

A Study on the coping strategies, perceived social support, attitudes towards mental health problems on the overall wellbeing among adolescents of parents diagnosed with schizophrenia

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Abstract

Background

Schizophrenia is a severe mental health disorder that profoundly impacts not only the individual diagnosed but also their family members, particularly their children and adolescents. Adolescents with parents diagnosed with schizophrenia face unique challenges that can affect their psychological and emotional wellbeing. This study aims to fill the gap in existing literature by focusing on their coping strategies, perceived social support, and attitudes towards mental health problems, and examining how these factors affect their overall wellbeing.

Aims and Objectives

1. To identify the common coping strategies used by adolescents of parents with schizophrenia.
2. To assess the levels of perceived social support among these adolescents.
3. To explore their attitudes towards mental health problems.
4. To examine the relationship between coping strategies, social support, attitudes towards mental health, and overall wellbeing.

Methods

The hospital-based, single-centered descriptive study involved 45 adolescent offspring (aged 12-19 years) of parents diagnosed with schizophrenia, selected using purposive sampling. Data collection tools included a semi-structured proforma for socio-demographic details and clinical history, the Adolescent Coping Orientation for Problem Experiences (A-COPE), the Multidimensional Scale of Perceived Social Support, KIDS 52, and the Attitudes Towards Mental Health Problems scale.

Results

The study revealed that adolescents of parents with schizophrenia primarily rely on self-reliance and optimism(mean=3.30), with low tendencies to seek professional support(mean=1.82). They reported high levels of support from significant others, indicating strong personal networks(mean=5.10). Moderate levels of internal (mean=0.91) and external shame (mean=0.81) highlight ongoing stigma. While their physical health is good(mean=3.47), their emotional wellbeing is moderate(mean=1.98), suggesting the need for targeted interventions to improve their emotional resilience and reduce stigma.

Conclusion

In conclusion, this study sheds light on the coping strategies, perceived social support, and attitudes towards mental health among adolescents of parents diagnosed with schizophrenia. It underscores the

importance of self-reliance and optimism in their coping mechanisms, alongside significant support from personal networks. However, moderate levels of stigma indicate ongoing challenges. Addressing these issues through targeted interventions is crucial to improving their emotional resilience and overall wellbeing.

Introduction

"Wellbeing" encapsulates physical, psychological, and moral health, reflecting happiness and fulfillment across different philosophical and cultural perspectives.¹ Aristotle's concept of "eudaimonia" from the *Nicomachean Ethics* emphasizes virtue and fulfilling one's potential, emphasizing a meaningful life beyond mere pleasure or material wealth. Perspectives on happiness vary widely among individuals, ranging from external achievements to inner harmony, with Aristotle positing happiness as the ultimate goal of human action.² During the Renaissance, Thomas Hobbes' "Leviathan" argued for a strong government to ensure individual safety and wellbeing, reflecting secular perspectives on happiness, albeit critiqued for its authoritarian implications.³ Conversely, Eastern philosophies like Confucianism, Buddhism, and Taoism prioritize inner harmony and spiritual wellbeing as life's true purpose, aligning individuals with their environment. In modern social sciences, wellbeing integrates physical, psychological, and social dimensions, defined by positive emotions, life satisfaction, and effective functioning.^{4,5,6} Ryff's six-factor model and Keyes' concept of flourishing illustrate dimensions of wellbeing including self-acceptance, personal growth, purpose in life, autonomy, and positive relationships.^{7,8} Wellbeing is dynamic, shaped by genetics, personality, and external factors, and can be intentionally cultivated through positive activities and mindset shifts, as proposed by Seligman's PERMA model.⁹ Social relationships enhance wellbeing by fostering emotional resilience and adaptive responses to stressors.¹⁰

