

MENTAL HEALTH ISSUES AMONG CHILDREN AND ADOLESCENTS AND THE EFFECT OF POSITIVE PARENTING ON THOSE ISSUES

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1.ABSTRACT

This paper is about the various mental health issues among children and adolescents , about parenting, various parenting styles, positive parenting and the effect of positive parenting on the mental issues among children and adolescents. Various studies have been conducted on this topic(check review of literature) and based on those studies, the impact of positive parenting on mental health issues among children and adolescents depend on their age and sex. While positive parenting reduces suicidal thoughts and physical and social aggression among girls, these factors increase in the case of boys .

key words-positive parenting, mental health issues, children, adolescents, suicidal thoughts, age, sex, girls and boys.

2.REVIEW OF LITERATURE

There are many research conducted in this field. They are-

1.Few studies from Germany have investigated the associations between parenting styles and children and adolescent mental health. The aim of that analysis was to investigate the association between the parenting styles and the mental health issues among children and adolescents. They calculated the mean Strength and Difficulties Questionnaire (SQD) total difficulties scores stratified by parenting style Linear regression analysis adjusted for age , gender, socio-economic status and family status were performed. They also analyzed moderating effects of socio-economic, migration status and family status on associations between parenting styles and the various SQD scores

2. A sample of Chinese adolescents ($n=916$, 46% male, mean age=14.44 years, S.D=1.84 years) completed the Short Egna Hinnen Barndoms Uppfostran, the Rosenberg self-esteem scale, the avoidance and fusion questionnaire for youth, the satisfaction with life scale and depression subscale of the youth self-report.

3. Data was drawn from Canada's population based National Longitudinal Survey of children and youth. The sample included 9,882 adolescents aged 12/13 years old. Parents self-reported positive and harsh parenting when children were 6/7, 8/9 and 10/11 years old. Symptoms of depression or anxiety, hyper-activity and physical aggression, social-aggression, and suicidal ideation were self-reported by adolescents at age 12/13. Linear regression was used to examine the association between parenting behaviors at each age and adolescent psychiatric symptoms, adjusted for children's baseline symptoms.

3. INTRODUCTION

In this paper, we will look at what is parenting, the different parenting styles, positive parenting, the various mental health issues among children and adolescents and also the aim of this research is to find out the effect positive parenting has on children and adolescents with mental health issues

PARENTING

Parenting is the process of raising children and providing them with protection and care in order to ensure their healthy development into adults.

THE DIFFERENT PARENTING STYLES

The different parenting styles are-

1. Authoritarian parenting- Authoritarian parenting is the most traditional style and it is the style where parents are clearly in charge and children are expected to fall in line no matter what.
2. Authoritative parenting- Authoritative parenting enforces rules, but without discussing them and the reasons behind them.
3. Permissive parenting- Permissive parenting is a parenting style where the parents want to be their children's best friend and nurture them a lot.
4. Uninvolved or neglectful parenting- This parenting is a style where the parents are completely hands off. Their mantra is "You do what you want, I don't really care".

5. Free range parenting- Free range parenting is a type of permissive parenting, but it can include lots of rules and regulation and also it enforces that the children work by themselves.

6. Attachment parenting- It is a parenting style which is all about providing love to children and preparing a nurturing environment for them.

7. Helicopter parenting- Helicopter parenting is a type of parenting where the parents want to protect their kids, keep them happy and set them up for success so badly that they get over-involved in their lives.

POSITIVE PARENTING

Positive parenting focuses on developing a strong, deeply committed relationship between parent and child based on communication and mutual-respect. It focuses on teaching children not just what but also why. Positive parenting means training children towards self-control.

According to Caley Arsamarski, who is a proponent of positive parenting and psychologist specializing in child therapy, positive parenting essentially encourages parents to "catch kids being good" and give more positive feedback instead of always focusing on bad-behaviour.

THE THREE MAJOR COMPONENTS OF POSITIVE PARENTING-

The three major components of positive parenting are-

1. Rules and consequences are laid-out, discussed often and followed through.
2. Parents focus on helping children internalize discipline, rather than obey orders based on fear of punishment, in order to develop self-discipline.
3. Parents use active-learning listening to understand children's thought. This allows parents to correct misunderstandings or mistaken links of logic.

