

Parents' Mental Illness and Its Impacts on Children: A Descriptive Study of the Perspectives of Youths (Case Study: Serekunda West, the Gambia)

Yahya Muhammed Bah*

Department of Sociology, University of The Gambia, Banjul, West Africa

*Corresponding Author

Yahya Muhammed Bah, Department of Sociology, University of The Gambia, Banjul, West Africa

Submitted: 2023 July 03; Accepted: 2023 July 29; Published: 2023 Sep 22

Citation: Bah, Y. M. (2023). Parents' Mental Illness and Its Impacts on Children: A Descriptive Study of the Perspectives of Youths (Case Study: Serekunda West, the Gambia). *Int J Psychiatry*, 8(5), 93-105.

Abstract

Background

Mental impairment is not only on the increase but it is a global problem. Although the precise number of the mentally impaired persons is not well documented more especially in developing countries, what is indisputable is they are in millions and is negatively impacting societies.

Purpose

The fundamental rationale for this study is to investigate into parents' mental illness in the community and youths' comprehension of its causes, negative impacts, support services needed by victims and their children; and its preventive methods with the ultimate objectives of sharing knowledge to spark and inspire processes that will usher rapid growth from all directions in the reduction of the phenomenon and its associated negative impacts.

Methodology

Hence the study was a descriptive survey meant to capture the youths' perspectives on parents' mental illness and its associated impacts especially on their children, questionnaires were administered to gauge the perspectives of hundred and twenty youths.

Results

The negative impacts of parents' mental illness on their children are numerous and in addition to the general ones they include specific ones: social impacts, health impacts, psychological impacts, economic impacts; and educational impacts. To alleviate the impacts, access to medical treatment, basic needs, continuous prayers, counseling, financial assistance, regular visits from the helping profession, scholarships for children among other services are critical. To prevent the menace, general sensitization about mental impairment, sensitization on the use of illegal substance, counseling, helping single parents financially and morally; and the incorporation of mental health in the curriculum of secondary schools are some of the fundamental approaches.

Conclusion

In conclusion, the negative impacts of parents' mental illness on their children can be simply pooled and catalogued into medical, social, psychological, educational; and economical.

Key words: Children, Mental Illness, Parents, Perspectives, Youths; And Negative Impacts

1. Introduction

Globally, mental impairment will affect 1 in 4 at some time in our lives, WHO [1]. It is estimated that over 80 percent of people with mental and psychosocial disabilities live in the developing countries and have little or no access to any form of psychological or psychiatric treatment. In Africa, the prevalence rate is up to 9.8 per population of 100,000, WHO [2].

In the Gambia, approximately 27,000 people are suffering from a severe mental and/or substance abuse disorder and that a further 91,000 Gambians have a mild disorder still requiring treatment, WHO [3]. A local prevalence study in 2007 puts the rate higher at 20% and leads to the estimate of approximately 180,000 people suffering from a mental or substance abuse disorder. In general, 1 of 5 people over the age of 15 has an issue with their mental health,

which can be described as a severe mental disorder, depression or anxiety disorder, Backebjork V. [4]

World over, about 30% to 60% of people with severe mental illness have children, Luciano, A. et al. [5]. Children of parents with mental health problems account for between a third and a half of all children receiving services from young carers' projects in Australia, Noble-Carr D. [6].

Children often take significant practical and emotional responsibility for their mentally impaired parents as well as other family members, such as younger once, Morris A. S. et al. [7]. Nevertheless, research has shown that there is strong evidence of a link between parental mental disorder and child maltreatment, Ramchandani P. et al. [8]. Children whose parents have mental health problems are at heightened risk of adverse consequences other than maltreatment that include: developing mental health problems in infancy, social and behavioral problems in childhood and adolescence; and consequences of stress associated with caring for a mentally ill parent, Mattejat F. et al. [9].

1.1 Purpose of the Study

The objectives of the study were to investigate into the youths' level of knowledge of parents' mental illness, level of understanding of parents' mental illness, level of knowledge of the causes of parents' mental illness, level of knowledge of negative impacts of parents' mental illness, level of knowledge of the support services needed by mentally ill parents and their children; and level of the knowledge of preventive methods to apply in preventing parents' mental illness.

1.2 Research Questions

The study was guided by the following questions:

1. What are the main causes of parents' mental illness in the communities?
2. What are the negative impacts of parents' mental illness?
3. What are the professional services needed to support mentally ill parents and victims of parents' mental illness?
4. How can parents becoming mentally ill be prevented in the communities?

2. Research Methodology

2.1 Area of Study

The study was conducted in Serekunda West Mini football stadium. This stadium is not only one of the biggest stadia in Serekunda but is located in one of the most densely populated communities with all tribes and religious groups in the country including non-Gambians. Therefore, it was suitable to capture the youths' perspectives on parents' mental illness and its associated impacts as at the peak of raining season football sessions (newetaan) it is always jam-pack with youth spectators.

2.2 Sample and Sampling Technique

The design used for the study was a simply descriptive survey.

The sample population consisted of 120 youths.that consisted 60 (sixty) boys and 60 (sixty) girls were recruited using purposive random sampling technique.

2.3 Data Collection Method

The data was collected by conducting individual interviews using a structured questionnaire. The questionnaire were divided into five sections namely, level of knowledge of parents' mental illness, level of understanding of parents' mental illness, level of knowledge of the causes of parents' mental illness, level of knowledge of the negative impacts of parents' mental illness, level of knowledge of support services needed by mentally ill parents and their children; and level of knowledge of preventive methods of the parents' mental illness in communities.

