UNIVERSITY OF RWANDA

COLLEGE OF MEDICNE AND HEALTH SCIENCES

SCHOOL OF MEDICINE AND PHARMACY

DEPARTMENT OF CLINICAL PSYCHOLOGY

"PARENTAL MENTAL ILLNESS AND THEIR OFFSPRING'S MENTAL HEALTH IN RWANDA": CASE STUDY OF CARAES BUTARE

A Thesis Dissertation Submitted in Partial Fulfillment of Requirements for the Award of the Degree of Master of Science in Clinical Psychology and Therapeutics

By

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Huye,June,2017

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DEDICATION

To my Benedictine Community

To my family and relatives

To all my Friends

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LIST OF ACRONYMS AND ABBREVIATIONS

ANCOVA: Analysis of Covariance

CARAES: Caritatae Aegrorum Servi

DSM: Diagnostic statistical Manuel

HRSD: Hamilton Rating Scale for Depression

IRB: Institutional Review Board

MI: Mental Illness

NH: Nero-Psychiatric Hospital

NIH: National Institutes of Health

PM: Parental Mental Illness

PTSD: Post traumatic Stress Disorder Scale

SEM: Structural Equation Modeling

SPSS: Statistical Packages for Social Sciences

TPP: Test of Psychological Problems

UR : University of Rwanda

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ABSTRACT

The identification of the link between the parental mental illness and their offspring's mental health was studied respectively in CARAES Butare and Sovu village, Republic of Rwanda. An experimental group made up of eighty (80) children whose at least one of the parents was mentally ill including 31 males and 49 females (aged between 12 and 40) and a control group made up of eighty (80) children including 31 males and 49 females (aged between 12 and 40 participated in this cross-sectional study. The parents of the control group (160, 80 males and 80 females, aged between 45and 65 years) participated also to the study. They were tested and didn't present significant symptoms of mood disorders, PTSD and anxiety disorders. Hamilton Rating Scale for Depression (HRSD, α: 0.82), Posttraumatic stress disorders scale (PTSD, α: 0.73) and Test of psychological problems (TPP, α: 0.93) were used. The cut offs were used to determine the significance of psychological problems. The t test of children was used to assess the differences between the experimental group and the control group. Results revealed significance differences between the two groups on Depression symptoms (means=150.96 and 17.88, t=43, p=.000), on Psychological problems (means=150.96 and 119.06, t=6.79, p=.000), and on PTSD symptoms (means= 61.39 and 33.18, t=17.83, p=.000). A regression analysis showed that parents' psychotic disorders seemed to affect offspring's mental health (β=0.22, t=2.03, p=0.04), explaining 5% of the psychotic disorders variance in offspring. Among children whose parents were mentally ill, there were significant correlations between anxiety symptoms and depression , PTSD symptoms and eating disorder, domestic violence and PTSD , aggressive behaviour and PTSD , somatoform disorders and PTSD. A regression analysis showed that parents' psychotic disorders seemed to affect children' mental Health in children. Demographic variables didn't explain the symptoms of depression and PTSD, nor psychological problems among children whose parents were mentally ill. These findings suggest taking into account the assessment of parents' mental illness when taking care of the children' psychological disorders.

Keywords: PTSD, Depression, Parents 'Mental illness, and offspring's Mental Health.

0.INTRODUCTION

Mental disorder‘s parents have been a big problem among Rwandan population for a long time, especially from 1994 during the Genocide against Tutsi (Gishoma et al., 2015). After this period, Mutabaruka et al., (2011) ,Kinga et al.,(2016) and Gishoma et al.,(2015) noticed that genocide caused the increasing of mental disorders such as, depression; schizophrenia and PTSD related to a traumatic event and it affect many people. Mental disorders affected not only parents but from their mental illness, their children are affected as well due to heredity or by living together (Patrick,et al.,2014). In fact, Oyserman et al. (2000) ,Nicholson et al.(2011) and Patrick,et al.(2014) state that mental disorders on parents is one of the negative emotional experiences accompanied by several predictable physiological, social, cognitive, emotional and behavioral changes on their children living with them.

Moreover, mental disorder, also called a mental illness, psychological disorder is a mental or behavioral pattern that causes either suffering or a poor ability to function in ordinary life. Such features may be persistent, relapsing and remitting, or occur as a single episode. Many disorders have been described, with signs and symptoms that vary widely between specific disorders (WHO, 2014). However, the child from mental ill parents seems to be psychologically affected. Therefore, the study aims to identify the association between the parental mental illness and their children’ mental health in CARAES Butare and Sovu village, Republic of Rwanda.

This study has four chapters. Chapter one is about research problem which consists of problems statement, personal experience; critical literature review; research question and objectives. In addition, Chapter two consists of methods and methodology used in research. Chapter three consists of results which presents the data from the fields. And the last chapter consists of results discussion which deals with discussion, conclusion and recommendation of the study .

CHAPTER I: RESEARCH PROBLEM

1.1. Problem statement

Children whose parents have a mental illness are at risk of developing social, emotional and/or behavioural problems. The impact of parental mental illness on family life and the child's mental health can be significant. The environment in which youth grow affects their development and emotional mental health as much as their genetic makeup does. Children might experience some of the following challenges or feeling: Anger, fear, guilt, Feeling embarrassed or ashamed, Sadness, Anxiety, Relief, Supportiveness, problems at school, drug use and poor social relationships (Joane et al.,1998)

Children of parents with any mental illness are at risk a range of mental health problems, including mood disorders, alcoholism, and personality disorders. The risk is particularly strong when a parent has one or more of the following: Bipolar Disorder, an anxiety disorder, schizophrenia, alcoholism or other drug abuse, or depression. Risk can be inherited from parents, through the genes. Despite these challenges, many children of parents with mental illness succeed in spite of genetic and environmental setbacks. Therefore, services for families and children should include opportunities to reduce risk and enhance resiliency (Fletcher, 2013).

The majority of children who have parents with a mental illness find it difficult to cope because they do not have the maturity and coping tools to deal with certain complex situations. So, if this group of person is not cared, it can produce a very big problem in Rwandan society (Reupert et al., 2007). Speaking of Rwanda, Johnsson, (2014) revealed that Rwanda is an African low-income country where by a rapid population growth together with a tragic modern history with the genocide 1994 has shaped a very young population exposed to several potential risk factors for mental illness such as the widespread poverty and the not clarified role of the traumatic experiences of their parents .That’s why the researcher picked the interest of studying on the association between parents’ mental illness and their offspring’s mental health in Rwanda.

1.2. Starting question

The idea for the study of analysing the impact of mental ill parents on their offspring's mental health from their everyday experiences came from the personal experiences. A large number of children whose parents have mental disorder seem to develop mental disorders with psychotic symptoms and signs through the different factors like the biological, social and psychological factors. Getting insight from the internship done at CARAES Butare and from my own observation, it seems that there is the increased psychiatric risk for children of mentally ill parents due partly to genetic influences and partly to an impairment of the parent-child interaction because of the parent's illness.

During my internship at CARAES Butare, I noticed that there were some parents who were mentally ill and this case was the main cause to be motivated in analysing with the aim to know the impacts of their illness on their children. Byrne (2016) stated that number of recent cases in which children were killed by a mentally ill father or mother have attracted much attention and a strong emotional response from the public. Some cases in this psychiatric hospital, the children of mentally ill parents are often subject to especially severe stresses and limitations, and these children are themselves at a greater than normal risk of developing a mental illness.

In studies of children and adolescents who make use of psychiatric services, it has been found that up to half of these mentally ill children or adolescents live with a mentally ill parent(Byrne, 2016). The probability of developing a particular type of mental illness is higher when a biological parent or other relative has the same condition (Byrne, 2016).Then, this generated to the following starting question: Is there any relationship between parental mentally illness and their offspring's mental health in Rwanda?

1.3. Critical Literature Review

1.3.1. Glossary key terms

- **Mental illness**

Mental illness is associated with present distress (i.e., a painful symptom) or disability (i.e., an impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. The syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event. It must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual. No definition adequately specifies precise boundaries for the concept of mental disorder. Also known as mental health, mental impairment, mental illness, brain illness, and serious brain disorder (DSM-V, 2013).

- **Depression**

It is a psychoneurotic or psychotic disorder marked especially by sadness, inactivity, difficulty in thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feelings of dejection and hopelessness, and sometimes suicidal tendencies (Halgin &Whitbourne 2005).

- **Schizophrenia**

It is a psychotic disorder (or a group of disorders) marked by severely 0impaired thinking, emotions, and behaviors. Schizophrenic patients are typically unable to filter sensory stimuli and may have enhanced perceptions of sounds, colors, and other features of their environment. Most schizophrenics, if untreated, gradually with draw from interactions with other people, and lose their ability to take care of personal needs and grooming(Halgin &Whitbourne 2005).

- **Bipolar disorder**

Formerly known as manic depression, is a mood disorder that causes radical emotional changes and mood swings, from manic, restless highs to depressive, listless lows. Most bipolar individuals experience alternating episodes of mania and depression(Halgin &Whitbourne, 2005).