THE MENTAL HEALTH ISSUES AMONG CHILDREN AND ADOLESCENTS

MENTAL HEALTH ISSUES

Mental health issues are health conditions involving changes in emotions, thinking or behaviour (or a combination of these). They are associated with distress or problems functioning in social, work or family activities.

The study of mental illness is called psychopathology. First we will discuss the causes of mental health issues, its signs and later study about them in detail and study the effect positive parenting has on it.

THE CAUSES OF MENTAL HEALTH ISSUES OR AMONG CHILDREN AND ADOLESCENTS-

1. Abnormal levels of neurotransmitters like serotonin or dopamine in brain.
2. Increased activities in some areas of the brain.
3. Decrease in the size of the brain.
4. Psychological factors like stresses of body-changes, fluctuating hormones of puberty, increased independence, changes in relationship with parents, peers and others.
5. Environmental factors such as being the victim of verbal, physical or sexual -abuse, death of a loved one, peer pressure etc.

SIGNS OF MENTAL HEALTH ISSUES AMONG CHILDREN AND ADOLESCENTS-

1. Poor school or college performance
2. Persistent boredom
3. Frequent complaints and physical symptoms such as head-aches and stomach-aches.
4. Sleep or appetite -problems like sleeping too much or too little, nightmares, sleep-walking.
5. Behaviors returning to those of a younger age (regressing), like bed-wetting, throwing tantrums or becoming clingy.
6. Non-complaint or aggressive behavior.
7. More risk-taking behaviors, showing less-concerns for their own safety.

Let us now see what are the disorders which occur due to mental health issues:-

TYPES OF MENTAL HEALTH ISSUES AMONG CHILDREN AND ADOLESCENTS-

ANXIETY DISORDERS

1. Generalized Anxiety disorder (GAD)- Excessive anxiety and worry (apprehensive expectation) about a number of events or activities. The intensity, duration, or frequency of the anxiety and worry is out of

proportion to the actual likelihood or effect of the anticipated event. The individual finds it difficult to control the worry and to keep worrisome thoughts from interfering with attention to tasks at hand.

2. Social Anxiety disorder (SAD)- Marked and persistent fear of one or more social or performance situations, provoking symptoms of anxiety and causing extreme distress or avoidance of the situation.

3. Panic disorder- Recurrent, unexpected panic attacks.

4. Obsessive Compulsive Disorder (OCD)- Although the specific content of obsessions and compulsions varies among individuals, certain symptom dimensions are common in OCD, including those of cleaning, symmetry and forbidden or taboo thoughts.

MOOD DISORDERS

1. Adjustment disorder with depressed mood- The development of emotional or behavioral symptoms in response to an identifiable stress

2. Bipolar disorder- A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days and present most of the day, nearly every day, or that requires hospitalization.

3. Major Depressive Disorder- A period of at least 2 weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities. In children and adolescents, the mood may be irritable rather than sad.

4. Premenstrual Dysphoric Disorder- The cyclic recurrence of severe, sometimes disabling, changes in affect—such as mood lability, irritability, dysphoria, and anxiety—that occur in the luteal phase of a woman's menstrual cycle and subside around, or shortly after, the onset of menses. These symptoms may be accompanied by the common physical and behavioral symptoms of premenstrual syndrome.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)- Symptoms of inattention and hyperactivity or impulsivity present for at least 6 months to a degree that is maladaptive and inconsistent with developmental level.

DISRUPTIVE BEHAVIOUR DISORDERS

1. Conduct disorder- Repetitive and persistent pattern of behavior that violates the basic rights of others or the age-appropriate societal norms, including aggression to people and animals, destruction of property, deceitfulness or theft, or serious violation of rules.

2. **Oppositional Defiant disorder-** Pattern of negativistic, hostile, and defiant behavior that includes four or more of the following—often losing temper, often arguing with adults, often refusing to follow rules, often annoying others, often blaming others, often angry or resentful, often spiteful or vindictive.

FACTORS OF PARENTING WHICH AFFECT ADOLESCENT AND CHILDREN'S MENTAL HEALTH-

1. Parental depression
2. Family function
3. The children/ adolescent distress
4. Parental-monitoring
5. Social and emotional factors.

