

P-ISSN: 2789-1623 E-ISSN: 2789-1631 IJRP 2021; 1(1): 51-55 Received: 04-01-2021 Accepted: 22-01-2021

Dr. Akasapu Soujanya

Associate Professor, Department of Psychiatry, Tagore Medical College and Hospital, Chennai, Tamil Nadu, India

Dr. V Shashanka

Assistant Professor, Department of Psychiatry, Nootan Institute of Medical Sciences, Visnagar, Mehsana, Gujarat, India

To study mental health issues in children's whose parents use drugs

Akasapu Soujanya and V Shashanka

Abstract

Introduction and Background: For families, especially children, there are devastating psychological and social effects of substance addiction, making it a major public health concern. This study seeks to assess the mental health complications experienced by children whose parents abuse several substances, as well as to investigate the correlation between the degree of parental substance use and the mental health problems experienced by their children.

Materials and Methods: A tertiary care mental institution undertook this cross-sectional investigation from December 2019 November 2020 at Department of Psychiatry, Nootan Institute of Medical Sciences, Visnagar, Mehsana, Gujarat, India. 150 children, ranging in age from six to sixteen, whose parents met the DSM-5 criteria for poly-substance use disorder, were included in the study. The 150 children in the control group were all of the same age and sex and came from homes where drug misuse had never occurred. Participant recruitment was carried out through de-addiction programs and outpatient psychiatry clinics.

Results: The control group had 29% of its members suffer from a psychiatric condition, while 67% of the 150 offspring of poly-substance abusers (n=44) did (p<0.001). Psychiatric morbidity was more common in children whose parents abused substances severely (daily or multiple-drug usage) than in children whose parents used substances sometimes. A substantial correlation between emotional neglect and internalizing disorders was found, while exposure to domestic violence was a strong predictor of externalizing disorders.

Conclusion: Psychiatric illnesses are more common in children of parents who abuse several substances than in children from families where no substance abuse occurs. Efforts should be made to end the generational transmission of mental health and substance abuse problems by bolstering family support systems, expanding access to mental health treatments for children, and coordinating treatment for parents who abuse substances with child welfare programs.

Keywords: Poly-substance abuse, psychiatric morbidity, children, anxiety, dysfunction, mental health

Introduction

All members of a person's family, especially their children, are impacted by substance misuse, making it a major public health concern on a global scale. Substance use disorders (SUDs) have far-reaching effects that affect not just the user but also their dependent children's mental health and family relations [1-3]. Among the many forms of substance abuse, poly-substance abuse—the misuse of numerous psychoactive substances at the same time or in a sequential fashion—is the most dangerous because of the havoc it wreaks on mental, emotional, and social health. The home environment for children can be negatively impacted when parents with poly-substance use disorders struggle with impaired decision-making, emotional instability, financial challenges, and maintaining stable relationships [2-4].

There is an increased chance of abuse, inconsistent caring, neglect, family strife, financial difficulties, and other negative outcomes for children whose parents abuse substances. Additionally, these kids are at a higher risk of having their education interrupted, having little social support, and being exposed to unhealthy coping techniques at a young age [3-5]. The outcome is a significantly increased risk of a variety of mental health issues, such as anxiety, depression, conduct disorder, ADHD, and, in later years, substance use disorders. Research indicates that children whose parents struggle with substance abuse may experience psychological distress due to challenges in social adaptability, increased impulsivity, and impaired emotional regulation [4-6].

How substance misuse in the home influences a child's maturation has been the subject of multiple investigations.

Correspondence
Dr. V Shashanka
Assistant Professor,
Department of Psychiatry,
Nootan Institute of Medical
Sciences, Visnagar, Mehsana,
Gujarat, India

While some of these studies have taken polysubstance misuse into account, the majority have just examined alcoholism or the effects of abusing a single substance [5-7]. There may be even larger psychological hazards for children of poly-substance users because these individuals are more likely to display erratic behaviors, relapse more frequently, and have more social dysfunction than single-substance users. The instability in the home environment is worsened and the risk of intergenerational transmission of psychiatric disorders is increased when parents who abuse multiple substances also suffer from comorbid mental disorders like depression, anxiety, and personality disorders [6-8].