Anxiety: is an abnormal and overwhelming sense of apprehension and fear often marked by physiological signs (as sweating, tension, and increased pulse), by doubt concerning the reality and nature of the threat, and by self-doubt about one's capacity to cope with it(Halgin &Whitbourne , 2005).

- **Caregivers**

The people who primarily responsible for caring for a person with a chronic disease[1].

- **Delusion**

It is a belief held with strong conviction despite superior evidence to the contrary. As a pathology, it is distinct from a belief based on false or incomplete information, confabulation, dogma, illusion, or other effects of perception (Halgin &Whitbourne, 2005).

Delusions typically occur in the context of neurological or mental illness, although they are not tied to any particular disease and have been found to occur in the context of many pathological states (both physical and mental). However, they are of particular diagnostic importance in psychotic disorders including schizophrenia, paraphrenia, manic episodes of bipolar disorder, and psychotic depression(Halgin &Whitbourne, 2005).

- **Mood disorders**

A group of mental disorders involving a disturbance of mood, along with either a full or partial excessively happy (manic) or extremely sad (depressive) syndrome no caused by any other physical or mental disorder. Mood refers to a prolonged emotion (DSM,V, 2013).

[1] www.mariam dictionary.com

- **Parents**

Parenting is simply the process or the state of being a parent. Once you have a child, you are involved in the process of parenting. However, it is not that simple and Morrison defined parenting as "the process of developing and utilizing the knowledge and skills appropriate to planning for, creating, giving birth to, and rearing and/or providing care for offspring". This definition implies that parenting starts when there is a plan for it and it involves not just bringing up the children but also providing care for them (Brooks, 1987).

- **Child/ offspring**

Biologically, a child (plural: children) is a human being between the stages of birth and puberty. The legal definition of child generally refers to a minor, otherwise known as a person younger than the age of majority. Child may also describe a relationship with a parent (such as sons and daughters of any age) or, metaphorically, an authority figure, or signify group membership in a clan, tribe, or religion; it can also signify being strongly affected by a specific time, place, or circumstance, as in a child of nature or a child of the Sixties (TheFreeDictionary.com., 2013).

1.3.2. Theoretical Literature

Mental illness refers to a wide range of mental health conditions-disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors (Halgin &Whitbourne, 2005).

Some people have mental health concerns from time to time. But a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect your ability to function. A mental illness can make you miserable and can cause problems in your daily life, such as at school or work or in relationships. In most cases, symptoms can be managed with a combination of medications and talk therapy, psychotherapy (Patrick et al.2014).

Families affected by parental mental illness are among the most vulnerable in our community (Patrick et al.2014). Such families are more likely to experience social isolation, financial hardship, and marital discord, with increased risks for children, genetically, psychologically, and environmentally (Beardslee, Versage & Gladstone, 1998). Mental illness often refers to a wide range of psychiatric symptoms that persist over time and are functionally disabling in living skills, social interactions, family relationships, jobs, and/or education (Johnson, 1997).

Mental illness can happen in any family or household. Children of parents with mental illness are at risk of psychiatric and behavioral problems. The impact on the family and the child will depend on several factors. These include the developmental stage of the child; type of mental illness; the family's understanding of the illness; how the illness is treated or managed; and the capacity of other adults to provide care and support. Not all children who have a parent or career with a mental illness will experience negative effects. However it can be an important contextual factor in the child's life, just as it could be if a parent had a serious physical illness (Patrick, et al.,2014).

1.3.3. The Parent with Mental Illness

Nicholson, Biebel, Kinden, Henry and Stier (2001) pointed out that the needs of parents affected by mental illness are generic to all parents as well as specific to their illness. The main issues for mentally ill parents center on their capacity and motivation for managing their mental illness and at the same time assuming parenting responsibilities. Risley et,al.,2004) found that with appropriate diagnosis, support, treatment, and medication, most people with a serious mental illness experience widespread improvement in many areas including parenting behaviors.

In addition, parents with a mental illness require support and sometimes guidance in their parenting behaviors. Although it is important to note that the effects of the mental illness are compounded by other factors such as poverty and social isolation, Oyserman et al. (2000) found that mothers with a serious mental illness have significantly less adequate

parenting skills than mothers who do not have a mental illness. For instance, depressed mothers are less likely to be emotionally available and affectionate (Hammen, 1991) and parents with schizophrenia may have unusual or inappropriate affective responses to their children (Risley et,al.,2004).

However, Rogosch et al (1992) found that not all parents with mental illness display the same degree of parenting difficulty; those with more severe and chronic disturbance were associated with less sensitive and competent parenting behaviors than parents with less debilitating disturbances. Similarly, Mowbray, Oyserman, Bybee and MacFarlane (2002) established that a specific diagnosis is neither an independent nor useful predictor for parenting problems or strengths. Instead, Mowbray et al. (1992) showed that current symptomatology and community networking was more indicative of parenting capacity and consequently stressed the need for quality treatment for clients with a mental illness and the enhancement of existing community supports. Emotional and social supports are particularly important for parents with a mental illness. Cochran and Brasard (as cited in Rogosch et al., 1992) described how social support networks provide various types of assistance for all parents, such as role modeling, providing emotional support, companionship, and practical assistance.

1.3.4. Mental illness of parent and their children/offspring's mental health

The research that has been conducted has shown that children who have a parent with a mental illness are at significantly greater risk for multiple psychosocial problems (Beardslee et al., 1996). Studies have noted that offspring of mentally ill parents have higher rates of psychiatric diagnoses in childhood (Feldman, 1998), and they are more likely to show developmental delays, lower academic competence, and difficulty with social relationships (Sameroff & Seifer, 1983; Oyserman et al., 2000). In addition, these offspring are more likely to have mental health problems in adolescence and adulthood (Beardslee et al., 1998; Weissman et al., 1997).

Accordingly, for example, the children of mentally ill parents are exposed particularly often to the following familial risk factors:

- Socioeconomic and socio-cultural risk factors such as poverty, inadequate housing, marginal social status, and cultural discrimination of the family
- Low educational and occupational status of the parents, including possible unemployment
- Loss of persons to whom the child is emotionally close, particularly a parent
- A two to five times higher risk of neglect and physical and sexual abuse.

As well as the mentally ill parent and his or her children, other family members also need to be acknowledged. Nicholson, et al. (1998) found that caregiver responsibilities often fall on mentally ill parents' spouses or partners (if present) and/or extended family members, particularly children's grandparents and older children. However, they also found that although the partner and other relatives might be useful to the mentally ill parent (e.g., by assisting in household tasks and child care) they may also become a source of stress, by taking over a parent's responsibilities without consulting the parent (Nicholson et al.,1998).

In addition, Merikangas et al.(1988) showed depression in one parent is frequently associated with depression and other psychopathology in the other parent. Such literature mirrors other caretaker research (e.g., Nankervis, et al., 1997) that highlights the stress of family care giving, the psychological and physical needs of caregivers and the subsequent importance of respite and caregiver education in how to best support themselves and the mentally ill parent. Among families with depression or schizophrenia, poor communication is more prevalent than in families without a diagnosable disorder.

Similarly, Dickstein et al. (1998) found that family unit functioning based on domains such as task accomplishment, communication, roles, affect management, interpersonal involvement, and behavior control, was less healthy in families with maternal mental illness compared with families with no maternal mental illness. Such research suggests that the family unit has specific needs over and above individual parent– child or spousal relationships. When working with at risk families, Marvin and Stewart (1990) argued that

rather than focus on the parent-child dyad, the interaction style of the family unit needs to be the focus of the intervention.

1.3.4.1 Factors causing mental illness

Most mental health professionals believe that there are a variety of contributing factors to the onset of a mental illness. Studies have found that there are physical, social, environmental and psychological causes for mental illness (Gladstone et al., 1998).

- **Physical causes**

(Biological factors) Each individual's own genetic make-up can contribute to being at risk of developing a mental illness and traumas to the brain (via a form of head-injury) can also sometimes lead to changes in personality and in some cases 'trigger' symptoms of an illness. Misuse of substances (such as alcohol or drugs) and deficiencies of certain vitamins and minerals in an individual's diet can also play a part (Nicholson, et al, 2015).

- **Social and environmental causes**

(Factors around us) Where someone lives and their living conditions along with family and community support networks can play a part along with employment status and work stresses. Living in poverty or social isolation, being unemployed or highly stressed in your work can all put pressure on an individual's mental health (Nicholson,et al., 2015).

- **Psychological factors**

(Your Psychological state) Coping with past or current traumatic experiences such as abuse, bereavement or divorce will strongly influence an individual's mental and emotional state which can in turn have an influence on mental health (Gladstone et al., 1998).