4. METHODOLOGY

The method used is Google search where various experiments and surveys conducted regarding this topic were read.

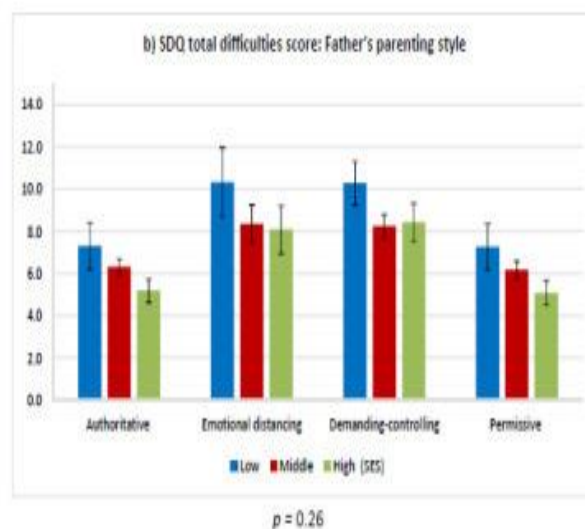
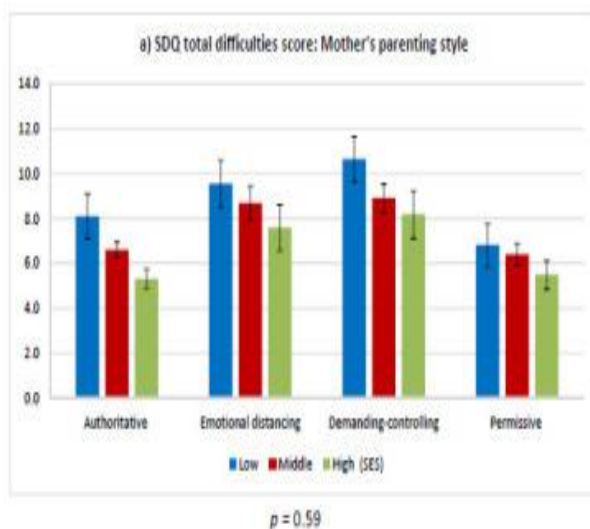
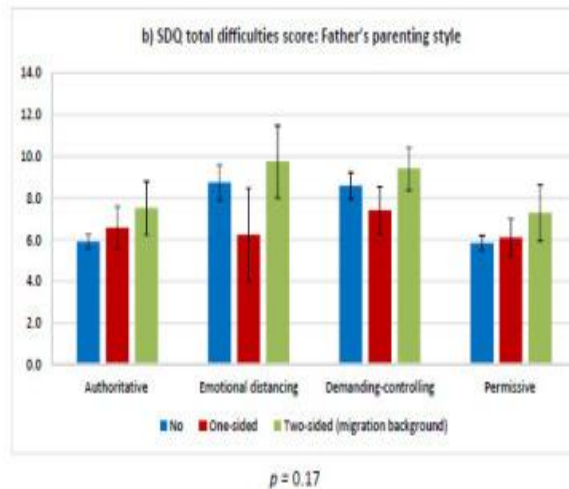
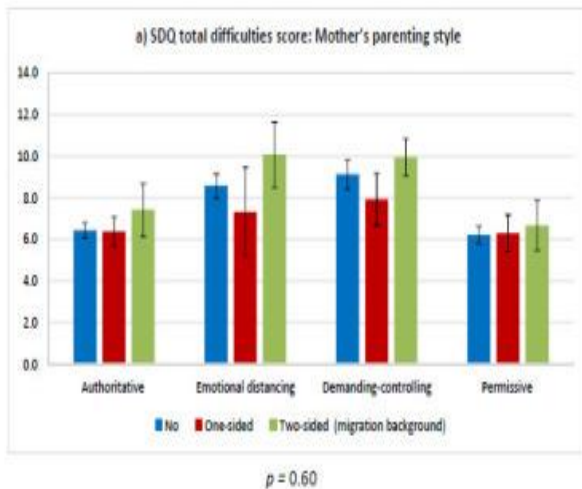
5. SIGNIFICANCE

The reason for conducting this research is to know the relation between positive parenting and the effect it has on the children and adolescent mental health. The idea is to find out the relation between mental health issues among children and adolescents and positive parenting. The dependent variable is mental health issues among children and adolescents and the independent variable is positive parenting

6. RESULT

As per the studies conducted above (in review of literature), the results are-

1. The result was—parenting behaviour is an important predictor of children and adolescent mental health. The promotion of good relationships with families and improving parenting skills offer promising approaches for health promotions in young people.