2.4 Data Analysis Method

The data analysis process entailed two stages: the initial analysis was coding and tables creation, preparation of variables by combining a number of codes, converting them into variables or developing completely new ones. This was used to provide a summary of patterns that emerged from the responses of the participants.

2.4.1. Limitations of the Study

The following were some of the challenges in the execution of the study:

2.4.2 Literature: though there have been many similar studies in this area but few were conducted focusing on parents' mental illness in the community and its associated impacts. Therefore, it was a huge challenge to get the desire materials, especially for the literature review.

2.4.3 Funding: there was no financial support from any institution or individual despite all attempts. If there was some financial support the study would have been easier, less time consuming and above all, the sample would have been bigger for generalization.

2.5 Objectives of the study

The objectives of the study were to investigate into parents' mental illness in the community and youths' comprehension of its causes, negative impacts, support services needed by victims and their children; and its preventive methods.

2.5.1 Significance of the study

The importance of the study stemmed from the followings:

1. It will contribute to the body of existing knowledge in the academia and other fields.
2. It will act as an input for policy makers, thus, providing new insights to improve their ability to design effective policies and programmers to cater for the welfare of survivors and potential victims of parents' mental illness.
3. It will provide a base for the protection and promotion of the rights of parents with mental illness.

4. It will be useful to persons with disabilities and children rights advocates.
2. It will increase people knowledge of the risks to which survivors and their children are exposed.

2.5.2 Definition of Concepts

- a. Mental illness: any health condition causing changes in emotions, thinking and behavior of a person to the point that s/he cannot effectively discharge his or her responsibilities like any other reasonable person of his or her age and standing.
- b. Parent: any person who is legally responsible for the general wellbeing of a child.
- c. Child: any person under the age of 18 years of age.
- d. Youth: any person above the age of 18 years and below 35 years of age.
- e. Newetaan football session: football competitions held during the

raining season in The Gambia.

3. Data Presentation, Interpretation and Discussions

3.1 Level of Knowledge of Mental illness

The findings indicate a high degree awareness of mental illness in view of the fact that all the respondents have heard about the illness and vast majority knows what it means and how many types exist.

3.2 Meaning of Mental Illness

In reacting to what mental illness means, different responses were given by the respondents as is shown in table 1 below: craziness 79 (21%), madness 67 (18%), behavioral problems 54 (15%), mental sickness 48(13%), confusion 43 (12%), mental disorder 36 (10%), aggressiveness 23 (06%), social malfunctioning 13 (04%); and others 7 (02%).

Types of response	No. of response	%
Behavioral problems	54	15
Social malfunctioning	13	04
Mental disorder	36	10
madness	67	18
craziness	79	21
Mental sickness	48	13
Confusion	43	12
Aggressiveness	23	6
Others	7	02
Total	370	100

Table 1: meaning of mental illness

This concurs with mental illness is a health condition that involves huge changes in thinking, emotion and/or behavior, distress and/or difficulties in functioning during social, community work or family undertakings, American Psychiatric Association [10]. Mental illness is a condition that affects a person's thinking, feeling, mood or behavior and affects his/her effective and efficient functioning. It can be long term or short term condition and include depression, anxiety, bipolar disorder, or schizophrenia, Centers for Disease Control and Prevention [11]. Mental illness refers to a condition that negatively impact cognition, emotion; and behavior, Manderscheid, R. W. et al. [12]. In The Gambia, mental illness

refers to a person who is completely out of order and cannot be cured by anymore; Barrow L.F.M [13]. The characteristics of mental illness include sadness and social withdrawal, Ventevogel, P. et al. [14].

3.3 Types of Mental Illness in the Community

In responding to how many types of mental illness they know in the community, informants opined diversely as captured in table 2 below: four 55 (26%), six 43 (21%), three 36 (18%), two 27 (13%), five 21 (11%), one 15 (07%); and others 9 (04%).

Types of response	No. of response	%
One	15	07
two	27	13
Three	36	18
Four	55	26
five	21	11
Six	43	21
Others	9	04
Total	206	100

Table 2: Types of Mental Illness

This is supported by there are different types of mental illness which include anxiety disorder, depression, bipolar disorder, mood disorder, eating disorder, personality disorder, PTSD and psychotic disorder including schizophrenia, US National Library of Medicine (n.d.). The American Psychiatric Association has identified over 200 types of mental illnesses characterized by dysregulation of mood, thoughts, and/or behaviors that differ in severity and longevity, Kayla B. et al. [15].

Commenting on the regions mostly affected with mental illness in the country, discussants felt as illustrated in table 3 underneath with Kanifing Municipality (KM) 103 (29%), Banjul Municipality (BM) 78 (23%), Upper River Region (URR) 53 (15%), West Coast Region (WCR) 49 (14%), North Bank Region (NBR) 27 (08%), Central River Region (CRR) 18 (05%), Lower River Region (LRR) 15 (05%); and I don't know 3 (01%).

Types of response	No. of response	%
Upper River Region- URR	53	15
North Bank Region- NBR	27	08
Lower River Region- LRR	15	05
West Coast Region- WCR	49	14
Central River Region- CRR	18	05
Kanifing Municipality	103	29
Banjul Municipality	78	23
I don't know	3	01
Total	346	100

Table 3: Regions most affected with mental illness

However, the Local government administrative region most affected can neither be affirmed nor refuted due to scarcity of data.