- **Family History**

There is evidence to suggest that heredity can play some part in the development of some forms of mental illness. However like with many physical health conditions (such as Heart Disease or Diabetes) that fact that a family member has experienced a mental illness does not mean that all other genetic family members will experience the same condition. As with physical health conditions, the other factors shown above will play a significant part too (Gladstone et al., 1998).

- **Increased psychosocial stress**

Furthermore, nearly all of the major sources of psychosocial stress that raise a child's risk of mental illness are overrepresented in families with a mentally ill parent. In other words, the trait "mental illness in a parent" is positively correlated with many other psychosocial stress factors; it is thus a "core trait" whose presence implies a significant disturbance of the child's developmental milieu. Accordingly, for example, the children of mentally ill parents are exposed particularly often to the following familial risk factors (Ihle et al., 2001).

  - Socioeconomic and socio-cultural risk factors such as poverty, inadequate housing, marginal social status, and cultural discrimination of the family
  - Low educational and occupational status of the parents, including possible unemployment
  - Loss of persons to whom the child is emotionally close, particularly a parent
  - A two to five times higher risk of neglect and physical and sexual abuse.

- **Genetic Transmission**

Research clearly indicates that certain mental illnesses run in families (Kendler & Diehl, 1993). This is true whether studies begin with a cohort of adults with psychiatric diagnoses and examine rates of diagnosis among their children, or with a cohort of children with diagnoses and examine rates of mental illness among parents. There may also be specificity for transmission of diagnosis from parents to children. Moreover, Children of parents with affective disorders are more likely to manifest affective

disorders than other disorders, children of parents with anxiety disorders are more likely to manifest anxiety disorders, and children of parents with both depression and anxiety are more likely to manifest similar comorbidity (Biederman, 2001).

Indeed, as Patrick et al.,(2014) states there are many contributing factors to a child's outcome, if a child has a parent with a mental illness; they are surely at a higher risk for developing problems due to the instability and emotional rollercoaster that they may experience in their childhood. As many of our members can attest to, living with someone with a mental illness can be quite a challenge; however when we have a set of tools and knowledge to work from, the daily challenges can be more easily managed. The most important thing a family member can do for a child that has a parent with a mental illness is to educate the child on the illness. Children develop anxiety and worry when they observe behaviors that are unusual. Explaining to a child that a parent has these behaviors due to an illness and that there is nothing to be scared about will help to ease anxiety.

There are many resources for parents on how to talk to your children about mental illness; these can be very helpful when trying to find the appropriate words to use. Remember that mental illness is an illness like any other and many children can relate to being sick. Provide a stable environment: It is often very difficult to provide a stable environment when one parent is unpredictable and schedules are continually being challenged and changed. It is important to try to provide predictability for a child; to commit to a routine. Children need a sense of predictability to feel secure and to develop an innate sense of security in life. Seek psychotherapy: Seeing a professional on a regular basis can be quite helpful to not only the child but to all family members. Having a designated, impartial person to talk to and to work out our difficulties with can be extremely beneficial. Children can feel supported and understood as they work through their more difficult feelings associated with having a parent with a mental illness (Patrick et al., 2014).

Nurture the relationship with the ill parent: It is extremely important for children to have a positive connection with their parents. Often when a parent is unable to properly care for their child due to their mental illness, the relationship becomes strained. Children can become fearful or anxious around their ill parent and even feel unloved. It is important for

the caregivers to make extra efforts to maintain the relationship between parent and child, so that the child can grow up feeling secure and loved (Patrick al.,2014).

1.5. Gap of the study

Table 1:Gap of the study

Mental ill parents(Independent Variables)	Children's psychological disorders (Dependent Variables)
• Schizophrenia, • Mood disorders • Neurotic somatoform disorders • Mental and behaviors disorders due to psycho active substance use. • Other mental pathologies	• PTSD, • low self-esteem symptoms, • depression symptom, • with Anxiety symptoms, • Drug Abuse symptoms, • eating disorder symptoms, • domestic violence, • somatoform disorder symptoms

Source:2016

Independent variables are the parent mental illness which involves schizophrenia, major depression, anxiety and bipolar disorder and dependent variables are Psychological effects on children including PTSD, low self-esteem symptoms, depression symptom, with Anxiety symptoms, Drug Abuse symptoms, eating disorder symptoms, domestic violence, and somatoform disorder symptoms.

By observing items from independent variables and dependent variables, it seems there is an association among items. The study verified if there was any relationship between Independent variables and Dependent variables.

1.4. Research questions

(i) is there any association between mental ill parents and children/offspring's psychological disorders?

(ii) What is the effect of parent's mental illness on children's mental health?

1.5. Research objectives

(i) To identify the association between mental ill parents and children's psychological disorders'.

(ii) To examine the effect of parent's mental illness on children's mental health.

CHAPTER II: RESEARCH METHODOLOGY

2.0. Introduction

This chapter provides the research design that was adopted by the researcher while pursuing the study. It indicates the research participants, tools and procedure.

2.1. Participants

The participants of this study made up of eighty (80) children whose at least one of the parents was mentally ill as an experimental group and a control group made up of eighty (80) children participated in this cross-sectional study. The parents of the control group (160, 80 males and 80 females) participated also to the study. This study was studied respectively in CARAES Butare and Sovu village, Republic of Rwanda

2.1.1. Inclusion criteria

The study included offspring whose age falls between 12 and 40 years, whom they live together with their mentally ill parents and parents (between 40-65 years old) with their offspring from the family of Sovu village. The study included children who can read ,write and respond.

2.1.2. Sampling techniques

2.1.2.1. Purposive sampling

A purposive sample is a non probability sample that is selected based on characteristics of a population and objectives of the study (Crossman, 2016). The study used purposive sampling on the children whose parents are mentally ill; at least one parent is mentally ill.

2.1.3.2. Simple random sampling

Simple random sampling is the basic sampling technique where we select a group of subject (a sample) for study from a larger group (a population). Each individual is chosen entirely by chance and each member of the population has an equal chance of being included in the sample (Moore et al,.2006). We used this technique on control group where we chased the parents and the children from families in Sovu village.

2.1.4. Sample size

A representative sample size of 100 participants of both experimental and control groups was used for this study. To choose the right sample size for a simple random sample, you need to define the following inputs:

N=Size of population

n= Sample size

Z=Coefficient of normal distribution

P=Probability of success

Q=Probability of failure

d= Margin errors

And then calculate the sample size using the formula of Cochran as follows:

$$n = \frac{z^2 * p * q * N}{d^2 (N-1) + z^2 * p * q};$$

So, basing on above formula, the researchers decided to use 95% as the confidence level of which Cochran says is more reliable.

Thus, p=0.5, q=0.5, d=5%=0.05, z=1.96. Applying this formula on the population of 100 patients, the researchers got the following sample size:

$$n = \frac{1{,}96^2 * 0.5 * 0.5 * 100}{0.05^2(100-1) + (1.96^2 * 0.5 * 0.5)} = \frac{96.04}{1.2079} = 79.50 \approx 80$$

The sample size to be used; is 80 offspring of mental ill parents from CARAES Butare and 80 children of no mental ill, 160 for both their parents from Sovu village. Therefore, the sample size of the whole study is 320 respondents

2.2. Tools

2.2.1.Data collection tools

Hamilton Rating Scale for Depression (HRSD): The HDRS (also known as the Ham-D) is the most widely used clinician-administered depression assessment scale. The original version contains 17 items (HDRS17) pertaining to symptoms of depression experienced over the past week. Although the scale was designed for completion after an unstructured clinical interview, there are now semi-structured interview guides available. The HDRS was originally developed for hospital inpatients, thus the emphasis on melancholic and physical symptoms of depression. A later 21-item version (HDRS21) included 4 items intended to subtype the depression, but which are sometimes, incorrectly, used to rate severity. A limitation of the HDRS is that atypical symptoms of depression (e.g., hypersomnia, hyperphagia) are not assessed (Hamilton, M, 1960).This psychological test evaluated depression symptoms on children from healthy families (Control group). Also, these tests were used on children whose parents are mental ill (Experimental group). The response to each item scored from 0 to 4. The degree absent (0), Mild (1), Moderate (2) ,Severe (3) and incapacitating (4) .The Cronbach's Alpha was 0.82 in our sample.

Post-Traumatic Stress Disorder Scale (PTSD: The PCL (Weathers et al., 1993) is an easily administered self-report rating scale for assessing the 17 DSM-V symptoms of PTSD. It has excellent test-retest reliability over a 2-3 day period. Internal consistency is very high for each of the three groups of items corresponding to the DSM-V symptom clusters as well as for the full 17-item scale. The PCL correlates strongly with other

measures of PTSD, such as the Mississippi Scale, the PK scale of the MMPI-2, and the Impact of Events Scale, and also correlates moderately with level of combat exposure. This test was used to assess the symptoms of PTSD on the children symptoms on children from balanced families (Control group). Also, this test was used on children whose parents are mental ill (Experimental group). Each item is scored on a five point Likert scale ranged from 1 (not at all) to 5 (extremely). The degree not all (1),A little bit (2), Moderately (3) ,quite a bit (4) and extremely (5) . The Cronbach's Alpha was 0.73 in our sample.

