

## AI declaration.

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I acknowledge the use of Google ([www.google.com](http://www.google.com)) on six separate occasions to support my work on this empirical project. Specifically, I conducted searches on:

1. 18/09/25. I used the prompts: Qualitative research on the lived experiences of children and young people with a parent with paranoid schizophrenia.
2. 20/10/25. I used the prompts: The lived experiences of children and young people with a parent with paranoia.
3. 30/10/25. I used the prompts: professionals' perspectives on the lived experiences of children and young people with a parent with paranoid schizophrenia.
4. 08/12/25. I used the prompts: The impact of parental psychosis and mental health on children and young people.
5. 18/12/25. I used the prompts: professionals accounts of safeguarding in practice with a parent with severe mental health.
6. 20/12/25. I used the prompts: professionals accounts of safeguarding in practice with a parent with Psychosis.

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Exploring the Impact of Parental Paranoid Schizophrenia  
on Children and Young People: A Systematic Review  
and a Qualitative Study of Professional Perspectives.

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MA Children and Young People's Mental Health.

Applied Research Dissertation.

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University of Wales Trinity Saint David School of  
Psychology.

## Declaration

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed: J. I. Howard (Candidate)

Date: 19/03/2026

This dissertation is being submitted in partial fulfilment of the requirements for the degree of the **MA Children and Young People's Mental Health**.

Signed: J. I. Howard (Candidate)

Date: 19/03/2026

This dissertation is the result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged by giving explicit references. A reference list is appended. Howard

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## Chapter One: Plain English Summary.

## 1.1 Plain English Lay summary.

Paranoid schizophrenia is a form of schizophrenia that can involve strong mistrust of others, fear and beliefs that people intend harm. When a parent or primary caregiver experiences these symptoms, it may affect family relationships, parenting and engagement with support services. Children and young people (CYP) growing up in these circumstances may face emotional and practical challenges that are not always recognised.

Although research has explored parental mental illness more broadly, fewer studies have examined how paranoia shapes CYP's experiences and family relationships. As a result, there is limited understanding of how professionals can best support CYP living in families affected by parental paranoid schizophrenia.

This research aimed to improve understanding of how parental paranoid schizophrenia may influence CYP's emotional, cognitive and social development and how professionals working with families can respond more effectively to their needs.

## 1.2 Social Research Methods

A systematic literature review examined research on parenting and psychosis, focusing on paranoia, mistrust and family relationships. The review explored how previous studies have understood the experiences of CYP growing up with a parent experiencing psychosis and identified gaps within current research.

The second stage of the project involved a qualitative study exploring the views of professionals. Seven practitioners from a mental health charity who currently or previously worked with CYP, including teaching assistants, an educational therapist and youth workers, participated in in-depth interviews. Interview data were analysed using thematic analysis to identify common experiences and perspectives among professionals.

Overall, the research explored how professionals understand the impact of parental paranoid schizophrenia on CYP's emotional, cognitive and social development, how safeguarding and support responses are delivered, and what barriers may prevent families from accessing help.

### 1.3 Key Findings

Across both stages of the project, several important themes emerged.

Professionals described how parental mistrust and fear may affect family relationships and engagement with services. Paranoia and suspicion can make it difficult for families to trust professionals or seek support, which may delay early intervention.

CYP were often described as taking on additional emotional or practical responsibilities within the family. Professionals reported that CYP may monitor their parent's wellbeing, take on caring roles or hide their own difficulties to protect their parent or maintain family stability.

Professionals highlighted that CYP's emotional experiences may sometimes be overlooked. In many situations, safeguarding concerns and risk management become the main focus, meaning CYP's emotional needs may receive less attention.

Several barriers to effective support were identified, including mistrust, limited communication between agencies and challenges coordinating support across education, health and social care.

Taken together, this research highlights the importance of looking beyond diagnosis to understand how symptoms such as paranoia shape family life and service engagement. In practice, effective support depends on building trusting relationships, recognising CYP's emotional experiences and strengthening inter-agency collaboration.

Overall, the study contributes to understanding the experiences of families affected by parental paranoid schizophrenia and highlights the need for earlier recognition of CYP's needs, enhanced professional support and improved collaboration between services.

## Chapter Two: Systematic Literature Review.

Title: Exploring the Impact of Parental Paranoid Schizophrenia on Children and Young People.

## 2.1 Abstract

Parental paranoid schizophrenia may pose distinct developmental risks for children and young people (CYP), particularly through relational patterns of mistrust, emotional withdrawal, and secrecy, yet it remains under-examined as a specific clinical presentation. This systematic literature review synthesised findings from nine qualitative and mixed-methods studies exploring the relational, emotional, and systemic impacts of parental paranoid schizophrenia and related psychotic disorders on CYP, with particular attention to professional perspectives. Three overarching themes were identified: relational disruption and emotional burden, systemic barriers to engagement and support, and intervention gaps related to limited paranoia-specific adaptations. Subthemes included emotional withdrawal, role reversal, hypervigilance, stigma, secrecy, and mistrust toward professionals. The findings highlight how paranoia-related symptoms may intensify developmental vulnerability and complicate safeguarding and service engagement. The review identifies significant gaps in paranoia-specific research and intervention design, underscoring the need for trauma-informed, developmentally sensitive, and systemically coordinated approaches, alongside future research employing diagnostically precise, longitudinal, and co-produced methodologies.

## 2.2 Introduction/Literature review

Paranoid schizophrenia is characterised by persistent persecutory beliefs, heightened threat perception and pervasive mistrust, features that remain clinically and relationally significant despite the removal of schizophrenia subtypes in the *DSM-5-TR* (APA, 2022; Cuthbert & Morris, 2021; Sanz Cortés, 2022).

Parental psychosis poses significant risks to the emotional and psychological development of children and young people, who will hereafter be referred to as CYP throughout this review, yet limited research isolates the specific impact of paranoid schizophrenia (Fett et al., 2022; Kelleher, 2025). In the United Kingdom, approximately 800,000 CYP undertake caring roles for a parent with severe mental illness, while globally between two and eight per cent of CYP provide similar support (Coker, 2023; Joseph et al., 2024). Paranoia-related symptoms may distort parenting, limit emotional availability and alter parental interpretations of the child, thereby increasing vulnerability across emotional, social and cognitive domains for CYP (Ni & Wang, 2022; Radley et al., 2023; Bird et al., 2022; Fett et al., 2022).

Despite a growing body of literature on parental psychosis, research specifically addressing paranoia-dominant presentations remains fragmented across diagnostic, developmental and practice-based research (Fett et al., 2022; Radley et al., 2023). Professional perspectives on safeguarding, trauma-informed practice and inter-agency responses are rarely synthesised, limiting the translation of research into coherent practice guidance (Pepa et al., 2025; Sin et al., 2021). Given that paranoia-related mistrust and secrecy may create barriers to engagement and early intervention, a systematic literature review is warranted to synthesise existing research and clarify implications for professional practice (Havelková et al., 2023; Sivarajah et al., 2025).

Therefore, this systematic literature review aims to explore the impact of parental paranoid schizophrenia on children and young people (CYP), with particular attention to how professionals who currently work, or have previously worked, with affected CYP understand developmental outcomes, safeguarding needs and support strategies.

### 2.3 Aims

The research questions underpinning this study are:

1. How do professionals perceive the influence of parental paranoid schizophrenia on the social, cognitive and emotional development of CYP?
2. How do professional insights relate to existing psychological theories and literature on child development, attachment, trauma and parental mental illness?
3. How might professional observations inform safeguarding practice, trauma-informed care and inter-agency responses when supporting individuals affected by parental paranoid schizophrenia?

Bowlby's (1969, pp. 371–373) attachment theory explains how parental inconsistency and emotional withdrawal can undermine relational security and emotional regulation (Lubiewska et al., 2025; Pepa et al., 2025). Bronfenbrenner's (1979, pp. 3–5) ecological systems theory situates CYP within wider environmental systems such as school, health and community settings, which can either buffer or intensify developmental risk (Coker, 2023; Nevard et al., 2024; Riley, 2021). Tajfel and Turner's (1979) social identity theory (SIT) highlights how stigma, secrecy and social comparison influence a CYP's self-concept and sense of belonging (Fett et al., 2022; Pepa et al., 2025). Felitti et al.'s (1998) Adverse Childhood Experiences framework (ACE) emphasises the cumulative effects of early adversity on long-term outcomes (Pepa et al., 2025). Together, these theories provide an integrated foundation for exploring how professional perspectives can inform

developmentally sensitive and trauma-informed support for CYP who grow up with a parent experiencing paranoid schizophrenia (Nevard et al., 2024; Riley, 2021).

MacDonald and McLaughlin (2024) explored the experiences of young adults who had cared for a parent with psychosis during childhood (Dobener et al., 2022). They identified themes of emotional burden, stigma, role reversal and resilience, highlighting how early caregiving shaped identity and trust in adulthood (Dobener et al., 2022; MacDonald & McLaughlin, 2024). Although based on a small sample, the study offers insight into the lasting emotional impact of parental psychosis and reflects paranoia-related patterns of mistrust and guardedness (Bird et al., 2022; Harries et al., 2023; Radley et al., 2023).

Similarly, Rahmani et al. (2022) examined Iranian adolescents caring for a parent with severe mental illness, including schizophrenia, highlighting emotional exhaustion, secrecy, and premature responsibility (Ni & Wang, 2022; Fett et al., 2022). Moreover, these experiences echo findings from MacDonald and McLaughlin (2024), suggesting cross-cultural patterns in how paranoia-related symptoms may shape caregiving roles and emotional adaptation among CYP (Boström & Strand, 2021; Bird et al., 2022). While the study provides valuable cultural insight, its conclusions may have limited transferability beyond the Iranian context (Harries et al., 2023; Wang et al., 2023).

Villena-Jimena et al. (2023) identified themes of emotional disconnection, mistrust of professionals and feelings of being observed or objectified among adults diagnosed with psychotic disorders receiving inpatient and community care (Villena-Jimena et al., 2023). Comparable patterns are described in research indicating that adults with psychosis frequently report paranoia-related mistrust, perceived surveillance and barriers to therapeutic trust (Gordon et al., 2023; Huurman et al., 2023). Ni and Wang (2022) similarly

reported that controlling and emotionally distant parenting among parents of adolescents with mental disorders fostered mistrust and emotional dysregulation (Ni & Wang, 2022). These patterns highlight the intergenerational influence of paranoia-related relational dynamics that may also affect CYP when parental psychosis limits trust and communication with support systems (Grant et al., 2021; Radley et al., 2023).

Oakes et al. (2023) explored professional perspectives among social workers, psychologists and mental-health nurses working with families affected by psychosis, including experiences of parental mistrust and stigma relevant to paranoia-related symptoms (Sin et al., 2021; Freeman, 2024). In addition, the focus on professional perspectives provides applied relevance; however, the study did not include parental voices (Dalton et al., 2022; Goodyear et al., 2026). Related work conducted by Bird et al. (2022) examined paranoia-related mistrust among young service users and its implications for relational engagement within support systems (Bird et al., 2021; Cederlöf et al., 2023). Radley et al. (2023) further highlighted how stigma and mistrust create relational barriers within families affected by parental psychosis, limiting collaboration between families and services (Goodyear et al., 2026; Reupert & Maybery, 2021).

Radley et al. (2021) surveyed UK mental-health professionals and identified parental secrecy, stigma, and mistrust as key barriers to engagement with families affected by psychosis (Collins et al., 2025; Dalton et al., 2024). Similar patterns were reported by Oakes et al. (2023), who highlighted how practitioner–parent mistrust and stigma can undermine therapeutic relationships and inter-agency collaboration (Bird et al., 2021; Radley et al., 2023). Although family-focused interventions such as Triple P and family psychoeducation show promise, Radley et al. (2023) noted these programmes often lack adaptations for the relational and cognitive challenges associated with paranoia (Collins et al., 2025; Gjøde et al., 2025). Gjøde et al. (2025) reported that children in families affected by severe parental

mental illness may experience disruptions in family functioning and the home environment, highlighting potential emotional and developmental vulnerabilities (Collins et al., 2025; Harries et al., 2023). However, these findings were limited by short follow-up periods and heterogeneous samples (Nevard et al., 2024; Radley et al., 2021; Riley, 2021).

Taken together, these studies highlight consistent relational, emotional, and systemic challenges for CYP whose parents experience psychosis and reveal gaps in paranoia-specific research and intervention design (Gjode et al., 2025; MacDonald & McLaughlin, 2024; Oakes et al., 2023; Rahmani et al., 2022; Radley et al., 2023; Villena-Jimena et al., 2023). These gaps provide the rationale for the present study, which examines how professionals in education, counselling, mental health, and social care perceive the impact of parental paranoid schizophrenia on CYP's emotional, social and cognitive development and how these perspectives inform trauma-informed, inter-agency support.

## 2.4 Methodology

### 2.4.1 The Search Process

A database search of published literature dating from August 2025 to December 2025 was conducted. Seven electronic databases were selected for this purpose: Science Direct, JSTOR, ProQuest, PsycINFO, PsycARTICLES, EBSCOhost and Google Scholar. To fulfil the aims of this systematic literature review, the search strategy included combinations of the terms reported in Table 1 using Boolean operators to optimise search sensitivity. Reference lists of included studies were also manually screened to identify additional relevant research.