3.4 Level of Knowledge of the Causes of Mental Illness

It is a common knowledge that every social problem has a cause and I felt it is important to ask my respondents the causes of mental illness. In responding to the question, informants reacted

distinctively as shown in table 4. Abuse of drugs 91 (16%), stress 78 (13%), beating 73 (13%), spiritual (marabourism) 67 (11%), deportation 56 (10%), lack of employment 51 (09%), accidents 49 (08%), natural illness 41 (07%), disappointment 23 (04%), domestic violence 16 (03%), others 13 (02%), giving birth 11 (02%); and single parenting 05 (01).

Types of response	No. of response	%
Lack of employment	51	09
Disappointment	23	04
Accidents	49	08
Domestic violence	16	03
Giving birth	11	02
Single parenting	05	01
Beating	73	13
Abuse of drugs	91	16

Natural illness	41	07
Spiritual (marabourism)	67	11
Stress	78	13
Deportation	56	10
Others	13	02
Total	574	100

Table 4: causes of mental illness

This is in agreement with mental illness can be caused by many risk factors such as genes, abuse, chemical imbalances, brain injury, virus, toxic chemical, alcohol or recreational drugs, isolation and serious medical conditions, US National Library of Medicine (n.d.). The causes of mental illness among adolescents include psychosis, anxiety, conduct or eating disorders; and toxic substance abuse, Souza Pinto C. et al. [16]. In The Gambia, it is believed that mental illness can be caused by two key factors: stress, conflict or moral weaknesses and most importantly, possession or punishment from demon, supernatural forces or witchcraft resulting in the strong belief that traditional healers and marabouts can cause mental illness, Backebjörk V. et al. (n.d.) [4]. Traditional healers in The Gambia believed that mental illness is caused by bewitchment by human beings or jinns by applying a charm, Kretschmar, I. et al. [17].

Mental illness can be caused by early adverse life experience, chronic medical condition, biological condition like genes or chemical imbalances in the brain, use of alcohol or drugs, loneliness

or isolation, Centers for Disease Control and Prevention [11]. Causes of mental disability include major depression, injuries, iron deficiency, falls, alcohol abuse, chronic diseases, bipolar disorder, schizophrenia; and obsessive disorder, Norquist G. et al. [18].

3.5 Level of Knowledge of the Negative Impacts of Parents' Mental Illness on Children

To adequately capture the perspectives of the discussants, this part of the study is divided into general and specific negative effects as presented underneath.

3.6 General Negative Effects of Parents' Mental Illness on the Children

In responding to general negative effects of parents' mental illness on children, the respondents felt as presented in table 5 below: living in fear 117 (28%), poor up bring 93 (22%), lack of basic needs 78 (19%), being isolated by friends 59 (14%), living in poor conditions 34 (08%), behaving abnormally 27 (07%); and others 17 (04%).

Types of response	No. of response	%
Living in poor condition	34	08
Lack of basic needs	78	19
Poor up bring	93	22
Being isolated by friends	59	14
Behaving abnormally	27	07
Living in fear	117	28
Others	17	04
Total	425	100

Table 5 general negative effects on the children

This findings concurs with children of mentally ill parents have less parental interaction, less supervision and often live in a less conducive and supportive family environment, Van Loon L.M.A. et al. (2014). To maintain the good name of the family, children of mentally ill parents suffer from constant worries, taking care of the younger ones; and trying to hide bad things happening in the family even if there is a need to seek professional help, Simpson-Adkins, G. J. et al. [19]. Children with mentally ill parents assumed adults responsibilities such as taking care of themselves and their siblings

at tender age and worst of all they become victims low level of attachment, Reupert A. E. et al, [20]. Parent being mentally ill can put stress on a marriage negatively impacting on parenting abilities resulting in lot of damages in the lives and living conditions of children, American Academy of Child and Adolescent Psychiatry [21]. Parents' mental illness can lead to children mental illness, death, physical violence; and other severe family difficulties, Mowbray C. T. et al. [22].

3.7 Negative health effects on the health of children of mentally ill parents

Responding to the negative health effects parents' mental illness have on their children, participants observed uniquely as shown

in table 6 underneath: not eating balanced diet 131 (25%), living in poor hygiene state 109 (21%), lack of proper medical care 81 (15%), child inheriting mental illness 97 (19%), experiencing emotional torture 57 (11%); and others 45 (09%).

Types of response	No. of response	%
Child inheriting mental illness	97	19
Lack of proper medical care	81	15
Living in poor hygiene state	109	21
Experiencing emotional torture	57	11
Not eating balanced diet	131	25
Others	45	09
Total	520	100

Table 6: negative health effects on the health of children of mentally ill parents

This is supported by children living with mentally ill parents are more likely to suffer from crisis like hospitalization, acute mental illness episode; and lack of meaningful social and emotional bonds, Maybery D et al. (2005). Children of parents who are mentally challenged manifest depression, slow cognitive and language development, Reuper A.E. et al. [20]. Kids of mentally ill parents are three times more likely to suffer from depression, anxiety and substance abuse; emotional and attachment disorder, Reuper A.E. et al. [20].

Similarly, the presence of mental illness in a family, among other things increase children's rate of hospitalization for some ailments and admission in psychiatric hospitals, Behere, A. P. et al. [23]. Parents' mental illness especially that of a mother is highly

associated with children suffering from malnutrition and diarrhoea, Pierce M. et al. [24]. With parental mental illness, children are exposed to series of problems such as diseases, premature birth, living in poverty, leave alone being exposed to genetic, biological, psychological; and left environmental risk factors, Halpern R. et al. [25].