Test of Psychological Problems (TPP): They were assessed using a self made Liket scale questionnaire containing forty four items (44 Items). Question 1 to 17 concerned mood disorder; question 18 to 30 concerned psychotic disorder; question 31 to 44 concerned anxiety disorders and mental health related disorders. Each item is scored on a five point Likert scale ranged from 1 (never) to 5 (very often). The degree never (1), rarely (2), occasionally (3) ,often (4) and very often (5) . The Cronbach's Alpha was 0.93 in our sample. Note: The test description doesn't show the scoring way.

2.2.2. Data entry and analysis tools

Statistical analysis was conducted using STATISTICA version 7 (StatSoft, Inc. (2001). Electronic Statistics Textbook. Tulsa, OK : StatSoft. http: // www. Statsoft.com).

2.3. Procedure

After obtaining informed consent from the UR, and also after allowed by IRB and consent of parents, the structured psychological testing above were administered to the sample children of parents with mental ill and children and parents from Sovu village. Children of Parents with mental illness were identified with the assistance of the CARAES-Butare staff .While the children and their parent's from the families of Sovu village were identified through simple random sampling.

2.3.1. Administration of data collection instruments

Before administration of questionnaires to the respondents, the researcher first introduced himself to CARAES Butare headquarter through an introductory letter obtained from University of Rwanda allowing him to start data collection process. During the administration of the questionnaires, the researcher requested the respondents to answer questions with willingness for keeping confidentiality.

2.3.2. Ethical considerations

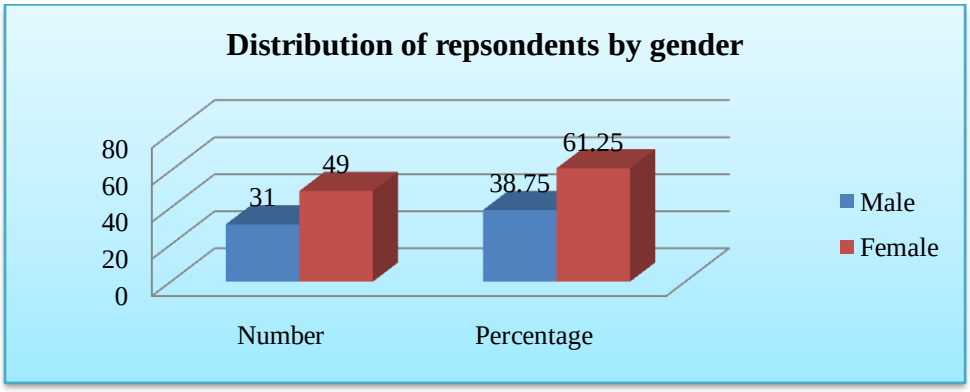
Since the researcher hope to carry out a study with subject that interests people (staff) from different categories and with different understanding, values and motives, this prompts the researcher to design the interview that were not hindered the flow of the information from the respondents. The researcher also was used both open and closed ended questionnaires with the comprehensive to save their time and collect valid and reliable information from respondents. The informed assent for children and confidentiality are maintained.

CHAPTER III: PRESENTATION OF RESULTS

This chapter presents the data got from the field.

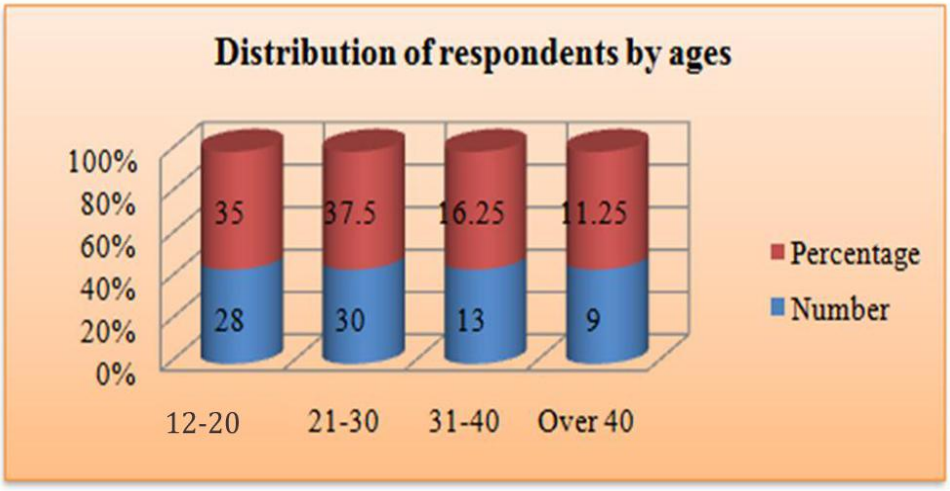
3.1. Social Demographic description of the sample