### 2.4.2 Inclusion and Exclusion Criteria

The purpose of this systematic literature review was to explore research examining the impact of parental paranoid schizophrenia on children and young people (CYP), with particular attention to how professionals interpret these developmental consequences. Both qualitative and quantitative studies were considered to capture a range of perspectives, although priority was given to qualitative findings due to their ability to provide in-depth accounts of lived experience. For the purposes of this review, “professionals” referred to practitioners across health, education and social care who work with CYP and families.

Studies were included if: (1) the research employed a recognised qualitative, quantitative or mixed-methods design; (2) the study examined parental schizophrenia or psychosis with attention to paranoid traits such as mistrust, suspicion or withdrawal; (3) participants included CYP, adults reflecting retrospectively on childhood experiences, or professionals working with these families; (4) the research was written in English or available in translation; (5) the research was directly relevant to understanding CYP’s developmental experiences or professional interpretations of parental paranoid schizophrenia; and (6) the findings were reported in peer-reviewed journals, doctoral theses or formal reports.

For the purpose of this review, children and young people were defined as individuals aged 25 years or under (Al-Yassin, 2024). Studies involving adults reflecting on childhood experiences of parental paranoid schizophrenia were also eligible. No restrictions were placed on country of origin. Studies employing mixed methods were included; however, only qualitative findings were used in the thematic synthesis.

Studies were excluded if: (1) they lacked sufficient methodological detail; (2) they focused exclusively on adults with schizophrenia without reference to dependent children; (3) they did not refer to schizophrenia, paranoid schizophrenia, psychosis or severe mental illness within a parental context; (4) they lacked empirical data; or (5) they were not reported in peer-reviewed journals, doctoral theses or formal research reports. Grey literature was appraised using the AACODS checklist (Tyndall, 2010).

#### 2.4.3 Quality Assessment

A data extraction chart was compiled (Table 2) detailing the country of study, study design, data collection method and sample. Study quality was assessed using the Consolidated Criteria for Reporting Qualitative Research (COREQ; Tong et al., 2007) and the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P; Shamseer et al., 2015).

#### 2.4.4 Study Selection / Screening Process

Initial database searches identified 112 relevant records, many of which were duplicates and subsequently removed. Titles and abstracts were screened against the inclusion criteria, followed by full-text review of potentially relevant studies. Reference lists were also screened manually to identify additional sources. Following this process, nine studies remained and were retained for the final review.

Table 1: SLR: Components and search terms used for the database searches.

| Facets                    | Search terms                                                                                                                                                                  |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Parental Mental Illness   | Schizophrenia, Paranoid Schizophrenia, Psychosis, Severe Mental Illness, Parental Mental Illness.                                                                             |
| Children/Young People     | Children, Young People, Adolescents, Youth, Families, Sons, Daughters.                                                                                                        |
| Professional Perspectives | Professionals, Teachers, Social Workers, Psychologists, Nurses, Practitioners, Support Workers, Carers.                                                                       |
| Methods/Experiences       | Experience, Lived Experience, Thematic Analysis, Focus Group, Interview, IPA, Semi-Structured, Case Study, Qualitative, Quantitative, Survey, Questionnaire, Cross-sectional. |

Note: All facets combined with AND; all terms within facets combined with OR.

## 2.5 Results

The characteristics of the studies included in the SLR are summarised in Table 2 below.

Table 2: Summary of Studies Examining Parental Psychosis, Paranoia-Related Dynamics and CYP Development.

| Study                          | Country of Study | Study Design                                                 | Method of Data Collection                                                                                                            | Themes Identified                                                                        |
|--------------------------------|------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Bird et al. (2022).            | United Kingdom.  | Qualitative, Interpretative Phenomenological Analysis (IPA)  | 12 young service users; semi-structured interviews                                                                                   | Paranoia-related mistrust; relational withdrawal; emotional distress.                    |
| Gjode et al. (2025).           | Denmark.         | Quantitative, Randomised Controlled Trial (RCT).             | 72 families (parents and children); standardised questionnaires.                                                                     | Family functioning; home environment; child wellbeing; preventive intervention outcomes. |
| MacDonald & McLaughlin (2024). | United Kingdom.  | Qualitative, Interpretative Phenomenological Analysis (IPA). | Unstructured interviews with six female adults (aged 19–24) who cared for a parent with psychosis during childhood.                  | Emotional burden; stigma; role reversal; resilience.                                     |
| Ni & Wang (2022).              | China.           | Qualitative Thematic Analysis.                               | Semi-structured interviews with 30 parents of adolescents with mental health disorders.                                              | Controlling parenting; emotional distance; intergenerational mistrust.                   |
| Oakes et al. (2023).           | United Kingdom   | Qualitative Thematic Analysis.                               | Semi-structured interviews with 17 professionals (social workers, psychologists, and mental-health nurses).                          | Practitioner–parent mistrust; stigma; barriers to engagement.                            |
| Rahmani et al. (2022).         | Iran.            | Qualitative, Thematic Content Analysis.                      | Semi-structured interviews with 18 adolescents (aged 13–17) caring for a parent with severe mental illness, including schizophrenia. | Emotional exhaustion; secrecy; premature responsibility.                                 |
| Radley et al. (2021).          | United Kingdom.  | Qualitative, Thematic Analysis.                              | Semi-structured interviews with 24 mental-health professionals (psychologists, psychiatrists, social workers, and nurses).           | Parental secrecy; stigma; systemic barriers; limited collaboration.                      |
| Radley et al. (2023).          | United Kingdom.  | Qualitative Program Mapping Study.                           | Review of family interventions (e.g., Triple P, psychoeducation) for families affected by psychosis.                                 | Lack of paranoia-specific adaptations; stigma; mistrust in services.                     |
| Villena-Jimena et al. (2023).  | Spain.           | Qualitative, Content Analysis.                               | Focus groups and in-depth interviews with 22 adults diagnosed with psychotic disorders receiving community and inpatient care.       | Emotional disconnection; mistrust of professionals; perceived surveillance.              |

## 2.6 Overview of Superordinate and Subordinate Themes.

This review synthesised eight qualitative studies and one quantitative intervention study exploring family functioning among families affected by severe mental illness., identifying three overarching themes: (1) emotional disconnection and mistrust, (2) disrupted family roles and communication, and (3) barriers to professional and educational support. Each theme encompassed subthemes capturing the psychological, relational, and systemic challenges faced by CYP living with a parent diagnosed with paranoid related psychosis. Subthemes included emotional withdrawal, hypervigilance, role reversal, stigma concealment, and limited-service awareness. Thus, these findings align with established approaches to thematic synthesis in qualitative systematic reviews (Radley et al., 2025) and provide a symptom-specific lens on developmental outcomes across clinical, educational, and caregiving contexts. Table two, above, illustrates how these themes were refined in the present study to integrate professional perspectives and extend the analysis to practice and intervention contexts.

Table three below illustrates how themes identified in the literature, were conceptually refined and reorganised to align with the focus of the present study and its emphasis on professional perspectives.

Table 3: Relationship between review themes and present study themes and subthemes.

| Themes from the literature                       | Key subthemes in the literature                         | Refined themes (present study)                          | Subthemes (present study)                  | Representative studies                                                   | Conceptual development                                           |
|--------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------|
| Emotional disconnection and mistrust             | Emotional withdrawal; fragile bonds                     | Theme 1: Relational Disruption in the Parent–Child Dyad | Emotional withdrawal and disconnection     | Villena-Jimena et al. (2023); Ni & Wang (2022).                          | Reframed with attachment and developmental risk focus            |
| Disrupted family roles and communication         | Role reversal; hypervigilance; premature responsibility | Theme 1: Relational Disruption in the Parent–Child Dyad | Role reversal and emotional hypervigilance | MacDonald & McLaughlin (2024); Rahmani et al. (2022).                    | Reinterprets hypervigilance as burden rather than resilience     |
| Barriers to professional and educational support | Stigma; secrecy; mistrust of services                   | Theme 2: Systemic Barriers to Engagement and Support    | Mistrust of professionals and institutions | Oakes et al. (2023); Radley et al. (2021); Villena-Jimena et al. (2023). | Extends to safeguarding and service-level processes              |
| Concealment in professional contexts             | Non-disclosure; emotional masking                       | Theme 2: Systemic Barriers to Engagement and Support    | Emotional masking by children              | Bird et al. (2022); Rahmani et al. (2022).                               | Highlights hidden needs within educational/professional settings |
| Limited intervention adaptation                  | Generic programmes; low engagement                      | Theme 3: Intervention Gaps and Adaptation Challenges    | Limited paranoia-specific adaptations      | Radley et al. (2023); Gjøde et al. (2025).                               | Identifies lack of paranoia-specific frameworks                  |
| Practitioner challenges                          | Resistance; perceived intrusiveness                     | Theme 3: Intervention Gaps and Adaptation Challenges    | Professional struggles in implementation   | Oakes et al. (2023); Radley et al. (2021).                               | Adds practitioner perspective on implementation barriers         |

## 2.7 Superordinate Theme 1: Relational Disruption in the Parent–Child Dyad.

Across several studies, paranoid traits such as suspicion, withdrawal and misinterpretation of intentions were associated with strained parent–child relationships (Bird et al., 2022; Boström & Strand, 2021). MacDonald and McLaughlin (2024) described CYP acting as emotional barometers, while Villena-Jimena et al. (2023) reported fragile parental bonds shaped by fears of surveillance. Rahmani et al. (2022) also highlighted adolescents' exhaustion linked to premature caregiving roles. Together, these findings illustrate developmental risks for CYP growing up in paranoia-affected families. Attachment theory (Bowlby, 1969) suggests that inconsistent emotional availability and withdrawal can disrupt secure bonding and emotional regulation (Lubiewska et al., 2025).

### Subordinate theme 1.1: Emotional Withdrawal and Disconnection.

Analysis of the included studies revealed that emotional withdrawal was consistently identified as a defining feature of parental paranoia (Bird et al., 2022). Villena-Jimena et al. (2023) described parents disengaging from their CYP to protect themselves from perceived surveillance. Attachment theory (Bowlby, 1969) suggests that such withdrawal deprives CYP of warmth and responsiveness, which are essential for emotional regulation and attachment security (Lubiewska et al., 2025). Over time, according to MacDonald & McLaughlin (2024), these relational gaps may contribute to insecurity, anxiety and increased vulnerability to later mental-health difficulties. Professionals should therefore recognise that the absence of consistent caregiving can have lasting developmental consequences (Radley et al., 2021).

### Subordinate theme 1.2: Role Reversal and Emotional Hypervigilance.

Across the literature, CYP were consistently described as assuming premature caregiving responsibilities in households affected by parental paranoia (Rahmani et al., 2022; Boström & Strand, 2021). MacDonald and McLaughlin (2024) reported that CYP often monitored parental emotions and managed household tension, while Rahmani et al. (2022) found adolescents experienced emotional exhaustion linked to these reversed roles. Although such hypervigilance may appear as resilience, it often reflects emotional suppression and unmet developmental needs. Tajfel and Turner (1979) SIT provides insight into how CYP in these contexts may internalise caregiving identities and stigma, shaping their self-concept and sense of belonging (Fett et al., 2022; Pepa et al., 2025).

### 2.8 Superordinate Theme 2: Systemic Barriers to Engagement and Support.

Research from the included studies, suggests that parental mistrust and secrecy frequently act as barriers to professional involvement (Bird et al., 2022; Oakes et al., 2023; Radley et al., 2021). Villena-Jimena et al. (2023) described parental fears of surveillance and potential child removal, while Oakes et al. (2023) identified mistrust as a significant obstacle to therapeutic collaboration. Similarly, Radley et al. (2021) reported that parental secrecy and stigma often limited open communication with professionals. Together, these findings illustrate how paranoia-related behaviours may restrict engagement with education, health and social-care services, creating additional challenges for practitioners attempting to support affected families (Bird et al., 2022; Oakes et al., 2023).

#### Subordinate theme 2.1: Mistrust of Professionals and Institutions.

Across the literature, studies suggests that parental mistrust frequently acts as a barrier to engagement with support services (Bird et al., 2022; Oakes et al., 2023; Radley et al., 2021). Villena-Jimena et al. (2023) reported that some parents feared disclosure could result

in child removal, while Oakes et al. (2023) described defensive and controlling behaviours associated with paranoid traits. Similarly, Radley et al. (2021) identified parental secrecy and stigma as factors that often-delayed help-seeking and contributed to strained relationships with practitioners.

#### Subordinate theme 2.2: Emotional Masking by Children in Professional Settings.

Findings across the included studies indicate that CYP may conceal distress in order to protect their families, which can complicate professional assessment (MacDonald & McLaughlin, 2024; Rahmani et al., 2022). CYP may appear resilient or compliant while masking underlying anxiety and emotional strain. For practitioners, this creates interpretive challenges, as vulnerability may remain hidden behind adaptive behaviours, particularly where stigma or mistrust limits open communication within families (Bird et al., 2022; Oakes et al., 2023; Radley et al., 2021). Ecological systems theory (Bronfenbrenner, 1979) provides a useful framework for understanding how these dynamics occur across interconnected environments, such as school and social-care contexts, which may either reinforce or reduce emotional masking.