3.8 Negative social impacts of parents' mental illness on the children

Commenting on the negative social effects parents' mental illness have on children, discussants opined differently as shown in table 7 below: being discriminated against 127 (32%), hearing bad things about their ill parents 119 (30%), child losing self-esteem 104 (26%), child living in shame 39 (10%); and others 13 (03%).

Types of response	No. of response	%
Child losing self esteem	104	26
Child living in shame	39	10
Being discriminated against	127	32
Hearing bad things about their ill parents	119	30
Others	13	03
Total	402	100%

Table 7 negative social effects on children of mentally ill parents

This corroborates children of mentally ill parents suffer serious physical, mental; and social problems, Werf, H.M. et al. (2019). Children whose parents are mentally destabilized suffer from insecure attachment which will subsequently affects their ability to take care of their own children in the future, Vafaenejad Z. et al. (2019). Children of mentally ill parents are more likely to have difficulties in observing rules, communicating effectively, solving problems, being fully aware of themselves, being victim of family conflict and enjoy less maternal affection, Mowbray C.T. et al. [22]. The mental illness of a parent poses a great challenge to the quality of life of the children in several ways, Bee P. et al. [26].

In the same vein, families with mentally ill parents have less time with their parents and above all, socially suffer a lot because, their parents' abilities to take care of them is highly compromised,

Reupert A. E. et al. [20]. The stigmatization of a mentally ill member can negatively affect the entire family to the point that they wouldn't be able to look for treatment for the sick one, The Royal Australian and New Zealand College of Psychiatrists [27]. In The Gambia, because persons with mental illness are not only stigmatized but held less human, and also mental illness being associated with witchcraft both by the wider society and the authorities, hardly do the government provide the required support to promote and safeguard their human rights and general wellbeing, European Database of Asylum Law [28].

3.9 Psychological impacts of parents' mental illness on the children

Responding to the psychological impacts of parents' mental illness on children, informants felt verily as exhibited in table 8

underneath: living in fear 118 (21%), feeling ashamed 91 (16%), living in depression most of the time 83 (15%), feeling angry most of the time 79 (14%), being anxious most of the times 71 (13%),

becoming mad 47 (08%), feeling rejected 36 (06%), being unable to eat regularly 23 (04%); and others 09 (02%).

Types of response	No. of response	%
Feeling rejected	36	06
Being anxious most of the times	71	13
Feeling ashamed	91	16
Being unable to eat regularly	23	04
Living in fear	118	21
Living in depression most of the time	83	15
Feeling angry most of the time	79	14
Becoming mad	47	08
Others	09	02
Total	557	100%

Table 8: Psychological impacts of mental illness on the children

This is in agreement with parents' mental illness can cause confusion, anxiety, guilt, shame, self-blame, depression, fear; and anger in the family which if not properly managed can be disastrous, Family Mental Health Alliance (FMHA) [29]. Children of mentally ill parents are more at danger of exposure to side effects of medication, behavioral problems, irritability and diminished responsiveness at tender age, increased risk of medical problems, injuries, convulsive disorder, hospitalization, emotional disorder, mental disorder later in life; and four times more likely to commit serious criminal behavior, Centre for Parenting and Research [30]. Kids of parents with mental disabilities are more at risk of developing psychiatric and behavioral difficulties compare to other children, Monds-Watson A. et al. [31]. Children of mentally ill parents are two to three times more likely to develop mental problems which can be associated with many factors including low mood or mood disorder; and anxiety, Simpson-Adkins G.J. et al. [19]. Kids of mentally ill parents suffer from increased rate of depression, anxiety, taking responsible at tender age; and later on live adult disruptive life, Family Mental Health Alliance (FMHA) [29].

Similarly, children whose parents are mentally ill suffer increased risk of adverse general developmental problems and behavioral ones, The Royal Australian and New Zealand College of Psychiatrists [27]. Progenies of mentally parents suffer from attention disorder, eating disorder, anxiety, depression; and disorganized patterns of attachment, Reupert A. E. et al. [20]. Offspring of mentally ill parents are known to be taking high risk behaviors including early sexual relationship, substance abuse; and they also live with the fear of becoming mentally ill like their parent and later in life some became mentally ill and appears to becoming romantically involved more with the mentally ill persons; and above all, they become less worried about parenting, Slominski L.J. [32].

3.10 Negative economic impacts of parents' mental illness on children

In reacting to the negative economic impacts of parents' mental illness on their children, informants commented divergently as mapped out in table 9 below: fall in income 105 (23%), paying bills for treatment 97 (21%), not going or being late at work 73 (16%), being dismissed from work 69 (15%), time demanding in providing support 57 (13%), customers running away 34 (07%); and others 13 (03).

Types of response	No. of response	%
Time demanding in providing support	57	13
Fall in income	105	23
Not going or being late at work	73	16
Paying bills for treatment	97	21
Being dismissed from work	69	15
Customers running away	34	07
Others	13	03
Total	448	100%

Table 9: Economic impacts of mental illness on the family

Economically, the findings revealed some negative impacts on the family concurring with family bears the financial burden of treating the mental illness of their members, in addition to the time they set aside to take care of them, WHO [33]. The economic impacts of mental illness on the family include reduction in personal income due to the time caregivers dedicate to looking for treatment instead of working plus the cost of treatment and support services, WHO [33]. In many advanced nations 35% to 45% of absenteeism from work is because of mental illness, WHO [33]. Mental illness affects access to job market, retention; and productive of an employee, WHO [33].