Figure 1: Repartition of respondents by gender



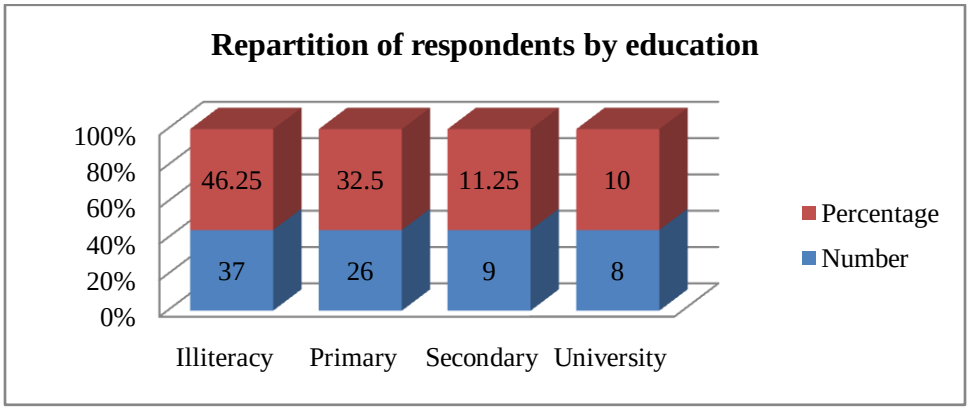
Source: Primary data, 2016

Figure 2: Distribution of respondents by the ages



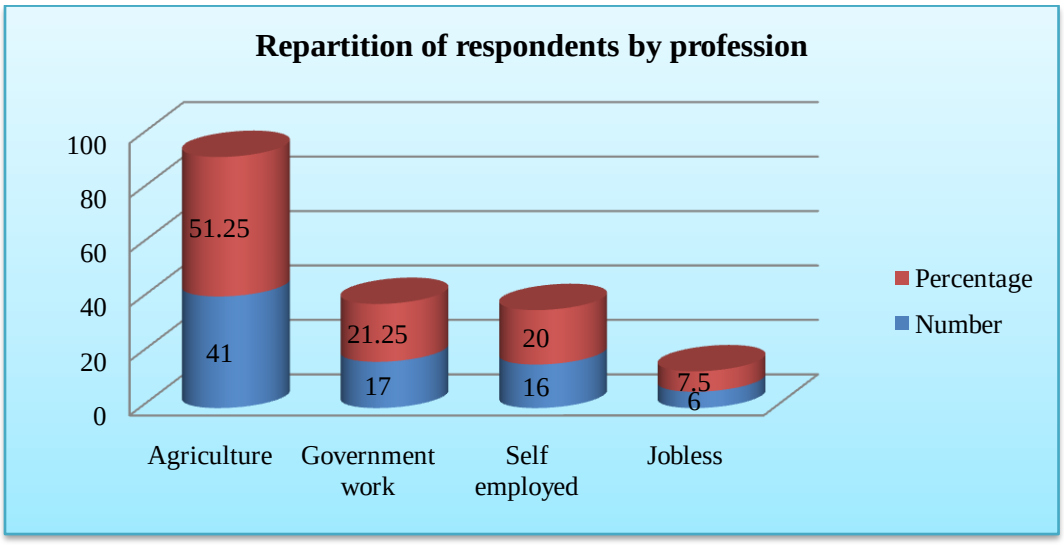
Source: Primary data, 2016

Figure 3: Distribution of respondents by education



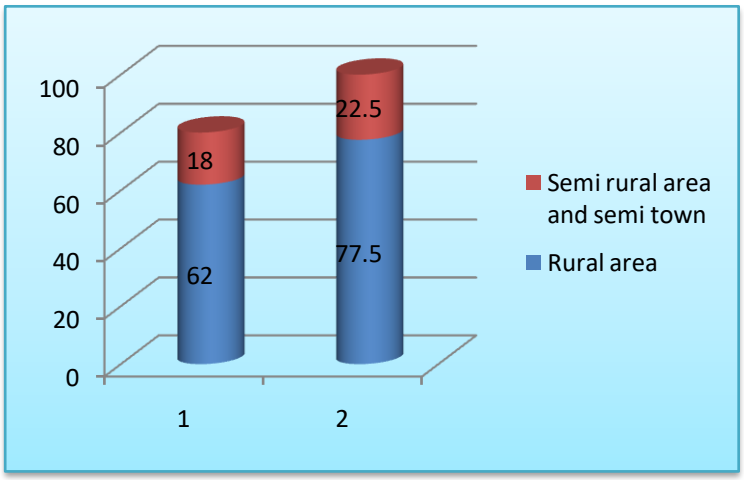
Source: Primary data, 2016

Figure 4: Distribution of respondents by their Profession



Source: Primary data, 2016

Figure 5: Repartition of respondents by the living localization



Source: Primary data, 2016

3.2. Results to the research questions

The study made up of eighty (80) children whose at least one of the parents was mentally ill including 31 males and 49 females (aged between 12 and 40, mean=22 ± 6.4 years) and a control group made up of eighty (80) children including 31 males and 49 females (aged between 12 and 40, mean=24±5.8 participated in this cross-sectional study. The parents of the control group (160, 80 males and 80 females, aged between 45and 65 years, mean 50 ± 4.1years) participated also to the study. The cut offs were used to determine the significance of psychological problems. The results revealed significant symptoms of mental health problems among the experimental group (HRSD: Mean: 150.96, cut off = ≥23; PTSD: Mean: 61.33, cut off = ≥44 but not among the control group (HRSD: Mean: 17.88, cut off = ≥23; PTSD: Mean: 33.18, cut off = ≥44.

Table 1: **Difference between the experimental group and the control group**

TESTS	MEAN		T	p
	EXP.	CONTROL		
HRSD	150.96	17.88	43.43	.000
PTSD	61.39	33.18	17.83	.000
TPP	150.96	119.06	6.79	.000

Source: Primary data, 2016

The table showed that the t test of Student was used to assess the differences between the experimental group and the control group. Results revealed significance differences between the two groups on Depression symptoms (means=150.96 and 17.88, t=43, p=.000), on Psychological problems (means=150.96 and 119.06, t=6.79, p=.000), and on PTSD symptoms (means= 61.39 and 33.18, t=17.83, p=.000).Mental illness of parents seemed to affect mental health of their offspring.

3.2.1. Effect of parent's psychotic symptoms on their offspring's mental health

Among PTSD, depression and psychotic disorders, a regression analysis showed that only parents' psychotic disorders seemed to affect offspring's mental Health (β=0.22, t=2.03, p=0.04), explaining 5% of the psychotic disorders variance in offspring.

Table 2: **Effect of parent's psychotic symptoms on their offspring's mental health**

			Standard Error			
	ß	BETA	ß	B	t(78)	Level p
Level 1.			0.62	0.359	1.73	0.08
PSYCH1	0.22	0.11	0.017	0.008	2.036	0.045

Source: Primary data: 2016

The findings revealed that the study revealed that demographic variables such as gender, age, education, professional, localization are not associated to mental illnesses neither in offspring nor in their parents. The demographic variables didn't explain the symptoms of

depression and PTSD, nor psychological problems among offspring whose parents were mentally ill.

3.2.2. Correlations between psychological disorders among offspring whose parents were mentally ill

Among offspring whose parents were mentally ill, there were significant correlations between anxiety symptoms and depression (r=.71, p=.0000), PTSD symptoms and eating disorder(r=.75, p=.0000), domestic violence and PTSD (r=.78, p=.0000), aggressive behavior and PTSD (r=.79, p=.0000), somatoform disorders and PTSD (r=.98, p=.0000).

Table 3: **Correlations between psychological disorders among offspring whose parents were mentally ill.**

	HRSD	**PTSD**
Low self-esteem	0.6795	0.2447
	p=.0000	p=.029
Depression	0.6844	0.063
	p=.0000	p=.579
Anxiety	0.7147	0.1905
	p=.0000	p=.091
Drug Abuse	0.7205	0.1872
	p=.0000	p=.096
Schizophrenia	0.9973	0.3058
	p=0.000	p=.006
Eating disorder	0.2624	0.7564
	p=.019	p=.0000
Domestic violence	0.2213	0.784
	p=.049	p=.0000
Aggressive behavior	0.1717	0.7892
	p=.128	p=.0000
Somatoform disorder	0.2454	0.989
	p=.028	p=0.000

Source: Primary data, 2016

CHAPTER V: RESULTS DISCUSSION

4.1. Discussion

The main goal of this study was to identify the relationship between parent's mental illness and their offspring's mental health in Rwanda. Our findings reveal that this link seems to exist. The data from the Test of Psychological problems (TPP made of mood disorders, psychotic disorders, anxiety disorders and mental health related disorders) revealed that Parents' Psychotic disorders seem to affect offspring' mental Health (β=0.22, t=2.03, p=0.04). The psychological disorders of parents seem to explain 5% of the psychotic disorders variance in offspring psychological disorders.

The risk is particularly strong when a parent has one or more of the following: Bipolar Disorder, an anxiety disorder, schizophrenia, alcoholism or other drug abuse, or depression. Risk can be inherited from parents, through the genes. Despite these challenges, some offspring of parents with mental illness succeed in spite of genetic and environmental setbacks. Therefore, services for families and offspring should include opportunities to reduce risk and enhance resiliency (Fletcher, 2013).

According to Joane et al. (1998), the environment in which youth grow affects their development and emotional mental health as much as their genetic makeup does. The parents with mental disorder can genetically affect their offspring.

Among children whose parents are mental ill, there is a significant association between Depression and HRSD (r=.68). According to Biederman (2001), the offspring of parents with anxiety disorders are more likely to manifest anxiety disorders, and offspring of those parents with both depression and anxiety are more likely to manifest similar disorders.

Patrick, et al. (2014) showed that parents with mental illness are significant risk factor for offspring abuse and neglect. Cowling (2004) revealed that the mental illness parents are abusing their offspring sexually, domestic violence; physical abuse in terms of beating and harassment. Also, understanding the risk and protective factors for child abuse and neglect is more prominent in families headed by a parent with a mental illness (Cowling,

2004).Furthermore, Parental depression is one of the strongest identified risk factors for youth psychiatric disorder, with offspring of depressed parents consistently showing heightened rates of anxiety and disruptive behavior disorders (Weissman et al., 2006).

Most types of mental illness are thought to be influenced by a combination of biological and environmental factors (Halgin and Susan, 2005). The parents with mental illness impacted offspring's mental health. The data from the participants revealed that the offspring whose parents are mentally ill by using Hamilton Rating Scale for Depression are strongly affected by low self-esteem, depression, anxiety, drug abuse, schizophrenia whereas by using PTSDS, the same offspring are strongly affected by eating disorders, domestic violence, and aggressive behavior and somatoform disorders.

Furthermore, Roselind et al,.(2002) revealed that isolation, suicidal attempts and anger in parents were associated not only with offspring symptoms but also with other psychopathology (i.e, anxiety or specific substance use disorders and social withdraw).These associations remained stable even after adjustment for parental co morbidity.

Beardslee, Keller, Seifer & Lavori, (1996) has shown that offspring who have a parent with a mental illness are at significantly greater risk for multiple psychosocial problems. Indeed, Feldman (1998) has noted that offspring of mentally ill parents have higher rates of psychiatric diagnoses in childhood and more likely to show developmental delays, lower academic competence, and difficulty with social relationships (Sameroff & Seifer, 1983; Oyserman et al., 2000). In addition, these offspring are more likely to have mental health problems in adolescence and adulthood (Beardslee et al., 1998; Weissman et al., 1997).

There are several limitations to our study because it was based on a small sample of 80; a big sample is preferable for better inferences. The analyses were based on comparisons, correlations, linear relationships; we recommend for further studies other methods including Analysis of Covariance (ANCOVA) and Structural Equation Modeling (SEM).

4.2. Conclusion

The aim of this study was to assess parental Mental illness on their children/offspring's mental health: case study of CARAES Butare". The study used children whose parents are mental ill as experimental group at CARAES BUTARE and parents and their children from the families of Sovu village as control group.

The objectives of the study were identifying the association between mental ill parents and children's psychological disorders and examining the effect of parent's mental illness on children's mental health.

The results revealed that parent's mental illness seemed to affects mental health of their children as: PTSD, low self-esteem symptoms, depression symptom, anxiety symptoms, drug abuse symptoms, eating disorder symptoms, and domestic violence and somatoform disorder symptoms.

Indeed, the finding showed that the children with mental ill parents through HRSD are more developing mental disorders as depression and anxiety and also through PTSD; the some children are more likely to develop eating disorders and somatoform disorders. The children of mentally ill parents have a higher risk of developing mental illnesses themselves over the course of their lives .This known risk must be taken into account in the practical provision of health care (Fletcher, 2013).

4.3. Recommendations

- **To Rwandan government**

The Rwandan government is recommended to assist the children whose parents are mental ill because they are more likely to be affected by their parents' mental illness. The assistance should focus on different aspects such as psychosocial guideline.

