134	81.2
	PTSD Problems	31	18.8
Mental Emotional Disorder	Normal	136	82.4
	Mental Emotional Disorders	29	17.6

Parents with depression may display a flat or monotonous expression, making it

challenging for their children to interpret their feelings and react accordingly. Consequently, this may result in difficulty establishing limits, offering emotional assistance, and participating in enjoyable interactions. Both maternal and paternal depressive symptoms, along with negative perceptions of their child's behaviour, independently predicted depressive symptoms in adolescent girls. Furthermore, negative beliefs partially mediated the relationship between maternal depressive symptoms and those of their children (Chen *et al.*, 2009).

Physical manifestations of mental-emotional disorders in parents can take diverse forms. Stress, anxiety, and depression may result in physical symptoms like headaches, muscle tension, fatigue, appetite changes, sleep disturbances, and gastrointestinal problems. Physical ailments among parents are prevalent and significantly influence their children (Kinnunen *et al.*, 2021). Symptoms of PTSD can result in heightened levels of anger and irritability, impacting relationships with both their children and others. Parental PTSD is linked to decreased functioning in various aspects of parenting, such as heightened levels of stress, reduced satisfaction, less favourable parent-child relationships, and increased utilization of negative parenting approaches like overt hostility and controlling behaviours (Christie *et al.*, 2019).

All domains of parenting appear to be affected by psychosis. Psychotic symptoms in parenting are notably difficult and worrisome, as they profoundly affect both the parent and the family. Parents experiencing these symptoms may display delusions, hallucinations, disorganized thinking, and abnormal behaviours, hindering their capacity to care for themselves and their children. These symptoms may impede communication, emotional control, and decision-making, posing risks to the safety and welfare of the parent and their children (Strand *et al.*, 2020).

The data presented in Table 3 shows that most children do not display abnormal emotional symptoms, signifying a typical emotional state. Nurturing the emotional welfare of typically developing and healthy children is imperative for their holistic growth (Eaude, 2009). Initiating and maintaining

regular discussions about emotions from an early age can significantly contribute to children's welfare. Parents play a crucial role in establishing a secure and welcoming atmosphere where children feel comfortable expressing their emotions and ideas (Wolicki *et al.*, 2021). Good parental support creates a safe and comfortable environment for children. Children feel they can rely on their parents to protect and support them in every situation. This helps establish a crucial emotional security foundation for further development.

**Table 3. Children’s Psychosocial Problems (N=165)**

Children’s Psychosocial Problems	n	%
<b>Emotional Problems Scale</b>		
Normal	108	65.5
Borderline	20	12.1
Abnormal	37	22.4
<b>Conduct problems Scale</b>		
Normal	103	62.4
Borderline	21	12.7
Abnormal	41	24.8
<b>Hyperactivity scale</b>		
Normal	124	75.2
Borderline	26	15.8
Abnormal	15	9.1
<b>Peer Problems Scale</b>		
Normal	60	36.4
Borderline	21	12.7
Abnormal	84	50.9
<b>Prosocial Scale</b>		
Normal	153	92.7
Borderline	8	4.8
Abnormal	4	2.4
<b>Total Difficulties Score</b>		
Normal	97	58.8
Borderline	24	14.5
Abnormal	44	26.7

Children also demonstrate primarily typical behavioral issues, suggesting that they can manage their anger, cooperate, and respect others. Acknowledging and rewarding positive conduct can motivate them to repeat it. Parents can employ incentive mechanisms to foster positive conduct and deter negative behaviour (Law *et al.*, 2012). Positive reinforcement is crucial for parents to support positive behaviour in their children. Each time a child receives positive reinforcement for their good behaviour, it is not just praise but

also recognition of effort and the right decisions. Repeated positive reinforcement provides consistent feedback and reinforces desired behaviour patterns. This helps children understand that their positive actions impact those around them and creates a positive connection between good behaviour and enjoyable experiences.

According to the findings, a greater proportion of children (Table 3) demonstrate no signs of hyperactivity. Studies suggest parental support can positively affect children's emotional and behavioural wellbeing, potentially mitigating hyperactivity. For instance, research reveals that support groups for parents can effectively alleviate stress and anxiety among those raising children diagnosed with autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD)(Sharma *et al.*, 2022).

Parents facing mental health struggles, such as managing symptoms of depression or anxiety, might encounter more significant obstacles in fulfilling their parenting responsibilities compared to parents who characterize their mental wellbeing as favourable (Janssens *et al.*, 2023). Structured physical activities can also help manage children's energy levels. Parents who integrate structured sports or directed play activities can help children channel their energy healthily and positively, reducing the likelihood of uncontrolled hyperactivity. The importance of consistency in parenting should be noticed. Parents who set clear boundaries and rules and provide emotional support help children understand the boundaries in everyday life. This helps prevent impulsive behaviour associated with hyperactivity.

Peer problems indicate that most children are in a normal condition (Table 3). Setting a good example for children can lead to positive social interactions and communication. By demonstrating respectful and kind behavior towards others, adults can set a positive example for children to follow (Development *et al.*, 2000). Children's capacity to establish wholesome and constructive social bonds with peers profoundly influences their social and emotional growth from a young age.

Most children have normal prosocial abilities (Table 3). This indicates that these children have strengths in helping each other. Prosocial children develop survival skills in their environment by prioritizing harmony and cooperation with others. These children show empathy, compassion, and willingness to help and support their friends. Mastering the skill of fostering constructive relationships and collaborating effectively with others is significant for academic and career accomplishments and nurturing social and emotional wellness. (Acar & Torquati, 2015). The social dynamics in children, including acts of altruism, play a pivotal role in shaping their capacity to engage with their surroundings. Prosocial behaviours, including kindness, empathy, and cooperation, not only support positive relationships among individuals but

also provide children with the ability to survive and adapt to their environment.