#### 2.9 Superordinate Theme 3: Intervention Gaps and Adaptation Challenges.

Analysis of the included studies revealed a lack of interventions adapted to paranoia-related experiences (Radley et al., 2021; Radley et al., 2023; Gjøde et al., 2025). Radley et al. (2023) noted that existing family programmes rarely address mistrust or fears of surveillance, which may limit engagement among families affected by parental psychosis. Similarly, Radley et al. (2021) reported that professionals frequently encounter barriers to implementing family-focused support where parental secrecy and stigma are present. Although family-based interventions may improve resilience and aspects of family functioning, Gjøde et al.

(2025) highlighted that current approaches are rarely adapted to the relational challenges associated with paranoia-related mistrust and withdrawal.

#### Subordinate theme 3.1 Limited Paranoia-Specific Adaptations.

Findings across the included studies indicate that family interventions such as Triple P and family psychoeducation may benefit families affected by parental psychosis but are rarely adapted to address paranoia-related mistrust and defensiveness (Radley et al., 2021; Radley et al., 2023; Gjøde et al., 2025). Radley et al. (2023) noted that existing programmes often overlook fears of surveillance and mistrust of services, which may reduce engagement and programme completion. These challenges highlight the importance of safety, trust and relational consistency when supporting affected families. Both the Adverse Childhood Experiences framework (Felitti et al., 1998) and attachment theory (Bowlby, 1969) emphasise the role of secure and supportive relationships in mitigating developmental risk.

#### Subordinate theme 3.2 Professional Struggles in Implementation.

Findings across the included studies indicate that professionals often struggle to apply generic interventions within families affected by paranoia-related psychosis (Gjøde et al., 2025; Oakes et al., 2023). Parental suspicion and mistrust may lead families to perceive interventions as intrusive, limiting collaboration and therapeutic engagement (Bird et al., 2022; Oakes et al., 2023). As a result, practitioners may rely on informal adaptations when working with these families due to the absence of interventions specifically tailored to paranoia-related relational dynamics. These challenges highlight the importance of systemic approaches that recognise the broader family and service contexts in which support is delivered (Bronfenbrenner, 1979).

## 2.10 Summary of Superordinate and Subordinate Themes.

Relational disruption highlights how emotional withdrawal, mistrust and role reversal can destabilise family relationships and increase developmental risks for CYP. Systemic barriers show how parental mistrust and CYP's emotional masking may limit engagement with support services and obscure vulnerability. Intervention gaps indicate that professionals often lack paranoia-specific guidance and therefore adapt generic approaches when supporting affected families.

Taken together, the included studies indicate that CYP growing up with a parent experiencing paranoid schizophrenia may face distinct relational and developmental challenges, while professional responses remain constrained by limited research and a lack of tailored intervention frameworks.

## 2.11 Discussion

This SLR review highlights consistent patterns in the literature concerning CYP affected by parental paranoid schizophrenia. Paranoia-related traits such as withdrawal, suspicion and relational misinterpretation appear to shape both CYP's developmental experiences and professionals' responses (MacDonald & McLaughlin, 2024; Rahmani et al., 2022; Villena-Jimena et al., 2023). Oakes et al. (2023) similarly describe relational disruption, mistrust and engagement difficulties between families and services, alongside gaps in safeguarding and intervention approaches (Freeman, 2024; Radley et al., 2023).

Relational disruption emerged as a consistent feature in families affected by parental psychosis and schizophrenia, including paranoia-related traits, where CYP described fragile, emotionally inconsistent relationships and heightened vigilance (Bird et al., 2022; MacDonald & McLaughlin, 2024; Rahmani et al., 2022). MacDonald and McLaughlin (2024) found that early caregiving roles shaped mistrust and guardedness in adulthood (Boström & Strand, 2021; Dobener et al., 2022). Similarly, Rahmani et al. (2022) identified emotional exhaustion and secrecy among adolescents supporting a parent with schizophrenia (Bird et al., 2022; Fett et al., 2022). Ni and Wang (2022) also observed that parental withdrawal and controlling behaviours contributed to mistrust and emotional dysregulation (Villena-Jimena et al., 2023). These findings align with attachment theory (Bowlby, 1969), which suggests that inconsistent or emotionally unavailable caregiving can disrupt emotional security and regulation (Lubiewska et al., 2025; Pepa et al., 2025).

Radley et al. (2023) intervention research, highlights a lack of paranoia-specific adaptation within family support programmes (Collins et al., 2025; Gjøde et al., 2025; Radley et al., 2021). Radley et al. (2021) and Oakes et al. (2023) found that secrecy and stigma limited engagement, while Radley et al. (2023) observed that promising interventions such as

the Triple P and family psychoeducation, were not tailored to cognitive and relational barriers linked to paranoia (Ni & Wang, 2022; Sin et al., 2021). Gjøde et al. (2025) reported that CYP living with a parent with schizophrenia showed emotional and cognitive vulnerabilities, yet study designs were constrained by short follow-ups and heterogeneous samples (MacDonald & McLaughlin, 2024; Rahmani et al., 2022).

Thus, these challenges reflect broader gaps in adapting interventions to relational mistrust and fear of intrusion (Dalton et al., 2024; Collins et al., 2025). As a result, these findings link to Tajfel and Turner (1979) SIT, which explains how stigma and secrecy surrounding parental illness inhibit engagement and belonging (Fett et al., 2022; Pepa et al., 2025). Addressing these limitations requires contextually sensitive, multi-agency approaches informed by attachment, ecological and trauma frameworks (Pepa et al., 2025; Radley et al., 2023).

## 2.12 Strengths and Limitations of the Literature

A key strength of the reviewed literature is the inclusion of perspectives from CYP, parents and professionals, providing a broader understanding of family dynamics in the context of parental psychosis (MacDonald & McLaughlin, 2024; Oakes et al., 2023; Rahmani et al., 2022). Dyadic and retrospective designs offered insight into relational experiences across the lifespan (Dobener et al., 2022), while cross-cultural studies broadened contextual understanding (Rahmani et al., 2022; Villena-Jimena et al., 2023).

However, several limitations were evident. None of the reviewed studies specifically examined parental paranoid schizophrenia, with most combining schizophrenia with broader psychosis categories, limiting diagnostic specificity. Small samples and short intervention evaluation periods also restricted conclusions regarding long-term outcomes for CYP and families (Gjøde et al., 2025; Oakes et al., 2023; Radley et al., 2021).

## 2.13 Conclusion

In conclusion, this systematic review indicates that paranoia-related symptoms in parents can disrupt family relationships, hinder professional engagement and limit the effectiveness of generic interventions (Bird et al., 2022; Oakes et al., 2023). Although programmes such as Triple P and family-based prevention show promise, they are rarely adapted to address paranoia-related mistrust and fears of surveillance (Gjode et al., 2025; Radley et al., 2023).

While the literature benefits from diverse perspectives and cross-cultural insights, diagnostic ambiguity, small samples and limited longitudinal research constrain conclusions. Future research should therefore examine paranoia-specific experiences more directly and develop interventions tailored to these relational challenges. These limitations highlight a clear gap in professional understandings of parental paranoid schizophrenia, which provides the justification for the thematic analysis presented in Chapter Three exploring the perspectives of professionals working with CYP affected by parental paranoid schizophrenia.

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## Chapter Three: Research Paper.

Title: Exploring the Impact of Parental Paranoid Schizophrenia During Childhood:  
Insights from Professionals Working with Affected Children and Young People.

This manuscript has been written for submission to Child and Adolescent Mental Health following the journal's instructions for authors.

### 3.1 Abstract

Parental paranoid schizophrenia may influence CYP's emotional, cognitive and social development; however, research rarely focuses specifically on paranoia-related symptoms within parenting contexts. This study explored professionals' perspectives on how parental paranoid schizophrenia affects CYP and how these experiences shape safeguarding and support responses, addressing a gap in research examining paranoia-specific parenting dynamics within families affected by parental paranoid schizophrenia. A qualitative design using semi-structured interviews was employed. Seven professionals working within a mental health charity, all with experience supporting families affected by severe mental illness, participated in the study. Interviews were analysed using reflexive thematic analysis.

Three superordinate themes were identified: (1) Growing Up in a Climate of Psychological Threat; (2) Premature Responsibility and Disrupted Development; and (3) Silence, Stigma and Barriers to Support. Professionals described CYP experiencing chronic hypervigilance, emotional insecurity and cognitive preoccupation, alongside premature caregiving responsibilities and restricted autonomy. Accounts highlighted secrecy, stigma and mistrust of services as barriers to disclosure and support. Paranoia-related mistrust was described as shaping family relationships, influencing engagement with services and contributing to adaptive strategies such as vigilance, caregiving roles and non-disclosure. Findings highlighted challenges within safeguarding responses and inter-agency collaboration.

Overall, the findings suggest that parental paranoid schizophrenia may shape CYP development through relational unpredictability, heightened responsibility and constrained help-seeking. The study provides new qualitative insight into how paranoia-related family dynamics influence CYP experiences and professional safeguarding responses, highlighting the importance of trauma-informed and relational approaches that prioritise trust-building, recognise CYP's emotional experiences and strengthen collaboration across professional systems.

### 3.2 Introduction/Literature review

As identified in the SLR, children and young people (CYP) living with parents experiencing severe mental illness may experience emotional strain, caregiving responsibilities and barriers to accessing support (Devaney et al., 2020; Can et al., 2024; Lacey et al., 2022). However, the SLR highlighted that research rarely isolates paranoia-dominant presentations within schizophrenia, despite paranoia-related symptoms such as persecutory beliefs, threat perception and mistrust remaining common features of the disorder (APA, 2022; Freeman et al., 2023; Uher et al., 2023). Within parenting contexts, these experiences may influence family relationships, caregiving dynamics and engagement with support services (Partridge et al., 2022).

The SLR further indicated that paranoia-related mistrust and secrecy may shape how families interact with safeguarding and support systems, potentially limiting disclosure and help-seeking (Devaney et al., 2020; Partridge et al., 2022). As outlined in the SLR, interpretation of these dynamics was informed by Attachment Theory (Bowlby, 1969, pp. 371–373), Developmental Trauma perspectives (van der Kolk, 2005), Ecological Systems Theory (Bronfenbrenner, 1979, pp. 3–5), SIT (Tajfel & Turner, 1979, pp. 33–47) and Adverse Childhood Experiences Theory (Felitti et al., 1998).

Therefore, this study explores professionals' perspectives on how parental paranoid schizophrenia influences the emotional, cognitive and social development of CYP, how these observations relate to existing psychological theory and research, and how professional insights may inform safeguarding practice, trauma-informed care and inter-agency responses.

Gregersen et al (2023) propose that elevated developmental risk among CYP living with parents experiencing severe mental illness, including psychosis-spectrum conditions,

is indicated in population-based research (Uher et al., 2023). However, reliance on administrative or epidemiological datasets may limit insight into relational processes and subjective family experiences, constraining understanding of family dynamics within contexts of severe parental mental illness (Harries et al., 2023; Roussinos & Papastathopoulos, 2024). Lacey et al. (2022) report that a significant proportion of CYP internationally undertake caregiving responsibilities within families affected by parental mental illness, highlighting the developmental implications of early role assumption (Ahlborg et al., 2024; Walker et al., 2024). Substantial numbers of CYP undertaking informal caregiving roles within families affected by parental mental illness are also identified in population estimates, although survey methodologies may underrepresent hidden caregiving within contexts characterised by stigma or service mistrust (Becker et al., 2022; Leu et al., 2019).

Partridge et al. (2022) report that paranoia-related threat appraisal and mistrust may shape parenting behaviours through emotional withdrawal and constrained reflective functioning (Kuipers et al., 2025; Menashe-Grinberg & Atzaba-Poria, 2023). Hestbaek et al. (2025) identify that CYP exposed to parental mental health difficulties frequently adopt adaptive coping strategies such as emotional monitoring and hypervigilance (Ahlborg et al., 2024; Walker et al., 2024). Gregersen et al. (2023) and Roussinos and Papastathopoulos (2024) associate sustained exposure to parental psychosis with elevated anxiety, relational insecurity, and emotional burden among CYP. However, reliance on caregiver and professional reports may limit insight into CYP resilience and lived experience (Ahlborg et al., 2024).

Freeman and Loe (2023) describe paranoia-related mistrust as a barrier to engagement with professional services, potentially delaying access to support and safeguarding responses (Kuipers et al., 2025). Bate et al. (2022) and Turney et al. (2024) identify

variability in professional confidence and inter-agency thresholds when supporting families affected by severe parental mental illness characterised by mistrust and threat perception. Can et al. (2024), Kuipers et al. (2025), and Sivarajah et al. (2025) suggest that existing family-focused interventions are often insufficiently adapted to psychosis-related presentations, with relational and cognitive barriers limiting engagement with services.