2. Results show that the self-esteem and psychological inflexibility play a chain mediating role in the relationship between parenting style and adolescent mental health significantly, parental emotional warmth had a positive effect on adolescent mental health through the chain mediating effects of self esteem and psychological inflexibility. Parental rejection and parental over protection had negative effects on adolescent mental health by lowering self esteem but increasing psychological inflexibility. These results provide further guidance in the prevention of and intervention in adolescent mental health problems.

	1	2	3	4	5	6	7	8	9	10
1. PEW	1									
2. PR	-0.51	1								
3. POP	-0.20	0.58	1							
4. MEW	0.86	-0.43	-0.21	1						
5. MR	-0.46	0.75	0.43	-0.54	1					
6. MOP	-0.22	0.50	0.78	-0.22	0.57	1				
7. SE	0.45	-0.37	-0.27	0.47	-0.36	-0.27	1			
8. PI	-0.30	0.35	0.31	-0.28	0.34	0.35	-0.55	1		
9. LS	0.49	-0.40	-0.27	0.50	-0.41	-0.28	0.54	-0.35	1	
10. Dep	-0.33	0.46	0.40	-0.34	0.45	0.41	-0.65	0.65	-0.48	1
M	19.42	8.95	16.71	20.34	9.20	17.77	28.89	21.52	20.27	24.90
SD	4.96	3.30	4.08	4.71	3.31	4.23	5.42	6.07	5.48	6.31