- **To UR/Clinical psychology**

The department should sensitise to the community about the psychological suffering of the children whose parents are mental ill endure or undergo.

- **CARAES Ndera and CARAES Butare**

To have a special psycho education towards the children whose parents are mentally ill.

- **NGos and private sectors**

They are encouraged to implement special care for the children whose parents are mentally ill.

To search funds to build centres or appropriate settings in order to support children whose parents mental ill.

- **The further researchers**

The further researchers are recommended to use both qualitative and quantitative approaches on the impact of parents' mental illness on their children mental health in Rwanda using higher samples and multi-analysis methods such as causal paths.

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APPENDICES

APPENDEX I: INTRODUCTION LETTER FROM UR

Annexes:

ANNEX A: Biosketches of researchers

NAME: Fr, Donat RUSANGAMIHIGO

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEARS	FIELD OF STUDY
National University of Rwanda	Degree	1999-2004	Psycho-Pedagogy
University of Kwazulu Natal SA	Degree	2008-2012	Theology

A. Personal Statement

The goal of the proposed research is to determine the impacts of mental ill parents on their children mental health attending CARAES Butare. Specifically, as I have mentioned above, I will use Hamilton rating scale for depression (HRSD), Post traumatic Stress Disorder scale (PTSD) and Test of psychological problems (TPP).I am willing to carry out successfully the proposed work thanks to the knowledge that I got during my clinical formation and the internship I have done at CARAES Butare.

B. Positions

Positions and Employment

2005 – 2008 : Superior of Benedictine Fathers Community

2006– 2007 : Lecturer at Institut des SciencesPédagogique et Cathéchèse (ISPC)

2012– 2013 : Visiting Lecturer at the Protestant Institute of Arts and Social Sciences (PIASS)

2013– Present :Head-Master of complex school (GS SOVU)

C. Research Support

None

Annex B: Informed consent: INTRODUCTION LETTER

Dear respondents,

I am a Psychological Clinical and Therapeutics student at University of Rwanda and therefore requesting you to fill this questionnaire with the information to your best of your understanding. The information you are providing will be kept secretly and it is purely for academic purpose only. Take your time while answering the information in order to come up with well answers.

Thank you in advance

RUSENGAMIHIGO Donat

THE HAMILTON RATING SCALE FOR DEPRESSION

(to be administered by a health care professional)

Patient's Name

Date of Assessment

To rate the severity of depression in patients who are already diagnosed as depressed, administer this questionnaire. The higher the score, the more severe the depression.

For each item, write the correct number on the line next to the item. (Only one response per item)

1. DEPRESSED MOOD (Sadness, hopeless, helpless, worthless)

_____

0= Absent
1= These feeling states indicated only on questioning
2= These feeling states spontaneously reported verbally
3= Communicates feeling states non-verbally—i.e., through facial expression, posture, voice, and tendency to weep
4= Patient reports VIRTUALLY ONLY these feeling states in his spontaneous verbal and non-verbal communication

2. FEELINGS OF GUILT

_____

0= Absent
1= Self reproach, feels he has let people down
2= Ideas of guilt or rumination over past errors or sinful deeds
3= Present illness is a punishment. Delusions of guilt
4= Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations

3. SUICIDE

_____

0= Absent
1= Feels life is not worth living
2= Wishes he were dead or any thoughts of possible death to self
3= Suicidal ideas or gesture
4= Attempts at suicide (any serious attempt rates 4)

4. INSOMNIA EARLY

_____

0= No difficulty falling asleep
1= Complains of occasional difficulty falling asleep—i.e., more than 1/2 hour
2= Complains of nightly difficulty falling asleep

5. INSOMNIA MIDDLE

_____

0= No difficulty
1= Patient complains of being restless and disturbed during the night
2= Waking during the night—any getting out of bed rates 2 (except for purposes of voiding)

Adapted from Hedlung and Vieweg, The Hamilton rating scale for depression, *Journal of Operational Psychiatry*, 1979;10(2):149-165.

6. **INSOMNIA LATE**

_____
0= No difficulty
1= Waking in early hours of the morning but goes back to sleep
2= Unable to fall asleep again if he gets out of bed

7. **WORK AND ACTIVITIES**

_____
0= No difficulty
1= Thoughts and feelings of incapacity, fatigue or weakness related to activities; work or hobbies
2= Loss of interest in activity; hobbies or work—either directly reported by patient, or indirect in listlessness, indecision and vacillation (feels he has to push self to work or activities)
3= Decrease in actual time spent in activities or decrease in productivity
4= Stopped working because of present illness

8. **RETARDATION: PSYCHOMOTOR** (Slowness of thought and speech; impaired ability to concentrate; decreased motor activity)

_____
0= Normal speech and thought
1= Slight retardation at interview
2= Obvious retardation at interview
3= Interview difficult
4= Complete stupor

9. **AGITATION**

_____
0= None
1= Fidgetiness
2= Playing with hands, hair, etc.
3= Moving about, can't sit still
4= Hand wringing, nail biting, hair-pulling, biting of lips

10. **ANXIETY (PSYCHOLOGICAL)**

_____
0= No difficulty
1= Subjective tension and irritability
2= Worrying about minor matters
3= Apprehensive attitude apparent in face or speech
4= Fears expressed without questioning

11. **ANXIETY SOMATIC:** Physiological concomitants of anxiety, (i.e., effects of autonomic overactivity, "butterflies," indigestion, stomach cramps, belching, diarrhea, palpitations, hyperventilation, paresthesia, sweating, flushing, tremor, headache, urinary frequency). Avoid asking about possible medication side effects (i.e., dry mouth, constipation)

_____
0= Absent
1= Mild
2= Moderate
3= Severe
4= Incapacitating

12. SOMATIC SYMPTOMS (GASTROINTESTINAL)

_____
0= None
1= Loss of appetite but eating without encouragement from others. Food intake about normal
2= Difficulty eating without urging from others. Marked reduction of appetite and food intake

13. SOMATIC SYMPTOMS GENERAL

_____
0= None
1= Heaviness in limbs, back or head. Backaches, headache, muscle aches. Loss of energy and fatigability
2= Any clear-cut symptom rates 2

14. GENITAL SYMPTOMS (Symptoms such as: loss of libido; impaired sexual performance; menstrual disturbances)

_____
0= Absent
1= Mild
2= Severe

15. HYPOCHONDRIASIS

_____
0= Not present
1= Self-absorption (bodily)
2= Preoccupation with health
3= Frequent complaints, requests for help, etc.
4= Hypochondriacal delusions

16. LOSS OF WEIGHT

_____
A. When rating by history:
0= No weight loss
1= Probably weight loss associated with present illness
2= Definite (according to patient) weight loss
3= Not assessed

17. INSIGHT

_____
0= Acknowledges being depressed and ill
1= Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.
2= Denies being ill at all

18. DIURNAL VARIATION

_____
A. Note whether symptoms are worse in morning or evening. If NO diurnal variation, mark none
0= No variation
1= Worse in A.M.
2= Worse in P.M.

_____
B. When present, mark the severity of the variation. Mark "None" if NO variation
0= None
1= Mild
2= Severe

19. DEPERSONALIZATION AND DEREALIZATION (Such as: Feelings of unreality; Nihilistic ideas)

_____
0= Absent
1= Mild
2= Moderate
3= Severe
4= Incapacitating

20. PARANOID SYMPTOMS

_____
0= None
1= Suspicious
2= Ideas of reference
3= Delusions of reference and persecution

21. OBSESSIONAL AND COMPULSIVE SYMPTOMS

_____
0= Absent
1= Mild
2= Severe

Total Score _____

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Annex c : Test of psychological problems(TPP)

INSTRUCTIONS

The questions below are very short. For some questions, alternative answers are proposed. Please, provide the answers and tick the answer according to your choice if any.