Parental paranoid schizophrenia has therefore been linked to elevated caregiving burden and developmental vulnerability among CYP, yet existing research relies largely on cross-sectional designs, register data and professional reports, limiting insight into paranoia-specific relational dynamics (Can et al., 2024; Gregersen et al., 2023; Hestbaek et al., 2025; Lacey et al., 2022; Partridge et al., 2022; Uher et al., 2023). The dominance of professional perspectives may privilege safeguarding priorities in contexts of mistrust, highlighting the need for qualitative exploration of inter-agency decision-making and professional understanding (Bate et al., 2022; Kuipers et al., 2025; Turney et al., 2024).

Therefore, this thematic analysis aims to explore the impact of parental paranoid schizophrenia during childhood through the perspectives of professionals who currently work, or have previously worked, with affected CYP. Specifically, the study examines (1) professionals' perceptions of the impact on CYP emotional, cognitive and social development, (2) factors that facilitate effective support and safeguarding, and (3) barriers that hinder engagement, intervention and inter-agency collaboration.

## 3.3 Methodology

### 3.3.1 Participants

Seven professionals (six female and one male; mean age = 41.7 years, range = 33–52 years) were recruited from the mental health charity Mind (Carmarthen branch), South Wales, using purposive opportunity sampling. Mind primarily provides support for adults with complex mental health needs. However, all participants also held current or previous professional roles working with CYP, including positions as teaching assistants, youth workers and school counsellors. Participants were therefore able to draw upon professional experience supporting CYP affected by parental paranoid schizophrenia. Several participants held these roles alongside their work at Mind, providing experience across mental health, educational and community settings. Professionals were selected as participants because they were able to draw upon experience supporting multiple families affected by parental paranoid schizophrenia across mental health, safeguarding and educational contexts. This enabled broader insight into patterns of impact on CYP while avoiding the ethical risks associated with interviewing vulnerable children or parents experiencing severe mental illness.

Recruitment through a single organisation facilitated access to professionals with relevant safeguarding and family-support experience within a shared service context. However, as participants were drawn from one charity within a specific regional service environment, the findings may reflect particular organisational practices and local policy contexts, which may limit transferability to other service systems or geographical contexts.

### 3.3.2 Design

A qualitative research design was employed to explore professionals' perceptions of the impact of parental paranoid schizophrenia on CYP's emotional, cognitive and social development. A qualitative approach was considered appropriate because the research aimed to explore complex relational experiences and professional interpretations rather than to test predefined hypotheses.

One-to-one semi-structured interviews were used to generate rich, detailed accounts of professionals' experiences. This method was selected because it provides a balance between consistency across interviews and flexibility, to explore individual perspectives in depth. The semi-structured format also enabled the researcher to follow up emerging topics related to safeguarding, help-seeking and systemic challenges while maintaining alignment with the research aims. This approach was considered particularly appropriate given the exploratory nature of the study, and the need to capture nuanced professional perspectives regarding parental paranoid schizophrenia, CYP development and service responses.

### 3.3.3 Data Collection

Ethical approval for the study was submitted to and approved by the University of Wales Trinity Saint David (UWTSD) ethics committee prior to data collection (Appendix F). The research was conducted in accordance with the British Psychological Society (BPS, 2022).

Participants were recruited through purposive opportunity sampling via word of mouth within Mind Carmarthen, a branch of the mental health charity Mind in South Wales. Eligible staff members were informed about the study through informal professional discussion and invited to contact the researcher if they wished to participate. This recruitment strategy was considered appropriate because the study sought professionals with relevant

experience of severe parental mental illness, safeguarding and family support contexts, rather than a broader or random professional sample. Interviews were conducted face to face in a private, soundproof interview room at Mind Carmarthen to ensure confidentiality and minimise disruption.

Prior to the start of each interview and before audio recording commenced, participants were asked to read the Participant Information Sheet (Appendix A), complete the Demographic Questionnaire (Appendix C) and provide written informed consent, using the Consent Form (Appendix B). Participants' right to withdraw without penalty for up to two weeks following participation was reiterated verbally. Confidentiality expectations were also discussed, including the importance of avoiding the disclosure of identifying information about service users during the interview.

Data were collected using a semi-structured interview schedule (Appendix E) consisting of semi-structured, open-ended questions designed to address the research aims. Questions explored professionals' perceptions of the emotional, cognitive, behavioural and educational impacts of parental paranoid schizophrenia on CYP, as well as paranoia-specific influences on help-seeking, safeguarding and systemic engagement. Prompts and follow-up questions were used flexibly to clarify responses and support depth of discussion.

All interviews were audio recorded using a single digital recording device with participants' explicit consent. Interviews were conducted between November 2025 and January 2026. Immediately following each interview, audio recordings were transferred to secure storage and the recording device was cleared.

All data, including audio recordings, transcripts and consent documentation, were stored securely in a locked filing cabinet within the researcher's home and were accessible only to the researcher. Audio recordings were retained only for the time required for

transcription and accuracy checking, and were permanently deleted thereafter in accordance with UWTSD data protection policies. Following completion of each interview, participants were verbally debriefed and provided with a written Debrief Sheet (Appendix D), which summarised the aims of the study, reiterated withdrawal procedures and provided contact details for relevant support services should participation raise any concerns.

### 3.3.4 Data Analysis

All interviews were transcribed verbatim by the researcher. During transcription, identifying information was removed and participants were assigned pseudonyms to protect anonymity. Audio recordings were permanently deleted following transcription and accuracy checks. Example transcript extracts are provided in Appendix H.

Data were analysed using reflexive thematic analysis as outlined by Braun and Clarke (2006, 2012, 2015, 2022). This approach was selected because it offers a flexible yet theoretically informed method for identifying patterns of meaning across qualitative data, while also allowing the researcher to move beyond surface description and develop interpretative themes relevant to the research aims. Analysis followed an iterative and recursive process rather than a fixed linear sequence.

First, transcripts were read repeatedly to achieve familiarisation with the dataset. Second, initial codes were generated inductively at a semantic level to capture patterns of meaning across professionals' accounts. Third, codes were reviewed, refined and organised into subordinate themes. Finally, these subordinate themes were developed into overarching superordinate themes through a reflexive process of reviewing, comparing and refining thematic interpretations. An example of the coding process and theme development is provided in Appendix G.

Interpretation of themes was informed by theoretical frameworks outlined in the literature review, including Attachment Theory (Bowlby, 1969), the ACE framework (Felitti et al., 1998), trauma-informed approaches (SAMHSA, 2014), Ecological Systems Theory (Bronfenbrenner, 1979) and SIT (Tajfel & Turner, 1979). Consistent with reflexive thematic analysis, themes were understood as interpretative constructions rather than objective representations of participants' accounts (Braun & Clarke, 2006, 2012, 2015, 2022).

Reflexivity was maintained throughout the analytic process and emerging interpretations were discussed during academic supervision. As a postgraduate psychology researcher who also works at Mind supporting adults with complex mental health needs, it was recognised that prior professional experience, theoretical training and assumptions regarding paranoia and safeguarding contexts could influence interpretation. These potential influences were therefore considered and reflected upon throughout coding and theme development.

To enhance analytic rigour, coding decisions and theme development were documented throughout the analytic process and discussed, during regular academic supervision to support transparency and critical reflection on emerging interpretations. Consistent with reflexive thematic analysis, the aim was not to achieve objective consensus but to develop theoretically informed interpretations grounded in the dataset (Braun & Clarke, 2006, 2012, 2015, 2022).

### 3.3.5 Ethical Considerations

Ethical approval was obtained from the University of Wales Trinity Saint David (UWTSD) ethics committee prior to data collection. The study adhered to the British

Psychological Society (BPS, 2022) Code of Ethics and Conduct, including principles of informed consent, confidentiality, right to withdraw and participant welfare.

Participation was voluntary and informed consent was obtained prior to each interview. Participants were informed that they could withdraw their data up to two weeks following participation, at which point audio recordings and transcripts would be deleted and excluded from analysis. As participants reflected on professional rather than personal experiences, the risk of distress was considered minimal; nonetheless, participants were informed that they could pause or terminate the interview at any point and that their data could be removed if they so wished.

All data were managed in accordance with UWTSD data protection policies. Transcripts and demographic data were stored on password-protected university systems accessible only to the researcher, supervisor and examiners if required. Anonymised data were retained for the duration specified by UWTSD policy and securely deleted thereafter.

### 3.4 Results

Table 4: Demonstrates the demographic characteristics of participants, including gender, age and their experience working with CYP affected by parental paranoid schizophrenia.

| Transcript ID | Participant (Pseudonym) | Gender | Age | Current Role                                          | Length of Time in Role | Previous Roles                                                   | Experience Working with CYP Affected by Parental Paranoid Schizophrenia |
|---------------|-------------------------|--------|-----|-------------------------------------------------------|------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------|
| T1            | Sarah                   | Female | 39  | Manager at Mind                                       | 3 years                | Learning mentor in secondary school (4 years)                    | Yes                                                                     |
| T2            | Angharad                | Female | 36  | Part-time Mental Health Support Worker at Mind        | 2 years                | Teaching Assistant, 6 years- ongoing                             | yes                                                                     |
| T3            | David                   | Male   | 33  | Part-time Mental Health Support Worker at Mind        | 1 year                 | Youth Worker 5 years                                             | yes                                                                     |
| T4            | KAREN                   | Female | 46  | Part time Counsellor at Mind                          | 2 years                | School counsellor, 8 years                                       | yes                                                                     |
| T5            | Rose                    | Female | 41  | Support Worker at Mind                                | 1 year                 | Youth worker in after school and holiday provision, 7 years      | yes                                                                     |
| T6            | GWYNEDD,                | Female | 52  | Support Worker at Mind                                | 4 years                | Mental Health Support Worker working with young people, 15 years | yes                                                                     |
| T7            | MARLEEN                 | Female | 45  | Part time Recovery and Wellbeing Practitioner at Mind | 2 years                | Pastoral and safeguarding lead in a secondary school, 6 years.   | Yes                                                                     |

### 3.4.1 Overview of Superordinate and Subordinate Themes

Analysis of seven semi-structured interviews with professionals identified three superordinate themes and associated subordinate themes reflecting how parental paranoid schizophrenia shapes CYP emotional, cognitive and social development. The first superordinate theme, Growing Up in a Climate of Psychological Threat, encompassed chronic hypervigilance and anticipatory anxiety, fear, confusion and emotional insecurity and cognitive overload with disrupted attentional capacity. The second theme, Premature Responsibility and Disrupted Development, included role reversal and emotional caretaking as well as restricted independence and identity formation. The third theme, Silence, Stigma, and Barriers to Support, captured secrecy as a learned survival strategy, stigma, shame and internalised difference and mistrust of services with help-seeking inhibition. Collectively, these themes illustrate professionals' interpretations of CYP experiences, encompassing relational dynamics, adaptive coping strategies, identity development, educational engagement and interactions with support services, and provide the foundation for the subsequent detailed exploration of each theme.

Table 5: Thematic analysis table indicating superordinate and subordinate themes from all seven transcripts.

| Superordinate Themes                                   | Subordinate Themes                                         | Quotes                            | Page & Line Numbers           |
|--------------------------------------------------------|------------------------------------------------------------|-----------------------------------|-------------------------------|
| 1. Growing Up in a Climate of Psychological Threat.    | 1.1 Chronic Hypervigilance and Anticipatory Anxiety.       | "couldn't relax "                 | Gwynedd, T6, P77, L1903–1904. |
|                                                        | 1.2 Fear, Confusion, and Emotional Insecurity.             | "I've done something"             | Marleen, (T7, P96, L2377–2378 |
|                                                        | 1.3 Cognitive Overload and Disrupted Attentional Capacity. | "their minds are busy"            | Marleen, T7, P97, L2400.      |
| 2. Premature Responsibility and Disrupted Development. | 2.1 Role Reversal and Emotional Caretaking.                | "keep Dad calm"                   | Marleen, T7, P95, L2358.      |
|                                                        | 2.2 Restricted Independence and Identity Formation.        | " <i>Figure out who you are</i> " | Karen, T4, P45, L1101–1102.   |
| 3. Silence, Stigma, and Barriers to Support.           | 3.1 Secrecy as a Learned Survival Strategy.                | "we don't talk"                   | Rose, T5, P66, L1634–1635.    |
|                                                        | 3.2 Stigma, Shame, and Internalised Difference.            | "so I'm broken"                   | Karen, T4, P52, L1289.        |
|                                                        | 3.3 Mistrust of Services and Help-Seeking Inhibition.      | "expect judgment"                 | Karen, T4, P53, L1303.        |

3.5 Superordinate Theme 1: Growing Up in a Climate of Psychological Threat: “people are a threat” (David, T3, P47, L1166).

Professionals described CYP’s environments as organised around ongoing psychological threat rather than safety. Parental paranoid schizophrenia was experienced as creating unpredictability and fear that extended across home, education and social contexts. For example, David reflected that for some CYP, “people are a threat” (T3, P47, L1166). Across accounts, threat was described not as occasional, but as an enduring feature of daily life. Participants described this climate as shaping how CYP interpreted others’ intentions, managed emotional reactions and approached everyday situations.

3.5.1 Subordinate Theme 1.1: Chronic Hypervigilance and Anticipatory Anxiety: “monitoring constantly” (Gwynedd, T6, P78, L1928).