The study's findings (Table 4) suggest no apparent link between parental mental-emotional disorders and children's emotional difficulties, possibly due to the failure to differentiate between parents with genuine mental disorders and their children. Respondents from rural communities maintain mutual solid support networks, challenging previous research findings, especially with a more significant percentage of parents scoring below 5. Notably, parents facing mental health challenges are more likely to have children with emotional disorders, as supported by research indicating increased risk in children of parents dealing with mental health issues, unlike those with good mental wellbeing (Wilkinson *et al.*, 2021).

**Table 4. Relationship between Parents' Mental-Emotional Disorders and Child Psychosocial Problems (N=165)**

Parents' Mental Emotional Disorders	Children's Psychosocial Problems						Total		P-Value
	Normal		Borderline		Abnormal		n	%	
	n	%	n	%	n	%			
Emotional Problems Scale									
Non Mental Emotional Disorder	87	52.7	19	11.5	30	18.2	136	82.4	0.559
Mental Emotional Disorder	21	12.7	1	0.6	7	4.2	29	17.6	
Total	108	65.5	20	12.1	37	22.4	165	100	
Conduct problems Scale									
Non Mental Emotional Disorder	82	49.7	19	11.5	35	21.2	136	82.4	0.263
Mental Emotional Disorder	21	12.7	2	1.2	6	3.6	29	17.6	
Total	103	62.4	21	12.7	41	24.8	165	100	
Hyperactivity scale									
Non Mental Emotional Disorder	104	63.0	19	11.5	13	7.9	136	82.4	0.503
Mental Emotional Disorder	20	12.1	7	4.2	2	1.2	29	17.6	
Total	124	75.2	26	15.8	15	9.1	165	100	
Peer Problems Scale									
Non Mental Emotional Disorder	53	32.1	15	9.1	68	41.2	136	82.4	0.294
Mental Emotional Disorder	7	4.2	6	3.6	16	9.7	29	17.6	
Total	60	36.4	21	12.7	84	50.9	165	100	
Prosocial Scale									
Non Mental Emotional Disorder	126	76.4	6	3.6	4	2.4	136	82.4	0.897
Mental Emotional Disorder	27	16.4	2	1.2	0	0.0	29	17.6	
Total	153	92.7	8	4.8	4	2.4	165	100	
Total Difficulties Score									
Non Mental Emotional Disorder	81	49.1	19	11.5	36	21.8	136	82.4	0.897
Mental Emotional Disorder	16	9.7	5	3.0	8	4.8	29	17.6	
Total	97	58.8	24	14.5	44	26.7	165	100	

The findings from the research outcomes (Table 4) demonstrate a higher prevalence of children displaying typical behaviour, along with the determination that

there exists no correlation between parental mental-emotional disorders and children's behavioural issues. Nevertheless, alternative research has indicated that parental

depression exhibits the strongest association with children's behavioural disorders. This implies that a rise in parental depression may correspond with an increase in children's behavioural disorders and vice versa (Karimzadeh *et al.*, 2017).

The child hyperactivity scale (Table 4) shows that more children exhibit normal behaviour, and statistical analysis indicates no relationship between parents' emotional and mental disorders and children's behaviour. However, these results contradict those shown by (Monnier *et al.*, 2023). Their investigation suggests that children whose parents display signs of anxiety and/or depression are at an elevated risk of demonstrating symptoms related to hyperactivity/inattention as well as emotional symptoms.

The outcomes of this study (table 4) reveal a higher prevalence of abnormal peer-related issues among children. However, the statistical examination suggests no association between parental mental-emotional disorders and children's peer problems. These results show different results from those conducted by (Monnier *et al.*, 2023) that parents' mental health, including their emotional and mental disorders, can significantly impact children's mental well-being, which is closely related to their peer relationships.

Most children's prosocial abilities are in normal condition (Table 4). However, statistical evaluation indicates no correlation between parental mental-emotional disorders and children's prosocial issues. Various elements influencing children's prosocial conduct encompass social anxiety, which might stem from parental psychological influence and impact children's capacity to partake in prosocial acts. Children with heightened social anxiety may shy away from social interactions, repress genuine feelings and thoughts, and encounter challenges in comprehending prosocial behaviour from others.

Children's difficulties encompass various challenges that can affect their behaviour, emotional wellbeing, and overall development. These difficulties can stem from various sources, including learning problems, emotional outbursts, sensory processing issues, and transition difficulties. Offspring

with both parents undergoing mental health issues are particularly susceptible to somatic ailments, with maternal mental health conditions displaying a stronger correlation than paternal mental health issues (Renneberg *et al.*, 2023).

## Conclusion

Not all children of parents with emotional disorders necessarily face psychosocial difficulties. Various factors contribute to children's psychosocial issues. Although this study does not establish a relationship between these variables, multiple aspects must still be considered. During school-age years, children interact extensively with their environment, adopting behaviours from peers. Support from those around them improves children's mental health. Parents should understand that the absence of a direct link between parental mental-emotional disorders and children's psychosocial problems, as shown by statistical analysis, does not diminish the importance of addressing various contributing factors. Seeking healthcare assistance can prevent broader impacts on family members, including children if facing psychosocial issues.

## Limitations of the study

A constraint of this study is the lack of differentiation among parent respondents regarding their experience of mental-emotional disorders or those who scored below 5. The research also does not specify whether the parents' respondents are either fathers or mothers.

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### Conflict of Interest

Each author affirms that there are no conflicts of interest present.

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