Similarly, the presence of any mental illness in the family can have some significant negative impacts namely; stress, practical demands in caring for the sick one, poor health, social and family relationship; and huge bills to settle most of the time, Family

Mental Health Alliance (FMHA) [29]. Children of mentally ill parents have heightened risk of socioeconomic adversity including living in poorer households or living separately from their parents, Pierce M. et al. [24].

3.11 Negative educational impacts of parents' mental illness on children

Participants commenting on the negative educational impacts of parents' mental illness on children shared their divergent perspectives as illustrated in table 10 below: going to school late most of the time 113 (17%), poor academic performance 108 (17%), not participating in class 102 (16%), lack of concentration in class 92 (15%), dropping out of school 78 (12%), being absent from school 69 (11%), lack of school fees 57 (09%); and others 11 (02%).

Types of response	No. of response	%
Going to school late most of the time	113	17
Being absent from school	69	11
Lack of concentration in class	92	15
Lack of school fees	57	09
Not participating in class	102	16
Dropping out of school	78	12
Poor academic performance	108	17
Others	11	02
Total	630	100%

Table 10: Negative educational impacts of mental illness on children

This concurs with parents' mental illness have some major negative effects on the children resulting in increased risk of behavioral, social, emotional; and educational problems, Simpson-Adkins G.J. et al. [19]. Having a parent with mental illness catapult children risk of having health problems including obesity, decreased life satisfaction, lower income, lower educational attainments, being unemployed, single; and engagement in substance abuse, Clemens V. et al. [34]. Mental illness result in physical problems (sleeplessness, headache, and extreme tiredness), psychological difficulties (depression and other psychological problems; and some socioeconomic difficulties (less likely to get marry, food insecurity and increased divorce rate) while in the case of the children it include higher mortality, poor school performance and nutritional problems, Fekadu W. et al. [35]. Parents' mental illness negatively affect five major areas in the life of children namely; his or her communication, mental fitness, educational attainments, economic achievements; and the execution of adults

responsibilities at later life, Oskouie, F. et al. [36].

3.12 Level of Knowledge of Support Services Needed by Parents with Mental Illness and their Children

To discuss this section of the research, it is divided into two parts namely, support services needed by parents with mental illness and those needed by children of mentally ill parents.

3.13 Support services needed by mentally ill parents

Deliberating on the types of support services required by mentally ill parents, informants reacted multifariously as captured in table 11 below: medical treatment 119 (18%), basic needs (i.e. food, clothes and accommodations) 107 (16%), continuous prayers 103 (15%), counseling 98 (15%), financial assistance 83 (12%), regular visits from the helping profession 73 (11%), scholarships for their children 57 (09%); and others 15 (02%).

Types of response	No. of response	%
Counseling	98	15
Basic needs- food, clothes and accommodations	107	16
Regular visits from the helping profession	73	11
Scholarships for their children	57	09
Financial assistance	83	12
Medical treatment	119	18
Continuous prayers	103	15
Others	15	02
Total	655	100

Table 11: support needed by mentally ill parents

This align with the treatments of mental illness include various therapies, medicines, social support and education, counselling; and group discussions, US National Library of Medicine (n.d.). Traditionally, in The Gambia, mental illness can be treated by the use of traditional medicines or marabouts who use curses, Backebjörk V. et al. (n.d.). Treatment is critical because it does not only reduce the severity of the illness but equally job absenteeism while boosting productivity, Kayla B. et al. [15]. Essentially, families with mentally ill member will need some support such as

finance, access to key services (e.g. health, education, recreation, employment, etc.), family education; and counselling, Family Mental Health Alliance (FMHA) [29].

In responding to the support services needed by children of mentally ill parents, respondents reacted differently as shown in table 12 below. Basic needs (i.e. food, clothes & shelter) 107 (26%), scholarships 98 (24%), educational materials 87 (21%), counselling 56 (13%), home care 34 (08%); and others 29 (07%).

Types of response	No. of response	%
Home care	34	08
Educational materials	87	21
Scholarships	98	24
Counselling	56	13
Basic needs- (food, clothes & shelter)	107	26
Others	29	07
Total	411	100%

Table 12: support needed by children of mentally ill parents

This concurs with to effectively support children of mentally ill parents; they need evidence-based parenting, home visiting and peer support programmes, Working Paper (n.d.). To avert the children of the mentally impaired parents encountering further social problems since they need an adult in their life, it is critical that any service to be rendered must be holistic and collaborative in nature, Reedtz C. et al. (2019). However, for any mental service to be successful, it must be holistic and allows the active participation of the members of the family or close individuals of the patient, Gladstone B.M. et al. (2011).

happy at school and with peers, they are loved and cared for by people outside the family cycle; their self-esteem is strengthened; and linked to a family which is within reach psychological to boost their inner and coping skills, American Academy of Child and Adolescent Psychiatry [21]. Families of parents with mental illness need emotional support and training in coping strategies which they can eventually apply to make life better for them more especially for the children, Mayers A. et al. [37].