Professionals repeatedly described CYP as highly alert and anticipating potential problems. Rose spoke of CYP “constantly planning for worst case scenarios” (T5, P63, L1554). Gwynedd recalled a young person feeling; “always waiting for the next thing... like he couldn’t relax” (T6, P77, L1903–1904). Angharad noted that a CYP would “scan the room constantly” (T2, P15, L353), while Rose described “walking on eggshells all the time” (T5, P62, L1537–1538).

These accounts suggest that vigilance was not limited to specific incidents but formed part of CYP’s everyday way of being. Monitoring appeared continuous and anticipatory, focused on detecting shifts in mood or signs of escalation linked to parental paranoid schizophrenia.

This vigilance extended beyond the home. Sarah described a CYP as “constantly monitoring her dad... listening to his tone of voice... watching his mood” (T1, P3, L57–59). Within educational settings, Angharad observed that a CYP would “look like he

was listening, but his eyes were flicking to the door... like he was waiting for something” (T2, P18, L421–422). Gwynedd added that “their body is in class, but their brain is running through safety plans” (T6, P78, L1934–1935). Together, these accounts indicate that anticipation of threat shaped both relational interactions and engagement within education contexts.

Taken together, accounts portrayed vigilance as pervasive across settings, influencing not only how CYP responded to parental mood shifts but also how they engaged within education and peer environments. Hypervigilance was described as shaping how present, relaxed or emotionally available CYP could appear in everyday interactions.

3.5.2 Subordinate Theme 1.2: Fear, Confusion and Emotional Insecurity: “I caused this or I made them angry or I’m the problem” (Marleen, T7, P104, L2589).

Professionals indicated that CYP emotional experiences were marked by fear and confusion within families affected by parental paranoid schizophrenia. Accounts indicated that CYP often lacked a clear understanding of the condition and instead interpreted situations in self-referential ways. Marleen explained that CYP “don’t go ... my parent is unwell... they go I’ve done something wrong or my parent is angry with me... or I’m not safe” (T7, P96, L2377–2378). Rose recalled a CYP saying, “I have to be good so Mum doesn’t get stressed” (T5, P61, L1510–1511).

Angharad noted that “children don’t understand paranoia, they just experience the impact of it” (T2, P17, L397–398), highlighting the gap between adult explanations and CYP’s lived realities. David observed CYP “carrying tension all the time... and there’s guilt” (T3, P31, L763–765). Sarah described a CYP who “loved her dad but didn’t feel emotionally held” (T1, P4, L78–79), while Marleen reported CYP often grow up feeling “the world isn’t safe” (T7, P95, L2350).

Across accounts, fear appeared closely tied to self-blame and uncertainty. Emotional insecurity was described as ongoing, with CYP attempting to manage the emotional climate shaped by parental paranoid schizophrenia.

3.5.3 Subordinate Theme 1.3: Cognitive Overload and Disrupted Attentional Capacity: “their minds are busy” (Marleen, T7, P97, L2400).

Participants described how sustained vigilance appeared to occupy CYP’s cognitive resources. Professionals emphasised the mental effort involved rather than only outward behaviour. Marleen explained that CYP were “doing two things at once all the time... trying to be a child and also trying to manage risk” (T7, P97, L2400–2401). Sarah noted that “even if they’re physically there, their head isn’t” (T1, P6, L131–132).

Angharad described how “the child doesn’t want to leave home because they’re worried about what might happen if they’re not there” (T2, P19, L461–463). Rose referred to CYP as “constantly planning for the worst-case scenarios” (T5, P63, L1545). In addition, Marleen described CYP as “waiting for something to go wrong” (T7, P97, L2412).

Together, these accounts suggest that anticipating danger occupied significant mental space. CYP were described as physically present but mentally preoccupied, with attention divided between everyday activities and monitoring for perceived threat. This appeared to affect concentration and sustained engagement, particularly within education contexts.

3.6 Superordinate Theme 2: Premature Responsibility and Disrupted Development: “grow up very quickly” (Sarah, T1, P3, L54).

Professionals described CYP as assuming responsibilities beyond their developmental stage, where parental paranoid schizophrenia was present. Sarah’s reflection that some CYP “grow up very quickly” (T1, P3, L54) captured accounts of development organised around caregiving demands, rather than age-typical exploration. Across accounts, responsibility was

depicted as enduring rather than episodic, shaping daily functioning, decision-making and relational positioning within the family.

3.6.1 Subordinate Theme 2.1: Role Reversal and Emotional Caretaking: “he was responsible for everyone’s feelings...” (Gwynedd, T6, P74–75, L1844–1845).

Professionals described CYP assuming responsibility for parental wellbeing and household stability. Gwynedd recalled a CYP expressing anxiety about being absent from home, stating, “if I’m not there, she’ll spiral” (T6, P74, L1843–1844). Marleen described sustained monitoring of parental emotions, noting that the CYP was “managing her whole home emotionally” (T7, P95, L2357), highlighting the extent to which the CYP appeared to be managing emotional dynamics within the household.

Marleen further recalled a CYP stating, “I have to keep Dad calm” (T7, P95, L2358). Karen described a CYP who was, “doing the emotional work for both of them” (T4, P45, L1117–1118). David described a young person who avoided disclosure because, “he felt responsible for protecting his mum” (T3, P33, L771–772). Angharad described a CYP who said, “don’t ring my mum, it’ll make it worse” (T2, P16, L379–380).

Across these accounts, responsibility was characterised as relational and emotionally focused. CYP were portrayed as anticipating distress, regulating parental mood and containing potential escalation. Although often framed as protective, these patterns reflected a reorganisation of caregiving boundaries within the family.

Taken together, descriptions positioned responsibility as embedded within everyday routines, including monitoring parental emotions, preventing escalation and managing interactions with professionals. Rather than providing occasional support, CYP were depicted as occupying enduring caregiving positions within the family system.

3.6.2 Subordinate Theme 2.2: Restricted Independence and Identity Formation: "You don't always get space to figure out who you are" (Karen, T4, P45, L1101–1102).

Professionals described sustained responsibility as shaping CYP autonomy and identity development over time. Gwynedd described CYP who "didn't do typical teenage things... didn't really socialise or have sleepovers" (T6, P76, L1871–1872). Rose noted that for many CYP, "even things like going to college... or doing their own thing can feel loaded with guilt" (T5, P61, L1516–1517).

Marleen described CYP as becoming "very independent, but not in a healthy way... more like I can only rely on myself" (T7, P95, L2361–2362). Gwynedd highlighted restricted future orientation, noting that CYP were "not thinking about next year... just getting through today" (T6, P81, L2006–2007). Angharad observed that "hyper-awareness and self-protection can look like... just their personality, when it's something they've had to build to cope" (T2, P16, L384–385).

Collectively, these accounts suggest that responsibility became integrated into identity rather than remaining a temporary response to circumstance. Independence was described as necessary rather than chosen, emerging from perceived absence of dependable adult containment. Opportunities for exploration, experimentation and future planning appeared constrained by present caregiving demands. Coping strategies such as hyper-awareness and self-protection were portrayed as becoming embedded within self-concept, influencing not only behaviour but developing a sense of self and anticipated life trajectory.

3.7 Superordinate Theme 3: Silence, Stigma and Barriers to Support: "...they're always running scenarios..." (Sarah, T1, P5, L95).

Professionals described a climate of silence and mistrust surrounding parental paranoid schizophrenia, within which disclosure was framed as inherently risky. CYP were depicted as carefully weighing what could be said, to whom and with what potential consequences. Sarah's observation that CYP were "always running scenarios" (T1, P5, L95), reflected accounts of sustained internal evaluation prior to speaking or seeking help.

Accounts suggested that CYP learned that disclosure could escalate distress, intensify parental suspicion, or result in unwanted professional involvement. Within this context, silence appeared simultaneously protective and restrictive, operating as a mechanism for managing perceived risk while limiting access to external support. Secrecy, stigma and mistrust were portrayed as interrelated processes shaping how CYP navigated relationships, both within and beyond the family system.

3.7.1 Subordinate Theme 3.1: Secrecy as a Learned Survival Strategy: "we don't talk about home" (Rose, T5, P66, L1634–1635).

Professionals described secrecy as shaped by perceived relational and systemic risk in contexts where parental paranoid schizophrenia was present. Sarah noted that CYP were "always running scenarios" (T1, P5, L95), while David added that "they can't switch it off" (T3, P32, L788), suggesting continuous monitoring and anticipatory appraisal of potential consequences.

Secrecy was also described as relationally protective. Sarah recalled a CYP who needed "somewhere she could talk without... getting her dad into trouble" (T1, P2, L39–40). Angharad described a CYP assessing professional safety, stating that "he was trying to work

out if I was safe” (T2, P17, L402). David highlighted fear of consequences, noting a CYP’s concern that “if I tell you... she’ll get worse” (T3, P31, L770–771).

Across accounts, silence appeared deliberate and strategic, shaped by attempts to regulate perceived risk. CYP were portrayed as actively balancing their own need for support against fears of escalation, surveillance or parental deterioration. Secrecy therefore functioned not merely as avoidance, but as a contextually adaptive risk-management strategy within an environment experienced as unpredictable. Withholding information was described as a means of maintaining relational stability and preserving a sense of control amid ongoing uncertainty.

3.7.2 Subordinate Theme 3.2: Stigma, Shame and Internalised Difference: “Protecting the family becomes a priority” (Sarah, T1, P10, L220–221).

Professionals described stigma as shaping CYP self-understanding and engagement with support. Karen described CYP believing “my family is broken, so I’m broken” (T4, P52, L1289), while David recalled CYP worrying that “people will think I’m weird” (T3, P38, L927).

Gwynedd described fears of genetic transmission, with CYP asking “am I going to get it too” (T6, P87, L2152). Rose noted avoidance of services, stating that “Even when they’re really struggling, they don’t reach out, because they’ve learned that speaking up might make things worse, not better” (T5, P66, L1640–1642).

Accounts indicated that stigma was not only anticipated externally but also internalised within CYP’s self-concept. Concerns about being perceived as different, broken or potentially inheriting the condition appeared closely linked to reluctance to seek support. Fear of judgement appeared to operate both socially and internally, reinforcing self-reliance

and concealment even during significant distress. Protecting the family's image and cohesion often appeared to take precedence over individual needs, further consolidating silence and limiting help-seeking.

3.7.3 Subordinate Theme 3.3: Mistrust of Services and Help-Seeking Inhibition: "they expect judgement" (Karen, T4, P53, L1303).

Professionals described parental paranoid schizophrenia as contributing to mistrust of services at family level. Rose described parents believing professionals were "watching the house...getting more suspicious" (T5, P65, L1600–1601), while Gwynedd described families who "wouldn't open the door" (T6, P74, L1831–1832).

Within this context, CYP were portrayed as cautious and guarded in relation to professional involvement. Marleen noted that "even when they desperately need support, they hold it in" (T7, P100, L2486–2487). Rose described CYP "weighing up... what happens next" (T5, P101, L2498–2499) prior to disclosure. Gwynedd highlighted disengagement, explaining that CYP "don't want to be linked with services" ... or ... "peers gossiping" (T6, P86, L2128–2130).

Across accounts, services were sometimes experienced as potential sources of risk rather than protection. Parental suspicion appeared to shape CYP expectations of judgement, contributing to cautious disclosure, delayed help-seeking and selective engagement. Mistrust operated at both systemic and individual levels, resulting in prolonged containment of distress and support often being accessed only once difficulties had intensified.

### 3.8 Summary of Superordinate and subordinate themes.

Overall, the findings portray CYP affected by parental paranoid schizophrenia as navigating family contexts characterised by sustained psychological threat, premature responsibility and constrained help-seeking. Across themes, CYP were described

as adapting to perceived unpredictability through vigilance, emotional caretaking and strategic silence. Such adaptations were depicted as shaping everyday experiences across home, education and service contexts, influencing autonomy, identity development and engagement with external support.

### 3.9 Discussion

This study explored professionals' perceptions of how paranoia-related parental schizophrenia presentations may shape the emotional, cognitive and social development of CYP and the systemic factors influencing safeguarding responses (Harries et al., 2023; Uher et al., 2023). Three superordinate themes were identified: Growing Up in a Climate of Psychological Threat, Premature Responsibility and Disrupted Development, along with Silence, Stigma and Barriers to Support (Sivarajah et al., 2025). Collectively, findings suggest that CYP may navigate environments characterised by mistrust and unpredictability through strategies including vigilance, caregiving responsibility and strategic non-disclosure (Ahlborg et al., 2024; Hestbaek et al., 2025).

Professionals understood CYP as developing within environments characterised by sustained psychological threat, where caregiver inconsistency and perceived interpersonal danger shape everyday relational experiences. Harries et al. (2023) and Partridge et al. (2022) similarly describe unpredictable and mistrustful family environments associated with severe parental mental illness (Ahlborg et al., 2024; Walker et al., 2024). Gregersen et al. (2023) and Roussinos and Papastathopoulos (2024) associate parental psychosis with vigilance and relational insecurity among CYP navigating unstable caregiving contexts (Becker et al., 2022; Leu et al., 2019). Professionals in the present study similarly highlighted vigilance and relational insecurity among CYP within unpredictable caregiving environments. Attachment Theory (Bowlby, 1969) proposes that inconsistent caregiving undermines emotional security and promotes monitoring of caregiver behaviour; however, professionals interpreted vigilance not solely as insecurity, but as an adaptive strategy through which CYP manage relational unpredictability (Gregarson et al., 2023; Uher et al., 2023).