1. Gender of respondents

   Female ☐

   Male ☐

2. Ages of respondents

   Between: 12 and 20 years old ☐ 31- 40 ☐

   21-30 ☐ greater than 40 ☐

3. What is your educational qualification?

   a) Illiterate ☐ d) University ☐

   b) Primary ☐

   c) Secondary ☐

4. What do you do in life?

   a)Farmer ☐ b)Professional employed ☐

   c) Unemployed ☐ d) Other ☐

5. Where do you live?

a) Urban areas ☐
b) Semi urban/Semi rural areas ☐
c) Rural areas ☐

Please fill free to answer the questions below :

Items	Never	Rarely	Occasionally	Often	Very Often
1.I Feel very happy or act silly in a way that's unusual					
2.I Talk really fast about a lot of different things					
3. I Feel very sad					
4.I Have little energy and no interest in fun activities					
5. I feel indecisive					
6. I feel unworthy					
7.I feel unlovable					
8.I am aim low					
9. I Feel my future is empty					
10. I Feel of guilt, worthlessness, helplessness					
11. I feel my energy decreases, fatigue, feeling "slowed down					

12.i Thoughts of death or suicide, suicide attempts					
13. I feel fear without a real causes					
14.I anticipate the worst					
15.I feel irritated					
16.I feel headache s					
17. I feel in mood swings					
18.i feel Withdrawal from family members					
19.I Sudden change in behavior					
20.I Changed sleeping pattern; up at night and sleeping during the day					
21.I am Oversleeping or insomnia 22.I add or irrational statements					
23.I feel Inappropriate laughter or crying					
24.I feel Forgetful; unable to concentrate					
25.I feel Skipping meals or making excuses for not eating					
26.I make own meals rather than eating what the family eats					
27.I leave during meals to use the toilet					

28.I eat much more food in a meal or snack than is considered normal					
29. I have difficulty in relationship					
30.I increase withdrawal from socialization					
31.I have suicidal thoughts					
32.i have limited ability to experience pleasure or joy					
33. I observe the behavior of both the abuser and the person being abused					
34. I feel abusing my relatives					
35. I fight for one of my parent					
36. I feel aggressive toward my family					
37.I feel severe sadness					
38.I feel my muscles are rigid					
39. I have short temper					
40.I feel fighting without real cause					
41.i feel I have chronic disease					
42.i feel worry about developing a serious illness.					
43.i feel paralysis, and numbness					
44.I feel worried about my health					

PTSD CheckList – Civilian Version (PCL-C)

Client's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing *memories, thoughts, or images* of a stressful experience from the past?					
2.	Repeated, disturbing *dreams* of a stressful experience from the past?					
3.	Suddenly *acting* or *feeling* as if a stressful experience *were happening* again (as if you were reliving it)?					
4.	Feeling *very upset* when *something reminded* you of a stressful experience from the past?					
5.	Having *physical reactions* (e.g., heart pounding, trouble breathing, or sweating) when *something reminded* you of a stressful experience from the past?					
6.	Avoid *thinking about* or *talking about* a stressful experience from the past or avoid *having feelings* related to it?					
7.	Avoid *activities* or *situations* because they *remind you* of a stressful experience from the past?					
8.	Trouble *remembering important parts* of a stressful experience from the past?					
9.	Loss of *interest in things that you used to enjoy?*					
10.	Feeling *distant* or *cut* off from other people?					
11.	Feeling *emotionally numb* or being unable to have loving feelings for those close to you?					
12.	Feeling as if your *future* will somehow be *cut short*?					
13.	Trouble *falling* or *staying asleep*?					
14.	Feeling *irritable* or having *angry outbursts*?					
15.	Having *difficulty concentrating*?					
16.	Being *"super alert"* or watchful on guard?					
17.	Feeling *jumpy* or easily startled?					

Mu bwisanzure, subiza ibibazo bikurikira. Ikigamijwe kuri byo ni uguteza imbere ubushashatsi. Ibisubizo byawe bizabikanwa ibanga irikomeye n'umushakashatsi.

Amabwiriza

Ibibazo bikurikira ni bigufi, fata akanya ubisome ubyumve maze usubize uko bikwiye.

1° Igitsina : Gabo :

Gore :

2° Imyaka : Hagati ya 12 na 20 :

21 na 30 :

31 na 40 :

Hejuru ya 40:

3° Amashuri: a) Sinize:

b) Abanza:

c) Ayisumbuye:

d) Kaminuza:

4° Ukora iki mu buzima?

a) Umuhinzi
b) Umukozi wa Leta
c) Ndikorera
d) Nta kazi ngira

5° Utuye he?

a) Mu cyaro
b) Hagati y'umujyi n'icyaro
c) Mu mujyi

Ibibazo	Nta narimwe	Gake gashoboka	Rimwe na rimwe	Kenshi	Kenshi gashoboka
1.Numva nishimye cyane cyangwa bituma mba nk'injajwa					
2.Ndavugaguzwa kandi nkavuga ibintu biterekeranye					
3.Niyumvamo umunabi					
4.numva nacitse intege ikindi nkumva ntajya mubikorwa byo kwishimisha					
5.Sinshobora gufata icyemezo					
6. Numva ntacyo maze					

7.numva ntakunzwe					
8.Ngira intego ngufi z'ubuzima					
9. Numva ntafite ejo hazaza					
10. Numva mfite isoni , ntakizere mfite					
11. Numva ingufu zajye zigenda zigabanuka, nkananirwa					
12.Ntekereza urupfu nkumva nshaka kwiyahura					
13. Ngira ubwoba ntazi aho buturuka					
14. Ntekereza ibibi kobyambaho					
15.Niyumvamo ishavu n'agahinda					
16.Mporana umutwe udakira					
17. Niyumvamo ibineza neza ntazi aho bituruka					
18.Numva nitandukanya n'umuryango wanjye					
19.Mpindura imyitwarire					
20.Mbura ibitotsi mu ijoro					

nkabibona kumanywa					
21.Nsinzira cyane cyangwa nkabura ibitotsi					
22.Mvuga ibintu bidakenewe kandi biterekeranye					
23.Nditeka nkaseka cyangwa nkarira					
24. ndibagirwa; simbashe kuguma hamwe					
25.Mpunga ibiryo nkashaka ibisobanuro kubw'iyo mpamvu					
26.Ngira inkono yanjye aho gusangira n'abo mu rugo ibyo batetse					
27. Mugihe turikurya , nyuzamo nkasohoka nkajya kumusarane					
28.Ndya ibiryo birengeje urugero					
29.Birangora kubana n'abandi					
30.Mpunga abantu					
31.Ngira ibitekerezo byo kwiyahura					
32. Kwishima kwanjye no kunezerwa ni bike					
33.Mbona imyitwarire y'abahohotera n'abahohoterwa					

34.Numva mpohotera abavandimwe					
35.Ndwanirira umwe mu babyeyi banjye mu rugo iyo habonetse amahane					
36.Ndakarira umuryango wanjye					
37. Ngira umubabaro ukabije					
38.Numva imikaya yanjye ifite umugaga					
39.Ndakazwa n'ubusa					
40.Numva narwana nta mpamvu					
41.Numva mfite indwara idakira					
42.Niyumvamo ko mfite indwara ikomeye					
43.Numva ngagara kandi nta kintu ngikunda					
44.Ngirira impungenge ubuzima					

Appendice IV: IGIPIMO CY'AGAHINDA CYA HAMILTON

IGIPIMO CY'INDWARA Y'AGAHINDA (DEPRESSION) CYA HAMILTON

Amazina.....Italiki.....

Soma uru rutonde rw'ibitekerezo hanyuma uhitemo ikijyanye n'uko wiyumva. Zengurutsa uruziga inomero y'ibitekerezo wahisemo

1.IBIMENYETSO BY'AGAHINDA (Umubabaro, kumva wihebye, nta cyo ushoboye, nta gaciro ufite.

0= ntabyo ☐

1= ayo marangamutima agaragarira gusa mu ibazwa

2= ayo marangamutima aboneka gusa mu magambo uvuga utiriwe ubitekerezaho

3=ayo marangamutima uyagaragaza utavuga, urugero, ku maso, ku mubiri mu ijwi cyangwa se ushaka kurira

4= ugaragaza mu by'ukuri ayo maranga mutima utiriwe ubitekereza ho haba mu mvugo, cyangwa utavuga

2.INKOMANGA KU MUTIMA

0= ntayo

1= kwishinja wumva ko wahemukiye abandi

2= ibitekerezo byo kwishinja, gutinda ku makosa ya kera cyangwa ku bikorwa bigayitse

3= uburwayi bwawe ni igihano, ibitekerezo bitari ukuri byo kwishinja

4= kumva amajwi agucira urubanza cyangwa akurega no kubona amashusho ateye ubwoba ☐

3.KWIYAHURA

0= ntabyo

1= kumva ko kubaho ntacyo bimaze

2= kwifuza gupfa cyangwa ibisa nabyo. Igitekerezo cyose kiganisha ku rupfu rwawe

3= ibitekerezo cyangwa, imyiteguro yo kwiyahura

4=kugerageza kwiyahura (kubigerageza ukwari ko kose ni amanota ane) ☐

4.KUBURA IBITOTSI UKIRYAMA

0= nta kibazo cyo gusinzira

1= kubura ibitotsi rimwe na rimwe nko hejuru y'igice cy'isaha

2= kubura ibitotsi buri mugoroba ☐

5. KUBURA IBITOTSI MU GICUKU

0= nta kibazo cyo gusinzira

1= gushikagurika kandi ukabura amahoro nijoro

2= kubyuka mu ijoro (kuva mu gitanda kose ni amanota keretse kujya kwituma) ☐

6.KUBURA IBITOTSI MU RUKERERA

0= nta kibazo gihari

1= gukanguka bwenda gucya ariko ukongera ugasinzira

2= ntibishoboka kongera gusinzira iyo uvuye mu buriri ☐

IGITERANYO CY'IGIKA ⟶ ☐

7.UMURIMO N'IBIKORWA

0= nta kibazo

1= ibitekerezo no kwiyumvamo ko udashoboye, umunaniro, gucika intege bijyanye n'akazi ukora n'imyidagaduro

2= kubura ubushake mu bijyanye n'akazi ukora cyangwa kwidagadura (bivuzwe n'umurwayi ubwe, cyangwa bigaragarira mu kwihangana guke kwe, kubura ubushake cyangwa kunanirwa gufata ibyemezo : ajya ku kazi no mumirimo ashinzwe bimugoye).