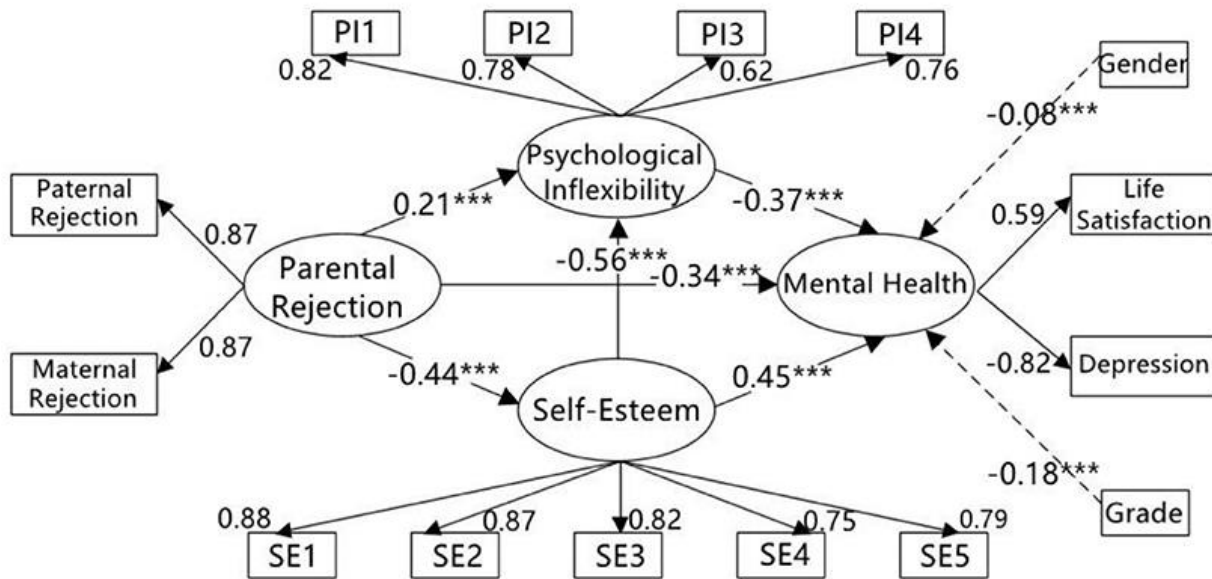
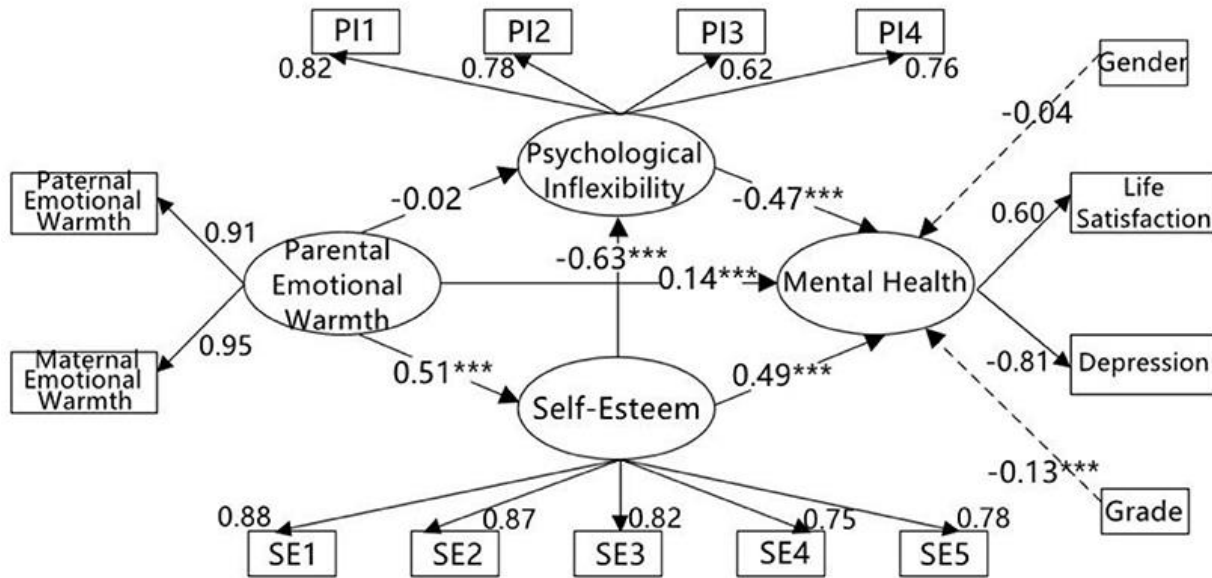
PEW, paternal emotional warmth; MEW, maternal emotional warmth; PR, paternal rejection; MR, maternal rejection; POP, paternal over-protection; MOP, maternal over-protection; SE, self-esteem; PI, psychological inflexibility; LS, life satisfaction; Dep, Depression; all the rs are significant at $p < 0.01$.

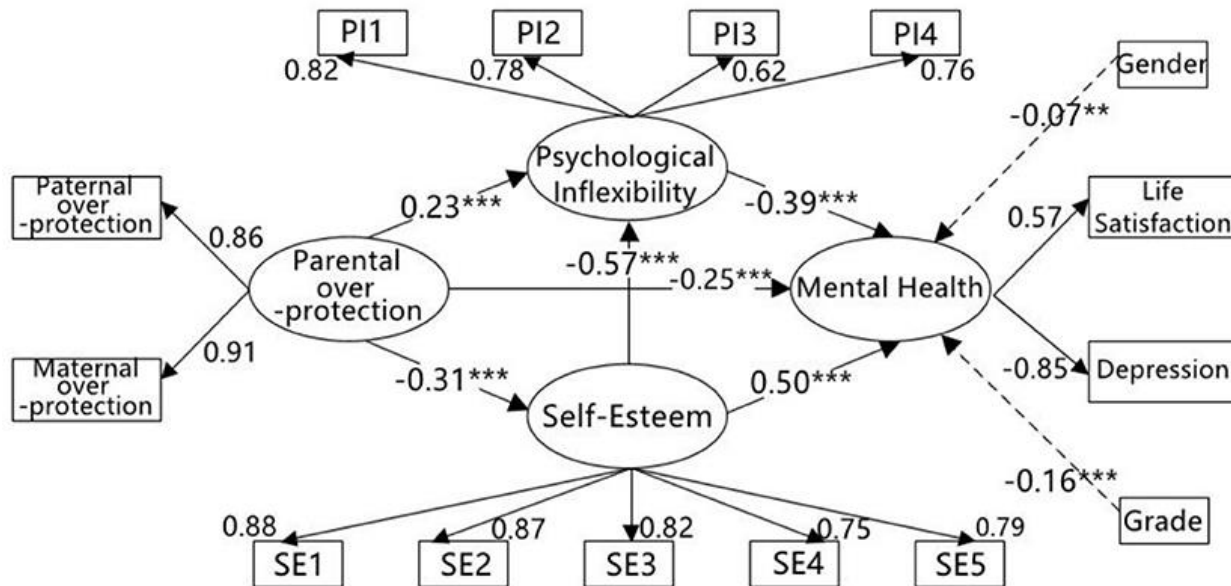
Model	χ^2/df	CFI	TLI	RMSEA (90% CI)
M1 Parental emotional warmth and mental health	5.30	0.95	0.94	0.069 (0.062,0.075)
M2 Parental rejection and mental health	4.51	0.96	0.95	0.062 (0.056,0.068)
M3 Parental over-protection and mental health	4.22	0.96	0.95	0.059 (0.053,0.066)