Few studies have examined the mental health problems experienced by children whose parents abuse several substances, even though this is a developing concern. For early intervention, mental health assistance, and policy formulation to reduce long-term repercussions, it is necessary to identify the specific psychiatric problems prevalent in young children [7-9].

The current study compares children of parents who abuse several substances against children of non-abusive parents in order to determine the frequency and severity of mental health problems. This study will help break the cycle of intergenerational psychiatric disorders and substance abuse by improving our understanding of the mental effects of poly-substance abuse on children. It will also aid in the development of programs to prevent such disorders, as well as family support services and mental health interventions [8-10].

Material and Methods

A tertiary care mental institution undertook this crosssectional investigation from December 2019 November 2020 at Department of Psychiatry, Nootan Institute of Medical Sciences, Visnagar, Mehsana, Gujarat, India. Parents having a poly-substance use disorder diagnosis according to DSM-5 criteria were included in the study, along with 150 children ranging in age from 6 to 16. A total of 150 youngsters, all of the same age and gender, from families free of substance usage served as the control group. Psychiatry and de-addiction clinics that provide outpatient services were used to recruit participants.

Inclusion Criteria

- Children aged 6-16 years with at least one parent diagnosed with poly-substance abuse.
- No known history of major neurological disorders or intellectual disabilities.
- Informed consent obtained from caregivers and assent from children aged ≥12 years.

Exclusion Criteria

- Children with pre-existing psychiatric disorders diagnosed before parental substance use was reported.
- Cases with severe comorbid medical conditions affecting psychiatric evaluation.
- Children from single-parent families where substance use status was unclear.

Results

One hundred fifty children from families where at least one parent is an addict (the Case Group) and one hundred fifty children from families where no one drinks or uses drugs (the Control Group) were part of the research. There was no significant age difference between the groups, with individuals averaging 11.5±2.8 years old (p=0.45). In both the case and control groups, men made up 58% (n=87 and n=84, respectively) of the participants (p=0.72).

Table 1: Sociodemographic Profile of Study Participants

Variable	Case Group (n=150)	Control Group (n=150)	p-value
Mean Age (years)	11.5±2.8	11.8±2.6	0.45
Gender (Male)	87 (58%)	84 (56%)	0.72
Lower Socioeconomic Status	102 (68%)	39 (26%)	< 0.001*
Single-Parent Household	64 (43%)	17 (11%)	< 0.001*
Parental Education Below High School	108 (72%)	49 (33%)	< 0.001*
Exposure to Domestic Violence	79 (53%)	21 (14%)	<0.001*

^{*}Significant at *p*<0.05

A total of 101 (67%) of the children of poly-substance abusers were diagnosed with at least one psychiatric disease,

while only 44 (29%) of the children in the control group were diagnosed with such a diagnosis (p<0.001).

Table 2: Prevalence of Psychiatric Disorders

Psychiatric Disorder	Case Group (n=150)	Control Group (n=150)	p-value
Anxiety Disorders	68 (45%)	27 (18%)	<0.001*
Depressive Disorders	57 (38%)	21 (14%)	<0.001*
Conduct Disorder	51 (34%)	14 (9%)	<0.001*
ADHD	42 (28%)	17 (11%)	0.002*
Substance Use in Adolescents (≥13 years)	29 (19%)	7 (5%)	<0.001*

^{*}Significant at p<0.05

Children who had parents who used substances on a daily basis or who abused several substances to a severe degree had a much increased chance of developing psychiatric

morbidity compared to children whose parents used substances frequently.