3= ku gabanuka kw'igihe cyo gukora n'umusaruro ku bitaro (tanga amanota 3 niba utarenza nibura amasaha 3 ku munsi uri ku gikorwa kindi).

4= wahagaritse akazi kubera impamvu y'uburwayi bwawe, (tanga amanota 4 niba ntakindi ukora usibye imirimo wahawe).

8.KUZARIRA (mu bitekerezo, mu mivugire no mu mikorere). ☐

0= imivugire n'ibitekerezo bisanzwe

1= umwete muke ugaragarira mu biganiro

2= kuzarira gukabije mu biganiro

3= ikiganiro kigoye

4= kugwa mu kantu ☐

9.KUTAGUMA HAMWE

0= nta byo

1= ukina rimwe na rimwe n'ibiganza, n'imisatsi n'ibindi

2= ukina kenshi n'ibiganza byawe, imisatsi yawe n'ibindi

3= ntushobora kuguma hamwe

4= wibabaza intoki, urya inzara. Wipfusha imisatsi, kwiruma iminwa ☐

10. UBWOBA MU MITEKEREREZE

0= nta bwo

1= kudatuza kudasobanutse no kugira umunabi

2= uhangayikishwa n'utubazo duto

3= imyitwarire iteye impungenge (mu mvugo no mu ngiro)

4= ubwoba bugaragara utaniriwe ubaza

11. UBWOBA BUGARAGARA KU MUBIRI

0= ntabwo ubwoba bugaragarira mu mikorere y'umubiri

1= bworoheje. Igifu n'amara- kuma iminwa, gutura umubi gutumba, kuribwa munda, gusepfura.

2= buragereranije

3= burakomeye

4= burakabije. Urwungano ntamaraso- umutima ukubitagura, kurwara umutwe, urwungano rwihumeka – kugira umwuka mwishi, kwiruhutsa (gusuhuza umutim Kunyara kenshi, gututubikana.

IGITERANYO CY'IGIKA ⟶

12. IBIMENYETSO BY'UMUBIRI BIJYANYE N'URWUNGANO NGOGOZI

0= nta byo

1= kumva udashaka kurya ariko ukagerageza utagombye kubihatirwa n'undi. Kugugarirwa,

2= unanirwa kurya iyo ntawe ubiguhaye. Kumva uremerewe munda

3= kuba ukeneye cyangwa gusaba imiti igufasha kwituma neza, imiti y'amara cyangwa y'urwungano ngogozi ☐

13. IBIMENYETSO RUSANGE BY'UMUBIRI

0= nta byo

1= kuremererwa mu ngingo, umugongo n'umutwe. Kuribwa umugongo, umutwe no mu mitsi, gucika intege no guhora unaniwe

2= tanga amanota abiri igihe kimwe muri ibyo bimenyetso kigaragara cyane ☐

14. IBIMENYETSO BIJYANYE N'IMYANYA NDANGAGITSINA

ibimenyetso bishoboka :

- kubura ubushake bwo gukora imibonano
- imyivumbagatanyo ijyanye n'imihango

0= nta byo.

1= byoroheje

2= birakabije ☐

15. UBURWAYI BARINGA

0= nta bwo

1= guhugira ku mubiri wawe ku buryo bukabije

2= guhangayikira uko ubuzima bwawe buhagaze

3= guhora utaka uburwayi, ugusaba kwitabwaho n'ibindi

4= kwishyiramo ko ufite uburwayi bukomeye mumubiri ☐

16. GUTAKAZA IBIRO

0= nta biro natakaje

1= birashoboka ko natakaje ibiro bitewe n'ubu burwayi.

2= natakaje ibiro kuburyo bugaragara ☐

IGITERANYO CY'IGIKA ⟶ ☐

17. UKO WUMVA WEMERA UBURWAYI

0= wemera ko wihebye kandi urwaye

1= wiyiziho uburwayi ariko ushakira impamvu mu mirire mibi, imihindagurikire y'ikirere, akazi kenshi agakoko gatera uburwayi mu mubiri, gukenera ikiruhuko n'ibindi

2= ntiwemera na gato ko urwaye ☐

18. IHINDAGURIKA KU MWANYA

a) reba niba ibimenyetso bigaragara mu gitondo cyangwa ni mugoroba, niba nta gihinduka ku manywa andika ko "nta cyo"

0= nta hindagurika

1= ibimenyetso bigaragara cyane mu gitondo

2= ibimenyetso bigaragara cyane ku mugoroba

b) niba hari ihindagurika, andika uburemere bwa ryo niba ntacyahindutse andika " ntacyo"

0= nta hindagurika

1= rirororoheje

2= rirakomeye ☐

19. KUMVA UTAKIRI UMUNTU NO KUMVA UTAYE UMUTWE

0= Nta byo

1= Biroroheje

2= Biraringaniye

3= Birakabije

4= Birenze urugero ☐

20. IBIMENYETSO BYO KUMVA UTOTEZWA

0= nta byo

1= guhorana urwikekwe (kutagira uwo wizera)

2= ibitekerezo bihoraho byo kumva utotezwa

3= kubona ko utotezwa (ku mashusho, ku majwi, ku byumva mu mubiri….) ☐

21. IBIMENYETSO BIKUGANZA CYANGWA BIGUHATIRA IKI N'IKI KANDI BIKAGARUKA KENSHI UBUDATUZA

0= nta byo

1= biroroheje

2= birakabije ☐

IGITERANYO CY'IGIKA ☐

IGITERANYO RUSANGE ☐

Appendix III: PTSD Checklist (Kinyarwanda Version)

CODE (Inyuguti zitangiza amazina yombi):…….

IGITSINA: ……..IMYAKA: ……..

ITALIKI (Umunsi,ukwezi, n'umwaka) : ……/……/……..

IRANGAMIMERERE (Marital status): ……..

Amabwiriza :

Gerageza gusoma buri kibazo witonze, ushyira ikimenyetso cyo gukuba (X) mu kazu kajyanye n'uko wumva ikibazo cyaguhangayikishije mu bihe bishize. Ntimutekereze cyane mbere yo gusubiza ibi bibazo, igisubizo kikuzamo ugisoma ikibazo nicyo gikenewe.

Ibibazo	1 Nta na rimwe	2 Buke (gahoro)	3 Rimwe na rimwe	4 Kenshi	5 Kenshi cyane
1.Guhungabanywa n'ibyo wibutse ibitekerezo cyangwa amashusho byerekeye ikintu cyaguhungabanije					
2.Kubura amahoro bitewe n'inzozi zihora zigaruka zerekaye ikintu cyaguhungabanije					
3.Guhubuka mu bikorwa cyangwa gukora nk'aho ikintu cyaguhungabanije cyagarutse (nkaho urimo ukibona)					
4.Kumva ushegeshwe cyane igihe cyose hari ikintu kikwibukije ikintu cyaguhungabanije					
5.Kugira impinduka mu mubiri nko gutera k'umutima,kugira ingorane no guhumeka,kubira ibyuya,igihe cyose hari ikikwibukije ikintu cyaguhungabanije					
6. Kwirinda gutekereza cyangwa kuvuga ikintu cyaguhungabanije cyangwa kwirinda ibintu byose byatuma ukibuka.					
7.Kwiyibagiza,kwihuza ibikorwa cyangwa ahantu kubera ko byakwibutsa ikintu cyaguhungabanije					
8.Kugira ingorane zo kwibuka ibihe by'ingenzi byaranze ikintu cyaguhungabanije					
9.Kudashishikazwa n'imirimo yari isanzwe igushimisha					
10.Kumva uhejwe mu bandi					

11. Kumva warabaye nk'igiti utagishobora kugira urukundo mu bantu mubana					
12. Kwiyumvisha ko ubuzima bw'ejo hazaza ari bugufi					
13. Kugira ibibazo mu kubona ibitotsi (kudasinzira) cyangwa gusinzira cyane					
14.Kurakazwa n'ubusa cyangwa kugira umujinya uhita ushira					
15. Kubura umutuzo,kudashobora gutekereza ku kintu ku buryo buhagije					
16. Guhorana igishika witeze ko hari igishobora kukubaho					
17.Kugira umushiha cyangwa gushikagurika ku buryo bworoshye					

Annex D: Budget

No	Item/ Activity	Cost (FRW)
1	Communication	50,000
2	Transport	150,000
3	Photocopying and binding	120000
4	Secretarial services	150000
5	Equipment and stationery	40000
6	Miscellaneous	1,500
7	Data analyst	40000
8	Personal computer	350000
9	Flash Disk	1 8000
10	Library services	10000
	Total	911500