CFI, comparative fit index; TLI, Tucker-Lewis index; RMSEA, root mean square error of approximation.

	Effect	Path	Standardized β	The size of effects	95% CI
Model 1	Total	PEW → MH	0.55		
	Direct	PEW → MH	0.14		
	Indirect1	PEW → SE → MH	0.25	45.45%	0.13, 0.24
	Indirect2	PEW → PI → MH	0.01	1.82%	-0.02, 0.03
	Indirect3	PEW → SE → PI → MH	0.15	27.27%	0.08, 0.14
Model 2	Total	PR → MH	-0.70		
	Direct	PR → MH	-0.34		
	Indirect1	PR → SE → MH	-0.20	28.57%	-0.30, -0.16
	Indirect2	PR → PI → MH	-0.08	11.43%	-0.13, -0.05
	Indirect3	PR → SE → PI → MH	-0.09	12.86%	-0.14, -0.07
Model 3	Total	POP → MH	-0.56		
	Direct	POP → MH	-0.25		
	Indirect1	POP → SE → MH	-0.16	28.57%	-0.20, -0.09
	Indirect2	POP → PI → MH	-0.09	16.07%	-0.11, -0.05
	Indirect3	POP → SE → PI → MH	-0.07	12.50%	-0.09, -0.04

PEW, parental emotional warmth; PR, parental rejection; POP, parental over-protection; PI, psychology inflexibility; SE, self-esteem; MH, mental health.





3. The result of positive parenting on children aged 10-11 was associated with increased mental health issues like anxiety, depression, physical and social aggression and suicidal intention among boys but decreased symptoms of physical and social aggression and suicidal intention among girls. Significant sex difference emerged beginning at the age 8/9 with the parenting associated with higher symptoms of depression or anxiety for boys only.

Table 1. Descriptive Characteristics for Children Age 6 to 7, 8 to 9, and 10 to 11.