Hypervigilance and emotional monitoring were also identified by professionals as common coping responses among CYP affected by severe parental mental illness. Hestbaek et al. (2025) and Ahlborg et al. (2024) describe similar patterns among CYP exposed to parental mental health difficulties within unstable caregiving environments (Becker et al., 2022; Leu et al., 2019). Gregersen et al. (2023) and Uher et al. (2023) interpret such behaviours primarily within developmental risk frameworks associated with parental psychosis (Ahlborg et al., 2024; Walker et al., 2024).

In contrast, professionals frequently viewed these behaviours as functional responses within unstable caregiving environments. Developmental Trauma perspectives (van der Kolk, 2005) similarly suggest repeated relational threat may shape vigilance and emotional regulation, supporting professionals' interpretations that these responses may represent adaptive strategies, rather than solely indicators of vulnerability (Hestbaek et al., 2025; Gregersen et al., 2023).

Gregersen et al. (2023) and Walker et al. (2024) associate parental psychosis with anxiety and reduced concentration within school contexts, while Walker et al. (2024) and Sivarajah et al. (2025) identify difficulties engaging with education and support services among CYP, affected by parental mental illness (Becker et al., 2022; Leu et al., 2019). Professionals in the present study similarly indicated that perceptions of threat often extended beyond the home into educational and service environments, influencing CYP social and cognitive development. Ecological Systems Theory (Bronfenbrenner, 1979) highlights how development is shaped through interactions across family, educational and institutional systems (Sivarajah et al., 2025; Walker et al., 2024). Within this context, professionals suggested that safeguarding responses were more effective when relational dynamics and parental mistrust were recognised. Conversely, failure to recognise these dynamics may reinforce CYP caution and limit engagement with services, highlighting the importance of

trauma-informed safeguarding and coordinated inter-agency responses, when supporting CYP affected by severe parental psychosis or severe mental illness (Bate et al., 2022; Turney et al., 2024).

Fear, confusion and internalised guilt were also identified by professionals as common emotional responses among CYP affected by parental mental illness. Gregersen et al. (2023) associate parental psychosis with increased anxiety and emotional burden, among CYP exposed to unstable caregiving environments (Ahlborg et al., 2024; Walker et al., 2024). Roussinos and Papastathopoulos (2024) similarly highlight relational insecurity among CYP attempting to interpret parental behaviour (Becker et al., 2022; Leu et al., 2019). ACE theory (Felitti et al., 1998) proposes that repeated relational adversity contributes to cumulative emotional stress among CYP exposed to chronic instability. Professionals in the present study extended this interpretation by suggesting that self-blame and vigilance, may also reflect attempts by CYP to maintain relational stability within unpredictable caregiving contexts (Gregersen et al., 2023; Uher et al., 2023).

Premature caregiving responsibility also emerged within professional accounts. Lacey et al. (2022) identify caregiving roles among CYP within families affected by parental mental illness, with similar patterns reported in population estimates (Becker et al., 2022; Leu et al., 2019). Gregersen et al. (2023) and Uher et al. (2023) associate such responsibilities with emotional burden and altered developmental expectations (Ahlborg et al., 2024; Walker et al., 2024). Professionals in the present study also interpreted caregiving roles as stabilising mechanisms within families experiencing relational unpredictability, indicating that caregiving may function both as a source of developmental strain and as a strategy for maintaining family stability (Becker et al., 2022; Leu et al., 2019).

Professional accounts also highlighted systemic influences shaping CYP experiences, including fragmented services and challenges in inter-agency collaboration. Bate et al. (2022) and Turney et al. (2024) identify variability in professional responses, when supporting families affected by severe parental mental illness (Ahlborg et al., 2024; Walker et al., 2024). Freeman and Loe (2023) and Kuipers et al. (2025) link mistrust of professional systems with reduced engagement among families affected by psychosis (Becker et al., 2022; Leu et al., 2019). Consistent with these observations, professionals suggested that recognising relational context and parental mistrust may facilitate more effective safeguarding responses, trauma-informed support and improved inter-agency collaboration.

Partridge et al. (2022) link paranoia-related mistrust with reluctance to disclose family experiences to professionals, while Freeman and Loe (2023) and Kuipers et al. (2025) associate mistrust of services with reduced willingness to engage with professional support (Ahlborg et al., 2024; Walker et al., 2024). Professionals in the present study similarly observed that silence and non-disclosure frequently shaped CYP engagement with education and safeguarding systems. SIT (Tajfel & Turner, 1979) suggests stigma and perceived social difference influence disclosure and belonging within social contexts. Professionals extended this interpretation by identifying silence as a strategy through which CYP manage perceived relational and systemic risks (Sivarajah et al., 2025; Walker et al., 2024).

Overall, Gregersen et al. (2023) and Uher et al. (2023) associate parental psychosis with increased emotional and developmental vulnerability among CYP (Ahlborg et al., 2024; Walker et al., 2024). Professional accounts in the present study support these patterns but also extend them by suggesting that vigilance, caregiving responsibility and silence may function as adaptive responses within relationally unpredictable family environments (Becker et al., 2022; Leu et al., 2019). These professional perspectives therefore provide important

implications for safeguarding practice, suggesting that recognising relational dynamics, mistrust of services and adaptive coping behaviours may support more trauma-informed and collaborative responses when working with CYP, affected by severe parental mental illness (Sivarajah et al., 2025; Walker et al., 2024).

### 3.10 Strengths and Limitations

This study provides in-depth qualitative insight into how parental paranoid schizophrenia shapes CYP relational, emotional, and systemic experiences, addressing a gap left by population-based and research studies (Can et al., 2024; Gregersen et al., 2023; Hestbaek et al., 2025; Lacey et al., 2022; Partridge et al., 2022; Uher et al., 2023; Sivarajah et al., 2025). A key strength lies in interviewing professionals embedded within safeguarding systems, providing practice-based insight into how paranoia-related family dynamics are interpreted and managed within real-world support contexts (Bate et al., 2022; Turney et al., 2024).

Despite these strengths, several limitations should be acknowledged. For example, the small sample size and reliance on professional accounts, may privilege risk-focused interpretations shaped by safeguarding priorities. In addition, the absence of direct CYP and parental perspectives limits the breadth of findings (Devaney et al., 2020; Sivarajah et al., 2025). Additionally, participants were recruited from a single UK organisation, which may constrain transferability to other service systems or cultural contexts and could reflect organisation-specific policies or cultures (Turney et al., 2024). Moreover, the study relied on professionals' accounts of families and CYP as described as experiencing parental paranoid schizophrenia, and diagnostic information was not independently verified within the research. As a result, the findings reflect professionals' interpretations of paranoia-related family dynamics rather than clinically confirmed diagnoses.

### 3.11 Conclusion

In conclusion, this study examined professionals' perceptions of how parental paranoid schizophrenia may shape CYP's emotional, cognitive and social development. Findings from this research indicate that CYP may experience environments characterised by chronic psychological threat, premature responsibility and sustained secrecy, each of which may have implications for emotional regulation, educational engagement and help-seeking. Although adaptive coping strategies were frequently described, these responses often appeared to coexist with hidden vulnerability and increased safeguarding risk. Importantly, professionals' accounts suggest that behaviours such as vigilance, caregiving and strategic silence may represent adaptive survival competencies developed within environments characterised by unpredictability and mistrust, rather than simply indicators of pathology or dysfunction.

Studies by Partridge et al. (2022), Gregersen et al. (2023) and Harries et al. (2023) suggest that paranoia-related symptomatology may intensify relational and systemic risks beyond those associated with parental psychosis more broadly (Roussinos & Papastathopoulos, 2024). Professionals' accounts within this study extend this literature by illustrating how mistrust, secrecy and caregiving role reversals may shape CYP's everyday experiences across family, educational and service contexts. In doing so, the findings emphasise the importance of safeguarding responses recognising these behaviours as contextually meaningful survival strategies, rather than automatically interpreting them as behavioural difficulties or indicators of dysfunction.

Taken together, these findings highlight the importance of trauma-informed, developmentally sensitive and systemically responsive practice when supporting CYP affected by parental paranoid schizophrenia. Reframing CYP's coping behaviours as adaptive

responses may support professionals in recognising both resilience and vulnerability when assessing safeguarding risk. Despite the limited research base specifically examining parental paranoid schizophrenia and its relational dynamics, existing literature has largely focused on parental mental illness more broadly. However, professionals working within safeguarding contexts frequently encounter families affected by paranoia-related difficulties. Although the study involved a small sample of seven professionals from one local organisation, participants consistently described encountering families affected by paranoia-related difficulties in their professional roles. This observation highlights a notable gap between the limited research examining parental paranoid schizophrenia and the realities of safeguarding practice. Consequently, this mismatch highlights the need for clearer guidance, improved inter-agency understanding and paranoia-informed training within safeguarding and mental health services. Strengthening the research base is therefore essential to ensure that policy, professional training and service responses are informed by a more comprehensive understanding of how parental paranoid schizophrenia shapes CYP experiences.

Future research would benefit from incorporating the perspectives of CYP and parents themselves, alongside longitudinal and intervention-focused designs, in order to examine how paranoia-specific relational dynamics influence developmental outcomes over time. Overall, this study contributes to the emerging literature on parental psychosis by highlighting how paranoia-related relational dynamics shape CYP experiences and by emphasising the importance of recognising adaptive coping responses within safeguarding assessment and professional practice.

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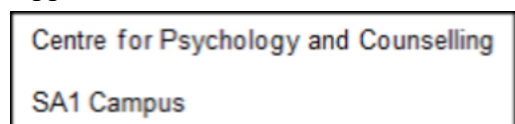
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## Appendix A: Information sheet.



### Appendix A: Information sheet.

#### Study Information Form

This study is being conducted by an MA student in Children and Young People's Mental Health at the University of Wales Trinity Saint David (UWTSD), as part of their empirical project. The study is being conducted at Mind Carmarthen (SA31) with professionals working within mental health, education and youth support services.

This document provides key information regarding the study and outlines what will be expected of you as a participant. Please read this information carefully before deciding whether to take part.

The purpose of this study is to explore professionals' perceptions of how parental paranoid schizophrenia affects children and young people's emotional, cognitive and social development, as well as engagement with support and safeguarding services.

#### What participation involves

During this study, you will be asked to:

- Respond to questions exploring your professional experiences of supporting children and young people affected by parental paranoid schizophrenia or paranoia-related psychosis.
- Discuss your views on the emotional, cognitive, behavioural and social impacts observed in children and young people living with a parent experiencing paranoid schizophrenia.
- Reflect on your experiences of safeguarding, service engagement and professional challenges when working with families affected by parental paranoid schizophrenia.

The interview will be audio recorded for transcription and analysis purposes. Audio recordings will be transferred immediately to secure, password-protected university storage and deleted following transcription. All responses will remain anonymous. Participants will not be identified by name in transcripts or reports and will be assigned a pseudonym to protect confidentiality.

Participation is entirely voluntary. You may withdraw from the study without penalty at any time up to two weeks following participation.

At the end of the study, you will be provided with a debrief sheet outlining the aims of the research and offering further information.

Thank you for your consideration. If you wish to take part, please sign the attached consent form.

If you have any questions or concerns about this study, please contact the researcher:

#### **Dearna Havard**

[2100056@student.uwtsd.ac.uk](mailto:2100056@student.uwtsd.ac.uk)

Or the research supervisor:

#### **Dr Lymarie Rodriguez**

[lymarie.rodriguez@uwtsd.ac.uk](mailto:lymarie.rodriguez@uwtsd.ac.uk)

If you are happy to take part in this study, please proceed to the attached consent form.

Once the study has ended, you will be asked whether you consent to your data being retained for analysis. If you agree, your data will be fully anonymised and cannot be withdrawn at a later stage. If you do not wish for your data to be used, please inform the researcher within the withdrawal period.

## Appendix B: Study Consent Form

I understand that this research study is being carried out by an MA student in Children and Young People's Mental Health at the University of Wales Trinity Saint David (UWTSd) as part of their empirical project. I understand that taking part in this study will involve discussing my professional experiences of supporting children and young people affected by parental paranoid schizophrenia or paranoia-related psychosis.

I understand that participation in this study will involve taking part in a one-to-one semi-structured interview lasting approximately 45–60 minutes.

I understand that participation in this study is voluntary and that I am free to withdraw from the study without giving a reason up to two weeks after participation.

I understand that once my data have been anonymised after the withdrawal period, it will no longer be possible to withdraw my data.

I understand that the interview will be audio recorded for transcription and analysis purposes. I understand that all data will be handled confidentially and that a pseudonym will be used in place of my name to ensure anonymity.

I understand that if I have any concerns about the study, I may discuss these with the researcher at any time during or after participation.

I understand that I will be provided with the contact details of the research supervisor should I wish to raise any concerns.