Coping strategies are crucial cognitive and behavioral efforts to manage stressors, categorized into problem-focused and emotion-focused approaches.^{11,12} Adaptive coping strategies effectively reduce stress and enhance wellbeing, while maladaptive strategies exacerbate stress and lead to negative outcomes.¹³ Adolescents' coping strategies are influenced by individual traits, past experiences, and support networks, impacting their resilience and overall wellbeing during critical developmental stages.¹⁴ Adolescents in families affected by severe mental illness face unique challenges that impact their emotional, social, and cognitive development, including heightened stress and caregiving responsibilities beyond their developmental capacity.^{15,16} Attitudes towards mental health vary across cultures, influencing perceptions and responses to mental illness. Stigma remains a significant barrier, rooted in negative stereotypes and discrimination, which can lead to social exclusion and reluctance to seek help.^{17,18} Positive attitudes and increased awareness are crucial in reducing stigma and promoting mental health literacy, fostering empathy and support within communities.¹⁹ Perceived social support plays a pivotal role in buffering stressors and enhancing emotional wellbeing, encompassing emotional, instrumental, and informational support from social networks. It contributes to better psychological

adjustment, self-esteem, and lower levels of anxiety and depression among adolescents and adults alike. Perceptions of social support vary based on individual traits, attachment styles, and cultural contexts, influencing its effectiveness in promoting adaptive coping and overall wellbeing.²⁰

The literature on the challenges faced by children and adolescents of parents with schizophrenia reveals a complex landscape of psychological, social, and familial impacts. Studies such as Al Omari et al. highlight the profound difficulties these youth encounter, including delayed treatment due to inadequate understanding of their parents' illness.²¹ Similarly, Harries et al. underscore the pervasive strain on parenting and family dynamics, identifying themes of constrained parenting and strained relationships.²² Radley et al. contribute insights into familial secrecy and its detrimental effects on children's well-being in households affected by parental psychosis.²³ Hornor distinguishes between adaptive coping, such as active planning and reframing, and maladaptive coping, characterized by avoidance or distraction.²⁴ whereas Trondsen et al. identified key coping strategies including taking responsibility, being in "emergency alert mode," seeking professional support, and occasionally seeking distance from home environments.²⁵ Almvik and Ytterhus expanded on these with adjustment strategies aimed at balancing family dynamics and avoidance strategies involving withdrawal from stressful situations.²⁶ Campbell and Patrick explored the impact of family stigma on adult children of parents with mental illness, highlighting how adaptive coping strategies correlate with a stronger sense of self amid societal prejudices.²⁷

Materials and methods

Type of Study: Hospital-based, single-centred, Cross sectional study.

Source of Data: Data collected from Dharwad Institute of Mental Health and Neurosciences (DIMHANS), serving patients from Northern Karnataka, Maharashtra, Goa, Telangana, and Andhra Pradesh.

Method of Data Collection: Adolescents aged 12 to 19, offspring of patients diagnosed with schizophrenia, were selected through purposive sampling from outpatient and inpatient departments. Data collection included referrals from treating doctors, screening procedures, and the use of structured forms and validated scales.

Study Variables

1. **Independent Variable:** Coping strategies, perceived social support, attitudes towards mental health problems.

2. **Dependent Variable:** Overall wellbeing.

3. **Demographical Variables:** Family type, socioeconomic status, age, gender, occupation.

Criteria for Sample Selection

- **Inclusion Criteria:** Adolescents aged 12-19, offspring of parents with schizophrenia, willing to participate.
- **Exclusion Criteria:** Adolescents with parents having other psychiatric comorbidities, or disorders of intellectual development.

Sample Size: The sample size has been set based upon the feasibility. Initially, planned for 50 participants, completed with 45 due to participant attrition.

Tools Used for Data Collection:

1. **A-COPE:** The Adolescent Coping Orientation for Problem Experiences (A-COPE), developed by Patterson and McCubbin (1987), is a 54-item self-report coping inventory administered to adolescents. It is a five-point Likert inventory ranging from 1 (never) to 5 (most of the time), designed to explore adolescent coping behaviours resulting from normal adolescent stress associated with trying to create a balanced family. This questionnaire also identifies behaviours that adolescents find helpful in managing problems or difficult situations. The scale takes an average of 10 minutes to complete. Permission was taken to use the scale.

The details of permission would be provided upon the request to the corresponding author.

2. **Multidimensional Scale of Perceived Social Support**

This was used to assess the perception of social support for the adolescents offsprings. This is a 12 item self-rated scale developed by Zimet, Powell, Farley, Werkman, and Berkoff in 1988, was designed to measure the subjective assessment of the adequacy of perceived social support, it can be also used to evaluate perceptions of social support from three important sources of social lives: (Zimet et al., 1988) 1) Family 2) Friends 3) A significant other. Perceived social support refers to the perception of multidimensional support from the people or resources whom the adolescent believes helped them in some way or the other. The multidimensional scale of perceived social support is self-rated. It has 12 items, each of which is scored on a six-point Likert scale ranging from 1 (very strongly disagree) to 6 (strongly agree). Total scores on the MSPSS range 12 to 72. Permission had taken to use the scale.