3.14 Level of Knowledge of Mental illness Preventive Methods and the Positive Impacts

a. Methods of Preventing Mental Illness

In reacting to how can mental illness be prevented in the communities, respondents felt uniquely as mapped out in table 13 underneath: general sensitization about mental illness 109 (29%), sensitization on the use of illegal substance 91 (24%), family and group counseling 79 (21%), helping single parents financially and morally 58 (16%); and others 37 (10%).

Types of response	No. of response	%
Sensitization on the use of illegal substance	91	24
Family and group counseling	79	21
Helping single parents financially and morally	58	16
General sensitization about mental illness	109	29
Others	37	10
Total	374	100%

Table 13: methods of preventing mental illness

This is supported by; to prevent mental impairment it requires counselling and improving the medical facilities, Celine, T. M. et al. [38]. To prevent mental illness in the communities there is a need for highly trained health workers, legislations, public politics; and stimulation of intra-familiar interactions to map out key factors that can influence prevention and recovery, Souza Pinto C. et al. [16]. To eradicate mental illness in the community it is critical to embark on prevention and promotion activities, good healthcare practices, working with the community to map out risk factors, integrating mental health in daily activities, boost resilience, identify people at risk, encourage early support seeking, etc. Thomas S. et al. [39]. To improve mental care services, it requires to fight against discrimination, more infrastructural development, allocation of more financial and human resources, trainings, research; and medications, Robert P. et al. [40].

Similarly, the prevention of mental illness demands higher training of health workers and more research to have deeper understanding of the phenomenon, Backebjörk V. et al. (n.d.). Addressing mental illness requires awareness raising about the phenomenon, availability of support services, provision of guidance and counselling, right and timely referrals, improved early diagnoses; and the promotion of help-seeking behaviors, McLafferty M, et al. [41]. To improve mental services in the communities, it demands training of personnels, decentralization, adequate budgetary allocation, promotion and implementation of innovative approaches; and the integration of mental healthcare into the primary care, Oluoyomi E. et al. [42].

b. Positive impacts of parents' mental illness on children

Regardless of the adage that everything has a good and negative side, majority of us can barely notice the benefits of a parent being mentally ill. This is largely due to many factors including the trauma associated with a family member being mentally impaired and also our culture. Thus, I could not have any question on the benefits of mental illness to the family. However, I am astonished to realize from the literature review that parents' mental illness have some benefits for the children as cited herein. Regardless of the huge negative impacts of parents' mental illness on their children, some children reported to have positively benefitted from it by becoming more independent, being conscious of the needs of their younger siblings, learning at early age how to provide for

others, how to resolve family problems; and how to be supportive in taking care of adults with mental disabilities, Zeighami, R. et al. [43-74].

4. Summary and Conclusions

In summary, the negative impacts of parents' mental illness on children are multitudinous and in addition to the general ones it includes the specific ones namely; social impacts, health impacts, psychological impacts, economic impacts; and educational impacts. However, independence, learning how to be responsible at early age and being able to care for a sick person and one's siblings have are to be some of the positive impacts, on the children. To ameliorate these negative impacts access to medical treatment, basic needs (i.e. food, clothes and accommodations), continuous prayers, counseling, financial assistance, regular visits from the helping profession, scholarships for children among other services are critical. To prevent mental illness in the community sensitization about mental illness, public awareness raising campaign on the use of illegal substance, family and group counseling, helping single parents financially and morally; and the incorporation of mental health in the curriculum of secondary schools topped some of the key approaches.

Declaration of conflict of interest

I declare that there is no conflict of interest with respect to the study, authorship and/or publication of the manuscript.

Financial support declaration

I received no monetary support for the study, authorship and/or publication of this article.

Acknowledgment

I sincerely acknowledge the technical assistance and support of my colleagues in the University of The Gambia, and my family for the patience and encouragement.

Ethics Approval

Ethics approval was not necessary for such a small scale study and studies of this nature.