I understand that at the end of the study I will be provided with a debrief form and the opportunity to ask any questions about the research.

I, \_\_\_\_\_ (NAME), consent to participate in this study conducted by the researcher:

Dearna Havard

[2100056@student.uwtsd.ac.uk](mailto:2100056@student.uwtsd.ac.uk)

University of Wales Trinity Saint David

Under the supervision of:

Dr Lymarie Rodriguez

[lymarie.rodriguez@uwtsd.ac.uk](mailto:lymarie.rodriguez@uwtsd.ac.uk)

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name and signature of researcher taking consent:

Dearna Havard \_\_\_\_\_

## Appendix C: Demographic Questionnaire

This questionnaire is used to collect basic demographic and professional information for the purposes of this study exploring professionals' experiences of supporting children and young people affected by parental paranoid schizophrenia. All information will be treated confidentially and will be anonymised.

Professional Role:

(Please state your current role)

---

Years of Professional Experience:

---

Please indicate your gender below:

☐ Male

☐ Female

☐ Non-binary / third gender

☐ Prefer not to say

☐ Other (please specify): \_\_\_\_\_

Age:

(Please write your age in years) \_\_\_\_\_

## Appendix D: Debrief form.



### Study Debrief Sheet

#### Professionals' Perspectives on the Impact of Parental Paranoid Schizophrenia on Children and Young People

Thank you for taking part in this research study.

The aim of this study was to explore professionals' perceptions of how parental paranoid schizophrenia affects children and young people's emotional, cognitive, and social development, as well as how paranoia-related mistrust influences engagement with support services and safeguarding responses.

Your contribution provides valuable insight into professional experiences of supporting children and young people affected by parental paranoid schizophrenia. These findings aim to inform trauma-informed, developmentally sensitive, and systemically responsive practice.

If you wish to withdraw your data from the study, you may do so within two weeks of participation by contacting the researcher. After this period, all data will be anonymised and cannot be traced back to individual participants.

If you have any questions or concerns about this study, please contact:

Researcher:

Dearna Havard

[2100056@student.uwtsd.ac.uk](mailto:2100056@student.uwtsd.ac.uk)

Research Supervisor:

Dr Lymarie Rodriguez

[lymarie.rodriguez@uwtsd.ac.uk](mailto:lymarie.rodriguez@uwtsd.ac.uk)

If participation in this study has raised any concerns or emotional difficulties, independent support is available:

- Shout – Text 85258. Free 24/7 text support for anyone feeling overwhelmed.
- Samaritans – 116 123 (24-hour confidential emotional support).

Thank you again for your time and contribution.

MA Children and Young People's Mental Health  
University of Wales Trinity Saint David.

## Appendix E: Semi-structured Questions

The semi-structured interview schedule consisted of open-ended questions designed to explore professionals' experiences of working with children and young people affected by parental paranoid schizophrenia. Core questions included:

1. Could you tell me your current professional role and how long you have been in this role?
2. Have you previously worked with children or young people who had a parent or caregiver diagnosed with paranoid schizophrenia or related psychosis?
3. From your professional perspective, how does growing up with a parent or caregiver diagnosed with paranoid schizophrenia affect a child or young person's long-term development?
4. How do you interpret the emotional impact on children or young people in these circumstances?
5. How do you interpret the cognitive or psychological impact on children or young people who grow up with a parent experiencing paranoid schizophrenia?
6. What behavioural effects have you observed in children or young people living with a parent who experiences paranoid schizophrenia?
7. How does growing up with a parent affected by paranoid schizophrenia influence a child or young person's educational experiences or outcomes?
8. In what ways do paranoia-specific symptoms in the parent or caregiver affect the child or young person's development over time?
9. What professional challenges have you encountered when working with children or young people affected by parental paranoid schizophrenia?
10. How do you personally manage the emotional demands of working with families affected by parental paranoid schizophrenia?
11. What support systems or coping strategies do you rely on to manage the systemic demands of this work?
12. How does stigma affect a child or young person's engagement with services?
13. How does stigma influence a child or young person's self-identity or sense of self?
14. How does the timing or delay of a formal diagnosis affect the child or young person?
15. Have you observed any resilience in children affected by parental paranoid schizophrenia?
16. What protective factors have you noticed that help mitigate risk for these children or young people?
17. Do you feel current professional training adequately prepares practitioners to support families affected by paranoid schizophrenia.

## Appendix F: Ethics Form

## Appendix F



Prifysgol Cymru  
University of Wales  
Trinity Saint David

PS2 / E1 FORM

APPLICATION FOR ETHICAL APPROVAL

**RESEARCH STUDENTS**  
This form is to be completed by the student within 80 months for full-time students and TWELVE months for part-time students, after the commencement of the research degree or following progression to Part Two of your course.  
Once complete, submit this form via the [ethics@trinityst-david.ac.uk](mailto:ethics@trinityst-david.ac.uk) email address.  
This document is also available in Welsh.

**RESEARCH STAFF ONLY**  
All communications relating to this application during its processing must be in writing and emailed to [ethics@trinityst-david.ac.uk](mailto:ethics@trinityst-david.ac.uk), with the title 'Ethical Approval' followed by your name.

**STUDENTS ON UNDERGRADUATE OR TAUGHT MATTERS PROGRAMMES** should submit this form and receive the outcome via systems explained to you by the supervisor/module leader.

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's Insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Revised manual definition of research activity: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the 'principal researcher'.

Ethical approval is not required for routine academic performance reviews, quality assurance studies, teaching with normal educational requirements, and faculty or artistic creation.

Please read the notes for guidance before completing ALL sections of this form.

This form must be completed and approved prior to undertaking any research activity. Please see Checklist for details of process for different categories of application.

**SECTION A: About You (Principal Researcher)**

|                                            |                                                |                                                      |                                                        |                          |
|--------------------------------------------|------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|--------------------------|
| 1 Full Name                                | Dariusz Hovard                                 | 2 Tick all boxes that apply:                         | <input type="checkbox"/> Honorary research fellow      | <input type="checkbox"/> |
| 3 Tick all boxes that apply:               | <input type="checkbox"/> Undergraduate Student | <input type="checkbox"/> Taught Postgraduate Student | <input type="checkbox"/> Postgraduate Research Student | <input type="checkbox"/> |
| 4 Institutional Academic Discipline/Center | Psychology and Counselling                     |                                                      |                                                        |                          |
| 5 Campus                                   | Cardiff                                        |                                                      |                                                        |                          |
| 6 E-mail address:                          | 2100355@student.uwtd.ac.uk                     |                                                      |                                                        |                          |
| 7 Contact Telephone Number:                | 07749 942120                                   |                                                      |                                                        |                          |
| 8 Fax address:                             |                                                |                                                      |                                                        |                          |

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7 Student Number: 2100355

8 Programme of Study: MA Children and Young People's Mental Health (CYMHP)

9 Director of Studies/Supervisor: DR. Stuart Jones

**SECTION B: Approval for Research Activity**

|                                                                                                                                                                                                            |                              |    |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----|------------------|
| 1 Have the research activity received approval in principle? (Please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of research) | YES                          | NO |                  |
| 2 If 'Yes', please indicate source of approval (and date where known):                                                                                                                                     | Research Degree Committee    |    | Date: 18/03/2028 |
| 3 If 'Yes', please indicate source of approval (and date where known):                                                                                                                                     | Institute Research Committee |    |                  |
| 4 If 'Yes', please indicate source of approval (and date where known):                                                                                                                                     | Other (specify)              |    |                  |

**SECTION C: Internal and External Ethical Guidance Materials**

Please tick the box which guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, location-specific codes of research ethics, and any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines. You may add more to this list if needed.

|                                                             |                                     |
|-------------------------------------------------------------|-------------------------------------|
| 1 UWTSO Research Ethics & Integrity Code of Practice        | <input checked="" type="checkbox"/> |
| 2 UWTSO Research Data Management Policy                     | <input checked="" type="checkbox"/> |
| 3 UWTSO Research Code of Conduct                            | <input checked="" type="checkbox"/> |
| 4 UWTSO Data Protection and Storage Protocol                | <input checked="" type="checkbox"/> |
| 5 UWTSO Code of Research Ethics (April 2021)                | <input checked="" type="checkbox"/> |
| 6 UWTSO Code of Ethics and Conduct (December 2021)          | <input checked="" type="checkbox"/> |
| 7 UWTSO Research Supervision Guidance for Researchers (RIB) | <input checked="" type="checkbox"/> |

**SECTION D: External Collaborative Research Activity**  
If there are external collaborators then you should gain consent from the contact persons to share their personal data with the university. If there are no external collaborators then leave this section blank and continue to section E.

|                                 |      |
|---------------------------------|------|
| 1 Institution                   | None |
| 2 Contact person name           | None |
| 3 Contact person e-mail address | None |

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4 Is your research externally funded? YES ☐ NO ☒

5 Are you specifically employed to undertake the research in which you are paid or voluntary capacity? YES ☐ NO ☒

6 Is the research being undertaken within an existing UWTSO Accredited Professional Learning Partnership (APLP)? YES ☐ NO ☒

7 Are you permitted to undertake the research in which you are paid or voluntary capacity? YES ☐ NO ☒

Where research activity is carried out in collaboration with an external organisation

10 Does the organisation have its own ethics approval system? YES ☐ NO ☒

If 'Yes', please attach a copy of any final approval (or interim approval) from the organisation (this may be a copy of an email if appropriate).

**SECTION E: Details of Research Activity**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Indicative title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Exploring the Impact of Parental Perinatal Schizophrenia During Childhood: Insights from Professionals Working or Have Worked with Affected Children and Young Adults |
| 2 Proposed start date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 18/10/2028                                                                                                                                                            |
| Proposed end date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 27/01/2028                                                                                                                                                            |
| Introduction to the Research (maximum 300 words per section)<br>Ensure that you write for a Non-Specialist Audience when outlining your response to the points below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |
| Aims of the Research Activity<br>To explore how mental health support workers from Adult in South Wales interpret the long-term developmental impact on children and young people who have a parent diagnosed with perinatal schizophrenia.<br>To examine the perceived effects of parental perinatal schizophrenia on children's emotional, cognitive, social, and educational development from a professional perspective.<br>To identify common patient themes and responses in how professionals understand the challenges, coping mechanisms, and resilience of these children and young people.<br>To address a gap in the existing literature by focusing on practitioner insights into a specific subtype of schizophrenia, which has been comparatively under-researched in child and adolescent contexts. |                                                                                                                                                                       |
| Objectives of the Research Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                       |

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1 To conduct semi-structured qualitative interviews with a purposive sample of an to eight mental health support workers employed by Adult in South Wales.  
To gather first-hand professional insights into the observed developmental, emotional, and social experiences of children and young people affected by parental perinatal schizophrenia.  
To analyse interview data using reflexive thematic analysis (Braun & Clarke, 2006) to identify key themes and patterns relating to child development and wellbeing.  
To interpret findings through relevant theoretical frameworks, including Attachment Theory, Ecological Systems Theory, and Social Identity Theory. It is considered how these professional conceptualise children's adaptation and resilience.  
To contribute to academic and professional understanding of how parental perinatal schizophrenia influences children and young people's developmental trajectories, thereby informing future research, training, and practice.

Consent: briefly, how Existing Research has informed the proposed activity and explain what the research activity will add to the body of knowledge about it addresses an area of importance.

**Purpose of Research Activity**

The primary purpose of this research is to explore how mental health support workers employed by Adult in South Wales interpret the long-term developmental impact on children and young people who grow up with a parent diagnosed with perinatal schizophrenia. This qualitative study addresses a gap in the literature by drawing on practitioner perspectives derived from professional practice, rather than lived experience or service evaluations. (this box should expand as you type)

**Research Question**

1. Exploring how professionals perceive the influence of parental perinatal schizophrenia on the social, cognitive, and emotional development of children and young adults.

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2. Exploring how professional insights relate to existing psychological theories and literature on child development, attachment, trauma, and parental mental illness.

3. Exploring how professional observations might inform safeguarding practices, trauma-informed care, and inter-agency responses when supporting individuals affected by parental perinatal schizophrenia.

(this box should expand as you type)

**Aims of Research Activity**

This study aims to explore how professionals in education, counselling, mental health, and social care understand the long-term developmental impact of parental perinatal schizophrenia on children and young people (CYP). Although no longer classified as a formal subtype in the DSM-5-TR (APA, 2022), perinatal-type symptomatology, characterised by persecutory delusions, mild and emotional withdrawal, remains a frequent and clinically meaningful presentation in UK contexts (Semenov et al., 2024; Liu et al., 2020; Tandon, 2024; Freeman, 2020). Schizophrenia overall affects around 1 in 100 people across the lifespan (MHS, 2023), and while formal subtypes are no longer recognised, perinatal-type features have historically been the most common and continue to hold descriptive value in practice (Medscape, 2024).

In the UK, an estimated 800,000 children and young people sit as young carers, providing emotional or practical support to a parent or family member with illness or disability (Carers Trust, 2023). A significant proportion of these young carers support parents experiencing mental health conditions, underscoring the importance of understanding the developmental implications for CYP in such contexts (Baker-Holmes & Cook, 2024).