3. **KIDS 52:** Among various scales to assess the overall wellbeing and quality of life, the one which was developed by Prof. Dr. Ulrike Ravens-Sieberer, was used for the study. The tool is specially designed for the children and adolescents, since the current study specifically deals with the adolescents, the tool was incorporated in the study. The KIDSCREEN-52 measures the following ten dimensions: Physical Well-Being (5 items), Psychological Well-Being (6 items), Moods and Emotions (7 items), Self Perception (5 items), Autonomy (5 items), Parent Relations and Home Life (6 items), Financial Resources (3 items), Peers and Social Support (6 items), School Environment (6 items) and Bullying (3 items). The subscales allow for true cross-cultural measurement at the interval scale level because they meet the assumptions of the Rasch model and have no DIF.

4. **ATTITUDES TOWARDS MENTAL HEALTH PROBLEMS** The study used “Attitudes towards mental health problems” (ATMHP). It is a 35-item scale to tap different aspects of shame in relationship to a mental health problem. Previous research (Gilbert et al., 2004) had illuminated a number of shame concerns in Asian women. These related to community attitudes, family attitudes, and self-attitudes. Some of these are forms of external shame where a person becomes focused on how others may view them (Gilbert, 1998, 2002). In addition, this scale explores personal shame-focused attitudes for a mental health problem.

Ethical Consideration

Ethics review requirements were followed and Ethics Committee approval was obtained (Ref.No:DIMHANS/IEC/14/2023-24) from DIMHANS Institutional Ethics Committee (IEC) during the study. Observation and interaction with human subjects was a core component in the study. Hence, best clinical and research practices with WHO and ICMR guidelines were followed to avoid any risk of harm. Participants were briefed about the study and their voluntary participation following which Assent and Informed Consent was obtained prior to the process of data collection.

Results

The socio-demographic profile of participants in this study reflects a varied landscape among adolescents whose parents are diagnosed with schizophrenia. Of the total participants, 60% were male and 40% female, predominantly from high school backgrounds (55.6%) and pursuing higher education (35.5% combined for PUC and degree). Occupation-wise, 68.9% were students, with others employed across tertiary (24.4%), industrial (2.2%), or unemployed (4.4%) sectors. Family dynamics showed a prevalence of nuclear setups (77.8%), with significant representations from Hindu families (91.1%) and diverse income brackets, notably <10,000 INR monthly for 46.7% of families. The parents admitted were predominantly female (53.3%), aged 42-47 years (66.7%), with primary education (31.1%) and primarily employed in agriculture (57.8%) or as housewives (31.1%). Illness duration varied, with many parents diagnosed in the past 1-6 years, correlating with treatment durations. Medication adherence was notably poor among 88.9% of respondents, underscoring challenges faced by families dealing with schizophrenia.

TABLE -1 SOCIO-DEMOGRAPHIC PROFILE

Socio-demographic profile (N=45)		Frequency	Percentage
Sex of the Respondents	Male	27	60.0
	Female	18	40.0
Education of the Respondents	Primary	4	8.9
	High school	25	55.6
	PUC	10	22.2
	Degree	6	13.3
Number of siblings	1	8	17.8
	2	25	55.6
	3	10	22.2
	4	2	4.4
Parent's gender (who is admitted)	Male	21	46.7
	Female	24	53.3
Parent's age (who is admitted)	30-35	2	4.4
	36-41	7	15.6
	42-47	30	66.7
	48-53	6	13.3
Parent's education (who is admitted)	Illiterate	13	28.9
	Primary	14	31.1
	Middle	5	11.1
	high school	8	17.8
	PUC	2	4.4
	Degree	2	4.4
	Master's degree	1	2.2
Family type	Joint family	9	20.0
	Nuclear family	35	77.8
	Single parent family	1	2.2
Religion	Hindu	41	91.1
	Muslim	3	6.7

	Jain	1	2.2
Monthly Income	<10,000/-	21	46.7
	11,000/- to 15,000/-	15	33.3
	16,000/- to 20,000/-	4	8.9
	>20,000/-	5	11.1
Duration of illness and treatment	<1 year	5	11.1
	1 to 3 years	13	28.9
	4 to 6 years	13	28.9
	7 to 9 years	7	15.6
	>10 years	7	15.6