References

1. WHO. (2001). The World Health Report 2001.

2. WHO. (2011). The mental health workforce gap in low- and middle-income countries: a needs-based approach.
3. WHO. (n.d.). Effective and humane mental health treatment and care for all.
4. Backebjörk, V., & Lundgren, E. (2020). Nurses' experiences and challenges while caring for patients with mental disorders in the Gambia: a quantitative cross-sectional study.
5. Luciano, A., Nicholson, J., & Meara, E. (2014). The economic status of parents with serious mental illness in the United States. *Psychiatric rehabilitation journal*, 37(3), 242.
6. Noble-Carr, D. (2002). Young Carers Research Project Final Report.
7. Morris, A. S., Silk, J. S., Steinberg, L., Myers, S. S., & Robinson, L. R. (2007). The role of the family context in the development of emotion regulation. *Social development*, 16(2), 361-388.
8. Ramchandani, P., & Stein, A. (2003). The impact of parental psychiatric disorder on children. *BMJ*, 327(7409), 242-243.
9. Mattejat, F., & Remschmidt, H. (2008). The children of mentally ill parents. *Deutsches Ärzteblatt International*, 105(23), 413.
10. American Psychiatric Association. (2020). What Is Mental Illness?
11. Centers for Disease Control and Prevention. (2016). Learn About Mental Health.
12. Manderscheid, R.W. et al. (2010). Evolving definitions of mental illness and wellness. *Preventing chronic disease*, 7(1).
13. Barrow, L. F. (2016). Factors that influence access to mental health care service: The perspective of service users and the community in western 2 health region of the Gambia (Master's thesis).
14. Ventevogel, P., Jordans, M., Reis, R., & de Jong, J. (2013). Madness or sadness? Local concepts of mental illness in four conflict-affected African communities. *Conflict and health*, 7(1), 1-16.
15. Follmer, K. B., & Jones, K. S. (2018). Mental illness in the workplace: An interdisciplinary review and organizational research agenda. *Journal of Management*, 44(1), 325-351.
16. Pinto, A. C. S., Luna, I. T., Sivla, A. D. A., Pinheiro, P. N. D. C., Braga, V. A. B., & Souza, Â. M. A. (2014). Risk factors associated with mental health issues in adolescents: a integrative review. *Revista da Escola de Enfermagem da USP*, 48, 555-564.
17. Kretzschmar, I. et al. (2012). Mental health in the Republic of The Gambia. *International psychiatry: bulletin of the Board of International Affairs of the Royal College of Psychiatrists*, 9(2), 38-40.
18. Norquist, G., & Hyman, S. E. (1999). Advances In Understanding And Treating Mental Illness: Implications For Policy: Top officials from the government's leading mental health institute set forth the challenges of bringing research results into the community. *Health Affairs*, 18(5), 32-47.
19. Simpson-Adkins, G. J., & Daiches, A. (2018). How do children make sense of their parent's mental health difficulties: A meta-synthesis. *Journal of Child and Family Studies*, 27, 2705-2716.
20. Reupert, A. E., J Maybery, D., & Kowalenko, N. M. (2013). Children whose parents have a mental illness: prevalence, need and treatment. *The medical journal of Australia*, 199(3), S7-S9.
21. Child and Adolescent Psychiatry (2008). Facts for Families, No. 39: Children of parents with mental illness.
22. Mowbray, C. T., & Oyserman, D. (2003). Substance abuse in children of parents with mental illness: Risks, resiliency, and best prevention practices. *Journal of Primary Prevention*, 23, 451-482.
23. Behere, A. P., Basnet, P., & Campbell, P. (2017). Effects of family structure on mental health of children: A preliminary study. *Indian journal of psychological medicine*, 39(4), 457-463.
24. Pierce M. et al. (2020). Effects of parental mental illness on children's physical health: Systematic review and meta-analysis. *The British Journal of Psychiatry*, 217(1), 354-363.
25. Halpern R. et al. (2004). Environmental influences on child mental health.
26. Bee, P., Berzins, K., Calam, R., Prymachuk, S., & Abel, K. M. (2013). Defining quality of life in the children of parents with severe mental illness: A preliminary stakeholder-led model. *PloS one*, 8(9), e73739.
27. The Royal Australian and New Zealand College of Psychiatrists (2016). Children of parents with mental illness.
28. European Databse of Asylum Law (2019). Italy: Refugee status granted to Gambian citizen affected by serious mental illness.
29. Family Mental Health Alliance (2006). Caring Together: Families as Partners in the Mental Health and Addiction System.
30. Centre for Parenting and Research (2008). Parental mental health and its impact on children.
31. Monds-Watson, A., Manktelow, R., & McColgan, M. (2010). Social work with children when parents have mental health difficulties: Acknowledging vulnerability and maintaining the "rights of the child". *Child Care in Practice*, 16(1), 35-55.
32. Slominski, L. J. (2010). The effects of parental mental illness on children: Pathways to risk to resilience from infancy to adulthood (Doctoral dissertation, University of Michigan).
33. WHO (2003). Investing in MENTAL HEALTH.
34. Clemens, V., Berthold, O., Witt, A., Sachser, C., Brähler, E., Plener, P. L., ... & Fegert, J. M. (2020). Lifespan risks of growing up in a family with mental illness or substance abuse. *Scientific reports*, 10(1), 15453.
35. Fekadu, W., Mihiretu, A., Craig, T. K., & Fekadu, A. (2019). Multidimensional impact of severe mental illness on family members: systematic review. *BMJ open*, 9(12), e032391.
36. Oskouie, F., Zeighami, R., & Joolae, S. (2011). Outcomes of parental mental illness on children: A Qualitative Study