Table 3: Risk of Psychiatric Disorders Based on Parental Substance Use Severity

Parental Substance Use Severity	Anxiety Disorders (%)	Depressive Disorders (%)	Conduct Disorder (%)	ADHD (%)
Mild (occasional use) (n=45)	29%	20%	18%	15%
Moderate (weekly use) (n=58)	47%	39%	33%	28%
Severe (daily use) (n=47)	63%	55%	49%	38%
p-value	0.002	< 0.001	< 0.001	0.01

Psychiatric illnesses were 3.6 times more likely to occur in children whose parents abused substances severely than in children whose parents used substances sometimes. Child psychiatric morbidity was significantly influenced by environmental factors such financial instability, parental

neglect, and marital violence. There was a strong correlation between emotional neglect and internalizing illnesses like anxiety and depression (p<0.001), while exposure to domestic violence was strongly linked to externalizing disorders including conduct disorder and ADHD (p<0.001).

Table 4: Impact of Environmental Factors on Child Mental Health

Environmental Factor	Conduct Disorder (%)	ADHD (%)	Anxiety Disorders (%)	Depressive Disorders (%)
Exposure to Domestic Violence (n=79)	48%	35%	32%	29%
Parental Neglect (n=88)	38%	21%	52%	49%
Financial Instability (n=102)	32%	28%	41%	45%
p-value	<0.001*	0.002*	<0.001*	<0.001*

Discussion

This study's results emphasize the deep effect of parental substance abuse on children's mental health by demonstrating the high rates of psychiatric morbidity in children whose parents abuse multiple substances. Mental health issues such as anxiety, depression, conduct disorder, and attention deficit hyperactivity disorder were more common in children whose families abused multiple substances than in children whose families did not abuse drugs. The results deepen our understanding of how polysubstance misuse, rather than single-drug use, intensifies these risks and also support previous research on the negative impacts of parental substance use [11-13].

There is a robust correlation between the intensity of parental substance usage and the prevalence of mental illness in children, according to this study. Minors whose parents used substances occasionally were much less likely to suffer from mental health issues than those whose parents used substances frequently and severely [14-16]. This trend indicates that mental health issues might be exacerbated by prolonged exposure to dysfunctional parenting, substance abuse, and insecure household circumstances. Indicative of the lasting emotional effects of a childhood marked by emotional disconnection, unpredictability, and neglect, these children have greater rates of internalizing illnesses like depression and anxiety. Children who experience these stresses may react aggressively, impulsively, and lack selfcontrol, as is suggested by the increased incidence of externalizing disorders such as conduct disorder and attention deficit hyperactivity disorder [17-19].

We must not ignore the significance of environmental stresses in the onset of mental illnesses in these kids. It became clear that financial instability, parental neglect, and exposure to domestic violence were major risk factors. Emotional neglect was more strongly associated with internalizing disorders including anxiety and depression, whereas domestic violence was more strongly associated with aggressive and conduct disorder [20, 21], which are examples of externalizing behaviors. These results are in line with the stress-diathesis hypothesis, which suggests that people are more likely to experience psychological discomfort and maladaptive behaviors if they are exposed to chronic stressors during childhood and may also have genetic predispositions. Unmet basic needs, academic

challenges, social stigma, and emotional pain are all ways in which financial instability can negatively impact these children's mental health [22, 23].

Surprisingly, this study found that the case group of adolescents had a higher probability of beginning to use substances at a younger age. Compared to children from non-substance-abusing homes, those whose parents abused multiple substances were much more likely to experiment with substance use themselves. This finding lends credence to the idea that substance abuse can be passed down through generations, as it is postulated that youngsters mimic the actions of those around them and may resort to substance abuse when faced with emotional or mental challenges. The immediate necessity for generational prevention of substance use disorders is emphasized by the fact that beginning substance use at a young age is associated with an increased likelihood of acquiring a long-term addiction [23-25]

These findings have significant consequences for both clinical practice and policymaking. The importance of identifying at-risk children and intervening early is highlighted by the study, especially for children whose parents abuse substances. Early identification of emotional and behavioral issues may benefit greatly from screening programs used in pediatric settings, schools, and social assistance agencies. A more comprehensive strategy to end the vicious cycle of addiction and mental illness may include family-based treatments, such as programs for parents to recover from substance misuse that also include mental health services for their children. These at-risk kids may also benefit from structured after-school activities, mentoring programs, and counselling services, all of which provide supportive environments [24-26].