TABLE – 2 PEARSON’S CORRELATION COEFFICIENT ANALYSIS

	Overall wellbeing	Coping of the adolescents	Perceived social support	Attitudes towards mental health problems
Overall wellbeing	1			
Coping of the adolescents	.629**	1		
Perceived social support	.263	.391**	1	
Attitudes towards mental health problems	-.342*	-.258	-.148	1

****.** Correlation is significant at the 0.01 level (2-tailed).

***.** Correlation is significant at the 0.05 level (2-tailed).

TABLE 3(a) MODEL SUMMARY

Model	Multiple R	R Square (R ²)	Adjusted R Square	Std. Error of the Estimate
1	.656 ^a	.431	.389	.37096

Predictors: (Constant), Coping of the adolescents, Attitudes towards the mental health Problems, Perceived Social Support.

The multiple regression analysis was conducted to examine the relationship between adolescents' coping mechanisms, attitudes towards mental health problems, and perceived social support with the dependent variable. The model summary indicated a multiple correlation coefficient (R) of 0.656, suggesting a moderate positive correlation between the predictors and the outcome variable. The coefficient of determination (R^2) was found to be 0.431, meaning that approximately 43.1% of the variability in the dependent variable could be explained by the independent variables included in the model. Furthermore, the adjusted R^2 value was 0.389, which accounts for the number of predictors in the model and adjusts for potential overfitting. Additionally, the standard error of the estimate was 0.37096, indicating the average distance that the observed values fall from the regression line. This value provides an indication of the model's accuracy in predicting the dependent variable. Overall, the model demonstrates moderate explanatory power, accounting for a significant portion of the variance in the dependent variable based on adolescents' coping mechanisms, attitudes towards mental health problems, and perceived social support.

TABLE -3 (b).

Predictor	B	Beta	T	p-value
(Constant)	1.072	-	2.537	.015
Coping Of The Adolescents	.695	.576	4.389	.000
Perceived Social Support	.004	.009	.072	.943
Attitudes Towards The Mental Health Problems	-.138	-.193	-1.578	.122

Note: B= Unstandardized Coefficients, Beta = Standardized Coefficients, T= t statistic, P value

- H1: There is no significant relationship between coping strategies and overall well-being of adolescent offspring of persons with schizophrenia.
- H2: There is no significant relationship between attitudes towards mental health problems and overall well-being of adolescent offspring of persons with schizophrenia.

For hypothesis 1, The regression analysis results indicate that the unstandardized coefficient (B) for "Coping of the Adolescents" is 0.695 with a standard error of 0.158. The t-value is 4.389, and the p-value is 0.000, which is less than the significance level of 0.05. Therefore, we reject the null hypothesis H_0 and accept the alternative hypothesis H_1 , meaning there is a significant relationship between coping strategies and overall well-being of adolescent offspring of persons with schizophrenia.

For hypothesis 2, The coefficient of -0.138 means that for each unit increase in negative attitudes towards mental health problems, the overall wellbeing score (dependent variable) is expected to decrease by 0.138 units. The T-statistic of -1.578 corresponds to a p-value of 0.122. This p-value is greater than the conventional significance level of 0.05. The relationship between attitudes towards mental health problems and overall well-being of adolescent offspring of persons with schizophrenia is not statistically significant. The coefficient is negative, suggesting a potential negative association, but this association is not statistically reliable based on the results. Thus, We fail to reject the null hypothesis (H_0).

Discussion

In this study focusing on adolescents aged 12–19 whose parents have schizophrenia, socio-demographic factors revealed a male preponderance (60%) and a majority (64.5%) with education up to the school level, impacting educational continuity due to parental illness. Most participants (95.6%) resided with both parents in nuclear families (77.8%), reflecting local demographic trends with a predominant Hindu affiliation (91.1%). Clinical profiles highlighted varying illness durations (69.7% between 1 month and 6 years) and poor medication adherence (88.9%), underscoring challenges in management and the need for targeted interventions. Coping strategies varied widely, with "Self-reliance and optimism" (mean: 3.3000 ± 0.62118) and "Developing social support" (mean: 3.0963 ± 0.50439) being frequently utilized, while "Seeking professional support" (mean: 1.8222 ± 0.94842) was less common. Previous studies^{28,29,30} have similarly explored coping mechanisms and resilience among adolescents in similar contexts. Perceived social support was strong from significant others (mean: 5.1000 ± 1.64144) and moderate from family (mean: 4.7944 ± 1.37064), with lower levels from friends (mean: 4.0667 ± 1.44737), highlighting familial roles in buffering stress. Previous studies^{29,31} have assessed perceived social support among caregivers of individuals with chronic mental illness, underscoring its importance in caregiving contexts.