Characteristic	Age 6 to 7			Age 8 to 9			Age 10 to 11		
	Full sample	Girls (n = 3,246)	Boys (n = 3,200)	Full Sample	Girls (n = 4,095)	Boys (n = 4,087)	Full Sample	Girls (n = 4,911)	Boys (n = 4,971)
Parenting style—M (SD)									
Positive interactions	13.05 (2.61)	12.99 (2.59)	13.11 (2.62)	12.2 (2.58)	12.07 (2.6)	12.33 (2.55)*	11.74 (2.66)	11.70 (2.64)	11.78 (2.69)
Punitive parenting	8.72 (1.92)	8.68 (1.95)	8.77 (1.90)*	7.80 (2.58)	7.71 (2.58)	7.88 (2.58)*	6.99 (2.87)	6.94 (2.82)	7.04 (2.92)*
Outcome at age 12 to 13									
Suicidal thought—n (%)	362 (3.4%)	229 (4.5%)	134 (2.5%)*	472 (3.8%)	298 (5.0%)	174 (2.8%)*	491 (3.6%)	311 (4.6%)	180 (2.6%)*
Depression/anxiety—M (SD)	3.31 (2.68)	3.73 (2.77)	2.89 (2.52)*	3.39 (2.79)	3.78 (2.86)	3.01 (2.67)*	3.43 (2.82)	3.83 (2.89)	3.04 (2.68)*
Hyperactivity—M (SD)	3.87 (2.79)	3.54 (2.68)	4.19 (2.87)*	3.95 (2.87)	3.63 (2.78)	4.26 (2.93)*	3.96 (2.89)	3.68 (2.80)	4.25 (2.95)*
Conduct disorder—M (SD)	1.07 (1.72)	0.78 (1.48)	1.35 (1.88)*	1.11 (1.76)	0.81 (1.55)	1.41 (1.90)*	1.13 (1.78)	0.81 (1.53)	1.44 (1.94)*
Social aggression—M (SD)	1.42 (1.70)	1.49 (1.74)	1.36 (1.65)*	1.47 (1.73)	1.52 (1.77)	1.42 (1.68)*	1.52 (1.75)	1.55 (1.77)	1.48 (1.73)*
Caregiver characteristics at baseline									
Sex, female—n (%)	5,967 (92.6%)	3,014 (92.9%)	2,952 (92.3%)	7,496 (91.6%)	3,763 (91.9%)	3,733 (91.3%)	9,062 (91.7%)	4,516 (91.9%)	4,547 (91.5%)
Biological parent—n (%)	6,321 (98.1%)	3,177 (97.9%)	3,144 (98.3%)	8,003 (97.8%)	4,000 (97.7%)	4,003 (98.0%)	9,627 (97.4%)	4,771 (97.1%)	4,857 (97.7%)
Postsec. degree—n (%)	2,797 (43.5%)	1,365 (42.2%)	1,432 (44.8%)*	3,456 (42.4%)	1,654 (40.5%)	1,802 (44.3%)*	4,186 (42.6%)	1,994 (40.9%)	2,193 (44.3%)*
Smoking status—n (%)									
Daily	1,587 (24.9%)	766 (23.9%)	821 (25.9%)	1,924 (23.7%)	896 (22.0%)	1,028 (25.4%)*	2,221 (22.7%)	1,064 (21.9%)	1,157 (23.5%)
Occasionally	287 (4.5%)	145 (4.5%)	142 (4.5%)	366 (4.5%)	188 (4.6%)	178 (4.4%)	399 (4.1%)	200 (4.1%)	199 (4.0%)
Currently unemployed—n (%)	1,507 (23.6%)	794 (24.7%)	713 (22.5%)	1,664 (20.3%)	849 (20.9%)	815 (20.1%)	1,785 (18.1%)	874 (18.0%)	911 (18.5%)
SES (LICO ratio)—M (SD)	2.06 (1.43)	2.06 (1.38)	2.07 (1.48)	2.12 (1.49)	2.08 (1.39)	2.16 (1.59)	2.19 (1.52)	2.14 (1.41)	2.24 (1.62)*
Binge drinking—M (SD)	2.07 (9.32)	1.90 (7.00)	2.25 (11.19)	2.27 (11.28)	2.42 (13.19)	2.12 (8.95)	2.11 (9.09)	2.11 (8.69)	2.11 (9.47)
Depression score—M (SD)	4.33 (5.10)	4.33 (5.11)	4.34 (5.09)	4.37 (5.40)	4.42 (5.40)	4.32 (5.40)	4.26 (5.29)	4.37 (5.45)	4.15 (5.13)
Age—M (SD)	35.68 (5.17)	35.69 (5.28)	35.68 (5.05)	37.53 (5.24)	37.61 (5.35)	37.46 (5.13)	39.44 (5.42)	39.51 (5.62)	39.37 (5.20)*

Note. Abbreviations: SES = socioeconomic status; LICO = low-income cutoff.

*Frequency of binge drinking in the past 12 months.

*Sex difference significant at $P < 0.05$.

7.CONCLUSION

The impact of positive parenting on mental health issues among children and adolescents depend on their age and sex. While positive parenting reduces suicidal thoughts and physical and social aggression among girls, these factors increase in the case of boys .

The self-esteem and psychological inflexibility play a chain mediating role in the relationship between parenting style and adolescent mental health. Also, parenting behaviour is an important predictor of child and adolescent mental health.

Thus we can conclude that the effect of positive parenting effects the mental health issues among children and adolescents depending on the two factors-their age and their sex.

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