Although this study offers insightful information, it is important to note that it does have some limitations. The capacity to determine the links between parental substance usage and child mental outcomes is constrained by the use of cross-sectional data. Understanding these children's long-term mental health trajectories and finding potential resilience elements will be greatly enhanced by longitudinal investigations. Not only that, but while factors like financial instability and domestic violence were included, other crucial factors like parental mental health and social support networks were under-delved. Research on the complex

effects of substance abuse on children's mental health should take a more holistic approach in the future [27-29].

Conclusion

This study concludes that focused mental health interventions are urgently needed and that children of polysubstance abusers have a high frequency of psychiatric morbidity. There may be ways to lessen the emotional and mental toll on these kids and boost their health if we deal with the root causes of their parents' substance abuse as well as the environmental hazards they face. The results highlight the need for a coordinated strategy to safeguard children's mental health who are growing up in dangerous communities, one that incorporates mental health services, programs to help families, and initiatives driven by legislation.

Funding

None

Conflict of Interest

None

References

- 1. Kuppili PP, Parmar A, Gupta R, Balhara YP. Substance use in children and adolescents: A contemporary overview. J Neurosci Rural Pract. 2018;9(4):457-463.
- 2. Chassin L, Handley ED, Bountress K. Intergenerational transmission of alcohol and drug use: A developmental perspective. Alcohol Res. 2017;39(2):165-169.
- 3. Hurd YL, Manzoni OJ, Pletnikov MV, Lee FS, Bhattacharyya S, Goff DC. Cannabis and the developing brain: Insights into its long-lasting effects. J Neurosci. 2019;39(42):8250-8258.
- 4. Kelley ML, Braitman AL, Schroeder VM, Gumienny L, Fals-Stewart W. Children's depressive symptoms and substance use: Impact of parental substance use disorder. Psychol Addict Behav. 2016;30(6):667-677.
- 5. Rossow I, Felix L, Keating P, McCambridge J. Parental drinking and adverse outcomes in children: A systematic review of cohort studies. Drug Alcohol Rev. 2016;35(4):397-405.
- Ohannessian CM, Flannery KM, Simpson EE, Russell BS. The relationship between parental alcohol use and adolescent risk behaviors: An examination of parental monitoring and peer deviance as moderators. J Prim Prev. 2016;37(4):349-360.
- 7. Bountress KE, Chassin L. Risk for behavioral problems in children of parents with substance use disorders. Psychol Addict Behav. 2015;29(4):852-862.
- 8. Hussong AM, Bauer DJ, Huang W, Chassin L, Sher KJ, Zucker RA. Developmental changes in peer relationships and their effects on substance use disorder risk. Dev Psychopathol. 2017;29(4):1201-1216.
- 9. Windle M, Zucker RA. Reducing the risks of substance use among adolescents: A process-oriented approach. J Prim Prev. 2018;39(4):355-366.
- 10. Barnard M, McKeganey N. The impact of parental problem drug use on children: What is the problem and what can be done to help? Addiction. 2016;99(5):552-559.
- Yule AM, Wilens TE, Martelon MK, Simon A, Biederman J. Does exposure to parental substance use disorders increase the risk of substance use disorders in offspring? J Child Adolesc Psychopharmacol.