The findings showed that coping strategies had a strong and positive effect on overall wellbeing, meaning that adolescents who used better coping skills were generally doing better emotionally and socially. However, perceived social support, though moderate to strong, did not significantly predict wellbeing. In other words, even though most adolescents felt that they had people around them who cared, this did not translate into better overall wellbeing. This weaker influence of social support compared to coping could be due to several reasons.

Coping strategies such as self-reliance and optimism are active ways of managing stress, giving adolescents a sense of control over their emotions and problems. In contrast, social support depends on others—family, friends, or significant people—and may not always be available or effective when needed. The stigma associated with having a parent with schizophrenia might also make adolescents hide their family situation, avoid talking about it, or distance themselves from others, reducing the real impact of social support. Moreover, while they may feel that support exists, the quality or depth of that support may be low. In many families affected by mental illness, members themselves are under strain, and

although they live together, they may not be emotionally available or able to help. Cultural factors also play a role; in Indian families, where dependence on family support is common, emotional needs may be overlooked or misunderstood. Adolescents at this age also prefer to handle problems on their own, as they are building independence, which might make them less likely to seek help even when it is available.

Attitudes towards mental health reflected moderate levels of internal (mean: 0.9111 ± 0.78109) and external shame (mean: 0.8089 ± 0.72514), alongside lower reflected shame (mean: 0.7873 ± 0.78164), influencing help-seeking behaviors. Overall wellbeing, assessed using the KIDS-52 tool, indicated moderate to good scores across domains like physical health (mean: 3.4711 ± 0.76415) and family home life (mean: 3.1667 ± 0.85797), reflecting diverse psychosocial adjustments. Coping strategies positively correlated ($r = 0.629$, $p < 0.01$) with overall wellbeing, underscoring their critical role, while negative attitudes towards mental health correlated negatively ($r = -0.342$, $p < 0.05$), emphasizing stigma's impact. The study shows that there is a strong positive and significant relationship between coping and overall wellbeing. This means that improvements in coping mechanisms among adolescents are associated with significant increases in their overall wellbeing. In addition, the study shows that there is a weak positive and non-significant relationship between perceived social support and overall wellbeing.

Attitudes towards Mental Health Problems and Overall Wellbeing: The Correlation Coefficient is $r = -0.342$, having significance at the 0.05 level, suggesting that there is a moderate negative and significant relationship between attitudes towards mental health problems and overall wellbeing. This indicates that more negative attitudes towards mental health problems are significantly associated with lower overall wellbeing.

This comprehensive exploration, drawing on previous research, sheds light on the complex interplay of socio-demographic factors, clinical realities, coping mechanisms, social support dynamics, attitudes towards mental health, and overall wellbeing among adolescents.

Limitations of the study

This study has several limitations. First, the sample size was relatively small, which may limit the generalizability of the findings. Second, the study was conducted in a single centre, and therefore the results may not represent populations in other settings. Third, purposive sampling was used, which may introduce selection bias and affect the representativeness of the sample. Finally, the data were collected using self-report measures, which are subject to response and social desirability biases.

Conclusion

This study provides insights into the challenges faced by adolescents whose parents have schizophrenia, highlighting their coping strategies, perceived social support, attitudes towards mental health, and overall wellbeing. Adolescents in the study demonstrated resilience through strategies such

as self-reliance, optimism, and seeking social support to navigate the complexities of living with a parent with schizophrenia. However, the prevalence of maladaptive coping strategies, particularly avoidance, suggests ongoing difficulties in effectively managing stress and emotional challenges. Perceived social support, particularly from significant others, was rated positively among adolescents, although support from friends and family varied. Strengthening familial and peer support networks could enhance resilience and mitigate the impacts of parental mental illness on adolescents' psychosocial wellbeing. Attitudes towards mental health revealed moderate levels of internalized and reflected shame, indicating a need to address stigma and negative perceptions among adolescents. These attitudes were associated with lower overall wellbeing, highlighting the importance of education and stigma reduction efforts. However, this study is limited by a small sample size of 45 adolescents.

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