- from Iran. *Journal of psychosocial nursing and mental health services*, 49(9), 32-40.
37. Mayers, A., Hambidge, S., Bryant, O., & Arden-Close, E. (2020). Supporting women who develop poor postnatal mental health: what support do fathers receive to support their partner and their own mental health?. *BMC Pregnancy and Childbirth*, 20(1), 1-9.
 38. Celine, T. M., & Antony, J. (2014). A study on mental disorders: 5-year retrospective study. *Journal of family medicine and primary care*, 3(1), 12.
 39. Thomas, S. et al. (2016). Promoting Mental Health and Preventing Mental Illness in General Practice, *London Journal of Primary Care*, 8:1, 3-9.
 40. Reuter, P. R., McGinnis, S. M., & Reuter, K. E. (2016). Public health professionals' perceptions of mental health services in Equatorial Guinea, Central-West Africa. *The Pan African Medical Journal*, 25.
 41. McLafferty, M., Lapsley, C. R., Ennis, E., Armour, C., Murphy, S., Bunting, B. P., ... & O'Neill, S. M. (2017). Mental health, behavioural problems and treatment seeking among students commencing university in Northern Ireland. *PloS one*, 12(12), e0188785.
 42. Esan, O., Abdumalik, J., Eaton, J., Kola, L., Fadahunsi, W., & Gureje, O. (2014). Global mental health reforms: mental health care in anglophone West Africa. *Psychiatric Services*, 65(9), 1084-1087.
 43. Zeighami, R., Oskouie, F., & Joolae, S. (2014). The Positive Effects of Parents Mental Illness on Their Children: A Qualitative Study. *Bangladesh Journal of Medical Science*, 13(4), 449.
 44. Barlati, S., Stefana, A., Bartoli, F., Bianconi, G., Bulgari, V., Candini, V., ... & VIORMED-2 Group. (2019). Violence risk and mental disorders (VIORMED-2): A prospective multicenter study in Italy. *PLoS One*, 14(4), e0214924.
 45. Baxter, A. J., Charlson, F. J., Somerville, A. J., & Whiteford, H. A. (2011). Mental disorders as risk factors: assessing the evidence for the Global Burden of Disease Study. *BMC medicine*, 9(1), 1-7.
 46. Borinstein, A. B. (1992). Public attitudes toward persons with mental illness. *Health affairs*, 11(3), 186-196.
 47. Cham, B., Scholes, S., Groce, N. E., & Mindell, J. S. (2019). Prevalence and predictors of smoking among Gambian men: a cross-sectional national WHO STEP survey. *International Journal of Environmental Research and Public Health*, 16(23), 4719.
 48. Cirulli, F., Laviola, G., & Ricceri, L. (2009). Risk factors for mental health: translational models from behavioural neuroscience. *Neuroscience and biobehavioral reviews*, 33(4), 493-497.
 49. Cooper, S. (2016). Research on help-seeking for mental illness in Africa: Dominant approaches and possible alternatives. *Transcultural Psychiatry*, 53(6), 696-718.
 50. Enonchong, L. (2017): Mental disability and the right to personal liberty in Africa, *The International Journal of Human Rights*.
 51. Gostin, L. O., & Davidson, L. (2019). The Rights to Mental Health and Development. In *The Routledge Handbook of International Development, Mental Health and Wellbeing* (pp. 21-42). Routledge.
 52. Galderisi, S. et al. (2015). Toward a new definition of mental health. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 14(2), 231-233.
 53. Healthline Media. (2020). What is mental health.
 54. Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2013). Mental illness stigma, help seeking, and public health programs. *American journal of public health*, 103(5), 777-780.
 55. Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of adolescent health*, 46(1), 3-10.
 56. Huntsman, L. (2008). Parents with mental health issues: Consequences for children and effectiveness of interventions designed to assist children and their families: Literature review. NSW Department of Community Services.
 57. Lake, J., & Turner, M. S. (2017). Urgent need for improved mental health care and a more collaborative model of care. *The Permanente Journal*, 21.
 58. Leighton, S. et al. (2009). Defining mental health and mental illness.
 59. Malla, A., Joobar, R., & Garcia, A. (2015). "Mental illness is like any other medical illness": a critical examination of the statement and its impact on patient care and society. *Journal of Psychiatry and Neuroscience*, 40(3), 147-150.
 60. Mannarini, S., & Rossi, A. (2019). Assessing mental illness stigma: a complex issue. *Frontiers in psychology*, 9, 2722.
 61. Manwell, L. A., Barbic, S. P., Roberts, K., Durisko, Z., Lee, C., Ware, E., & McKenzie, K. (2015). What is mental health? Evidence towards a new definition from a mixed methods multidisciplinary international survey. *BMJ open*, 5(6), e007079.
 62. Medicine Net (n.d.). Mental Illness in Children.
 63. Nicholson, P.J. (2018). Common mental disorders and work. Available at *British Medical Bulletin*, Volume 126, Issue 1, June 2018, Pages 113-121.
 64. Patel, V., & Goodman, A. (2007). Researching protective and promotive factors in mental health. *International journal of epidemiology*, 36(4), 703-707.
 65. Pierce, M., Abel, K. M., Muwonge, J., Wicks, S., Nevriana, A., Hope, H., ... & Kosidou, K. (2020). Prevalence of parental mental illness and association with socioeconomic adversity among children in Sweden between 2006 and 2016: a population-based cohort study. *The Lancet Public Health*, 5(11), e583-e591.
 66. Rerimoi, A. J., Niemann, J., Lange, I., & Timæus, I. M. (2019). Gambian cultural beliefs, attitudes and discourse on reproductive health and mortality: Implications for data

-
- collection in surveys from the interviewer's perspective. *Plos one*, 14(5), e0216924.
67. Coleman, R., Morison, L., Paine, K., Powell, R. A., & Walraven, G. (2006). Women's reproductive health and depression: a community survey in the Gambia, West Africa. *Social psychiatry and psychiatric epidemiology*, 41, 720-727.
68. Carlotto, M. S., & Câmara, S. G. (2015). Prevalence and risk factors of common mental disorders among teachers. *Revista de Psicología del Trabajo y de las Organizaciones*, 31(3), 201-206.
69. USAID (2019). Assessment of the Health System in the Gambia.
70. US National Library of Medicine (n.d.). What are mental disorders?
71. Varshney, M. et al. (2015). Violence and mental illness: what is the true story?
72. Wang, P. S., Berglund, P., & Kessler, R. C. (2000). Recent care of common mental disorders in the United States: Prevalence and conformance with evidence-based recommendations. *Journal of general internal medicine*, 15(5), 284-292.
73. WHO (2014). Social determinants of mental health.
74. WHO (2012). Risks to mental health: an overview of vulnerabilities and risk factors. *Apera voluptae coneculpa sereribus*.

Copyright: ©2023 Yahya Muhammed Bah. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.