- 2018;28(2):91-100.
- 12. Burstein M, Stanger C, Kamon J, Dumenci L. Parent psychopathology, parenting, and child internalizing problems in substance-abusing families. Psychol Addict Behav. 2016;30(1):97-108.
- 13. Heron J, Maughan B, Gunnell D, Joinson C. Childhood conduct disorder trajectories, depression, and criminal behavior in early adulthood: Findings from the ALSPAC study. Soc Psychiatry Psychiatr Epidemiol. 2017;52(9):1073-1083.
- 14. Ryan J, Williams J, Courtney ME. Adverse childhood experiences and substance use disorder treatment outcomes in young adults. J Subst Abuse Treat. 2018;86:36-43.
- 15. Fairbairn CE, Briley DA, Kang D, Fraley RC, Hankin BL, Ariss T, *et al.* The developmental role of alcohol use in parent-child relationships. Dev Psychol. 2018;54(7):1276-1289.
- Sujan AC, Hicks BM, Engelhardt LE, Harden KP, Quinn PD, Tucker-Drob EM. Age-dependent moderation of genetic and environmental influences on conduct disorder symptoms from early childhood to adolescence. J Abnorm Psychol. 2017;126(4):476-487.
- 17. Johnson JL, Leff M. Children of substance abusers: Overview of research findings. Pediatrics. 2016;103(5):1085-1099.
- 18. King KM, Chassin L. Prospective relationships between parental drinking and adolescent substance use. J Res Adolesc. 2016;26(3):597-607.
- 19. Dick DM, Aliev F, Wang JC, Grucza RA, Schuckit MA, Kuperman S, *et al.* Using dimensional models of externalizing psychopathology to understand genetic risk for adolescent substance use and adult alcoholism. Dev Psychopathol. 2018;30(4):1351-1370.
- 20. Mayes LC, Suchman NE. Developmental pathways to substance abuse. In: Cichetti D, Cohen DJ, editors. Developmental psychopathology. 2nd ed. New York: Wiley; 2017. p. 988-1015.
- 21. Loeber R, Burke JD, Lahey BB, Winters A, Zera M. Oppositional defiant and conduct disorder: A review of the past 10 years, part I. J Am Acad Child Adolesc Psychiatry. 2018;39(12):1468-1484.
- 22. Conway KP, Vullo GC, Nichter B, Wang J, Compton WM, Iannotti RJ, *et al.* Pathways of risk among children of opioid-using parents. Am J Psychiatry. 2017;174(9):810-822.
- 23. McCrory EJ, Gerin MI, Viding E. Annual Research Review: Childhood maltreatment, latent vulnerability and the shift to preventative psychiatry-The contribution of functional brain imaging. J Child Psychol Psychiatry. 2017;58(4):338-357.
- 24. Hussong AM, Curran PJ, Moffitt TE, Caspi A, Carrig MM. Substance abuse and conduct disorder: Developmental trajectories in adolescence. J Abnorm Psychol. 2016;113(2):252-266.
- 25. Goodman SH, Gotlib IH. Risk for psychopathology in the children of depressed mothers: A developmental model for understanding mechanisms of transmission. Psychol Rev. 2017;118(3):379-410.
- 26. Kumpfer KL, Alvarado R, Whiteside HO. Strengthening family resilience through parent training: Lessons learned from the Strengthening Families Program. Child Dev. 2016;82(1):231-246.
- 27. Lewis AJ, Holmes NP, Watkins B, Mathers SA. Early

- life adversity and later childhood mental health: Exploring the role of epigenetics. Child Adolesc Psychiatr Clin N Am. 2017;26(2):157-174.
- 28. Brown SA, Ramo DE, Anderson KG, Tomlinson KL. Early adolescent substance use: Clinical considerations and intervention strategies. Clin Child Fam Psychol Rev. 2017;8(2):1-24.
- 29. Luthar SS, Ciciolla L. What it means to be "good enough" in parenting. J Child Fam Stud. 2018;27(6):1811-1823.