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These symptoms can disrupt parenting capacity, limit emotional availability, and distort perceptions of the child (Jimenez et al., 2024; Ochoa et al., 2023), potentially leading to long-term developmental consequences (Harris et al., 2023). The research will involve 8-8 level-structured one-to-one interviews with professionals who work or have worked with children or young adults affected by a parent's perinatal schizophrenia. Using Braun and Clarke's (2021) reflexive thematic analysis, this study will examine professional perspectives on emotional, social and cognitive outcomes, alongside the challenges and strategies involved in providing effective support.

This study is grounded in attachment theory (Bowlby, 1960), which highlights the impact of emotional inconsistency on relational security, and ecological systems theory (Bronfenbrenner, 1970), which situates family experiences within broader systems of education and care (Appleby, 2023; Brown et al., 2023). Social identity theory (Tajfel & Turner, 1970) and the Adverse Childhood Experiences (ACE) framework (Felitti et al., 1998) further support the relevance of early support and stigma awareness (Hughes et al., 2025). This study addresses a gap in the literature by offering symptom-specific, practitioner-informed insights that can inform safeguarding, trauma-informed care, and multi-agency practice (Radley et al., 2021; Green & Roper-Jones, 2021).

(this box should expand as you type)

**Objectives of Research Activity**

This research seeks to explore how professionals in education, mental health, counselling and social care perceive the long-term developmental impact of growing up with a parent or primary caregiver diagnosed with perinatal schizophrenia. The study also aims to examine how these professional perspectives reflect key psychological and developmental concerns. Using theoretical frameworks such as attachment theory (Bowlby, 1960), ecological systems theory (Bronfenbrenner, 1970) and social identity theory (Tajfel & Turner, 1970).

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The research will investigate how professionals interpret the influence of parental employment. For example, how maternal, emotional withdrawal and delusional thinking, can impact children's and young people's emotional wellbeing, relationships and support-seeking behaviour. A primary objective is to identify and analyse recurring themes and subthemes from interview data, contributing to a clearer understanding of how parental schizophrenia in caregiving roles affects developmental outcomes. By focusing on professional insights, the research aims to inform early intervention, safeguarding practices and multi-agency responses for children and young people affected by parental mental health issues.

(This box should expand as you type)

**Proposed methods (maximum 500 words)**  
Provide a brief summary of all the methods that may be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate, then additional ethical approval for those methods will be needed. You do not need to justify the methods (these) should include describe how you intend to collect the data necessary for you to complete your project.

**Methods**  
This study will recruit six to eight professionals from Mind in Carmarthen, South Wales, who are working in education, counselling, or mental health services, and who are either currently or have previously supported children and young people (CYP) with a parent or primary caregiver diagnosed with parental schizophrenia. Participants will be selected based on their professional experience and insight into how such parental mental illness may impact a child's emotional, cognitive, and social development. The study specifically aims to explore these developmental impacts from the perspectives of those who have

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worked directly with affected CYP in a support or safeguarding capacity. All participants will therefore be based in South Wales.

**Approach**  
A qualitative approach will be adopted to explore professional perceptions in depth. One-to-one, semi-structured interviews, using open-ended questions and lasting approximately 45-60 minutes, will be conducted to examine how professionals understand the developmental impact of growing up with a parent or primary caregiver diagnosed with parental schizophrenia. These interviews are designed to elicit rich, detailed insights into participants' professional experiences and will take place either in person at Carmarthen Mind or online via Microsoft Teams, depending on participant preference. All interview schedules and questions will be reviewed and approved by the project supervisor prior to the commencement of the study to ensure ethical and methodological rigour.

**Data Analysis**  
Data collected from the interviews will be analysed using Braun and Clarke's (2021) reflexive thematic analysis. This method allows for a systematic and flexible approach to identifying patterns and themes within the qualitative data, supporting an in-depth understanding of how professionals perceive the developmental impact of parental mental health issues on children and young people. The use of open-ended questions within semi-structured interviews will generate rich, detailed accounts, providing nuanced data that can be meaningfully coded and thematically analysed.

**Materials**

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The study will utilise the following research materials:

- A Participant Information Sheet outlining the purpose, procedures, and ethical considerations of the study.
- A Consent Form to be signed before participation.
- A Demographic Questionnaire to gather relevant background information on participants' professional roles.
- A semi-structured Interview Schedule developed to guide the interviews.
- A Debriefing Document summarising the aims of the study and providing support resources.

All materials will be designed to support a consistent, ethical and confidential data collection process, and will be reviewed and approved by the project supervisor prior to the start of data collection.

**Procedure**

**Recruitment**  
Participants will be recruited through the mental health charity Mind (Carmarthen branch) and associated professional networks. Recruitment will take place via word-of-mouth referrals from colleagues and a notice posted in the staff office at Mind Carmarthen, briefly outlining the study and explaining how to contact the researcher if they wish to participate.

Eligible participants will be professionals who are currently working in mental health for Mind and who may also have previous or current experience in education, counselling, or social care settings. A purposive sampling strategy will be applied to recruit six to eight

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participants who, through their professional roles, have experience of supporting children and young people (CYP) with a parent or primary caregiver diagnosed with parental schizophrenia.

Mind Carmarthen staff are being recruited because, in their professional capacity, they have either current or previous experience of supporting CYP affected by parental or caregiver parental schizophrenia. Their insights are based solely on professional practice rather than personal lived experience, ensuring the study captures practitioner perspectives on developmental impact.

**Intception of interviews**  
Before commencing the interview, participants will be reminded that they are required to read the information sheet, complete the demographic questionnaire and sign the consent form. They will also be informed that the interview will be audio-recorded, and this will only proceed with their explicit consent. Where Microsoft Teams auto-transcription is enabled, participants will be notified in advance that a computer-generated log file will be produced and handled securely. Participants will also be reminded not to share unnecessary personal identifiers about clients (e.g., names, addresses), to further protect confidentiality. Upon arrival for in-person interviews, or before starting the UWTSO Microsoft Teams session, participants will complete the consent form and demographic questionnaire.

**Interview Process**  
One-to-one semi-structured interviews lasting approximately 45-60 minutes will be conducted either in a private meeting room at Carmarthen Mind or online via UWTSO Microsoft Teams, based on participant preference. For in-person interviews, a secure and

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private room at Carmarthen Mind will be used to ensure confidentiality and minimise interruptions. For online interviews, UWTSO Microsoft Teams will be used as it provides an institutionally managed, encrypted and secure platform.

All interviews, whether face-to-face or online, will be audio-recorded with prior informed consent. Where appropriate, the auto-transcription function within UWTSO Microsoft Teams may be used to produce a temporary computer-generated transcript. If used, the transcript will be reviewed for accuracy against the audio file and permanently deleted once a verified transcript has been created.

The interview schedule will consist of open-ended questions. This approach is intended to encourage participants to provide detailed, reflective accounts of their professional experiences, whilst allowing flexibility for the researcher to explore emerging issues and clarify responses where appropriate.

All interview questions will be reviewed and approved by the project supervisor before the study begins.

**Debriefing**  
Following the interview, participants will be debriefed in the same format in which their interviews were conducted: either in person or via UWTSO Microsoft Teams. In both cases, participants will also be provided with a written debrief sheet. They will be reminded of their right to withdraw their data up to four weeks after the interview and provided with contact information and support resources.

**Post-Study Communication**

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Consent details for the researcher and supervisor will be made available should participants wish to ask further questions or raise concerns after their participation. These details will be provided verbally at the end of the interview and included on the written debrief sheet given to participants.

**Data Storage**  
All data will be anonymised using pseudonyms and securely stored in accordance with UWTSO data protection policies. Only the researcher, supervisor and any examiner for UWTSO on request will have access to the data, which will be stored on password-protected university systems. Audio recordings will be stored in encrypted files and securely deleted once they have been transcribed and checked for accuracy. Where Microsoft Teams auto-transcription is used, the computer-generated log file will be stored securely, verified against the audio file, and permanently deleted once the final transcript has been produced. Where appropriate, audio recordings, transcripts, and associated data can only be withdrawn if the participant chooses to withdraw within four weeks of the interview. After this point, the data will have been anonymised and included in the analysis and cannot be removed. Data will otherwise be retained securely for the period required by UWTSO policy and permanently deleted thereafter.

**Analysis**  
Data will be transcribed verbatim and subjected to Braun and Clarke's (2021) reflexive thematic analysis, which is well suited for exploring professional perceptions in depth due to its flexibility and focus on meaning-making. This approach will be used to identify key themes and subthemes related to professional perceptions of the positive and/or negative

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impact on children and young people (CYP) with a parent or primary caregiver diagnosed with parental schizophrenia.

(This box should expand as you type)

**Location of research activity**  
Identify all locations where research activity will take place.  
The location of the interviews will be a confidential setting, either in a private meeting room at Mind Carmarthen (the participants' place of work) or via a secure Microsoft Teams audio call provided through the University of Wales Trinity Saint David (UWTSO). All interviews will be audio-recorded only, with no video recording, to ensure participant privacy and comfort. Participants will be able to choose their preferred interview format.

(This box should expand as you type)

**Research activity outside of the UK**  
If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g., from local professional associations, learned societies, universities) that exist and whether these involve any ethical obligations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural or legal considerations or vulnerabilities of participants. If you live in the country where you will do the research, then delete this box.

**N/A**  
(This box should expand as you type)

**Use of documentation not in the public domain: Are any documents, books, policy evidence?**  
YES NO

**Use of documentation not in the public domain: Are any documents, books, policy evidence?**  
YES NO

**Use of documentation not in the public domain: Are any documents, books, policy evidence?**  
YES NO

**Use of documentation not in the public domain: Are any documents, books, policy evidence?**  
YES NO

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Does your research relate to one or more of the seven aims of the Well-being of Future Generations (Wales) Act 2015?

|                                                           | YES                                 | NO                                  |
|-----------------------------------------------------------|-------------------------------------|-------------------------------------|
| 12 A prosperous Wales                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13 A well-being Wales                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14 A healthier Wales                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15 A more equal Wales                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 16 A Wales of cohesive communities                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 17 A Wales of vibrant culture and thriving Welsh language | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 18 A globally responsible Wales                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 19 If YES to any of the above, please give details        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

This research contributes to a healthier Wales by improving understanding of how parental mental health issues impact the long-term emotional and psychological wellbeing of children and young people.

It supports a more equal Wales by addressing the needs of a vulnerable group often underrepresented in existing research, those affected by complex parental mental illness. By exploring the insights of professionals working with this group, the study seeks to promote more equitable, informed and trauma-sensitive support systems.

It contributes to a more resilient Wales by generating knowledge that can strengthen professional practice and service design, helping children and young people develop coping strategies, protective factors and access to early intervention. By supporting resilience in individuals, families, and services, the research underpins wider community and societal resilience.

It also contributes to a Wales of cohesive communities by highlighting inter-agency collaboration, safeguarding and early intervention strategies, which can improve outcomes for affected families and reduce social isolation and stigma.

(This box should expand as you type)

#### SECTION F: Scope of Research Activity

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Will the research activity include:

|                                                                                                                                                   | YES                                 | NO                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1 Use of a questionnaire or similar research instrument?                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2 Use of interviews?                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3 Use of focus groups?                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4 Use of participant diaries?                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5 Use of video or audio recording?                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6 Use of computer-generated log files?                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7 Participant observation with their knowledge?                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8 Participant observation without their knowledge?                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9 Access to personal or confidential information without the participant's explicit consent?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 10 Administration of any questionnaires, tests, stimuli, presentation that may be expected to produce, directly or indirectly harmful, offensive? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11 Performance of any acts which may cause embarrassment or affect self-esteem?                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12 Investigation of participants involved in illegal activities?                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13 Use of procedures that involve deception?                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14 Administration of any substances, agent or placebo?                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15 Working with live vertebrate animals?                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16 Procedures that may have a negative impact on the environment?                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17 Other primary data collection methods: Please indicate the type of data collection methods, below                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Details of any other primary data collection methods:  
Where online interviews are conducted via UWTSO Microsoft Teams, the platform's auto-transcription function may be enabled to assist with accuracy. This produces a temporary, computer-generated log file. Participants will be informed of this in advance through the information sheet and consent form. The log file will be treated with the same level of confidentiality and data security as the audio recordings; it will be stored securely on password-protected university systems, checked for accuracy against the audio recording, and permanently deleted once a verified transcript has been produced. Participants will retain the right to withdraw their data (including the auto-generated transcript) for up to four weeks

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after their interview. After this time, data will have been anonymised and incorporated into the thematic analysis and therefore cannot be removed.

If it is not possible to do this, then the research activity is (potentially) low risk and may be exempt from some of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

**SECTION G: Intended Participants**

If there are no participants then do not complete this section, but go directly to section H.

| Who are the intended participants?                                                                          | YES                      | NO                       |
|-------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1 Students or staff at the University?                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Adults (over the age of 18 and competent to give consent)?                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Vulnerable adults?                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Prisoners?                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Young offenders?                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Have you or will you be in a particularly dependent relationship with the investigator or a collaborator? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 People engaged in illegal activities?                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Others: Please indicate the participants below, and specify any group who may be unable to give consent.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Effects of any other participant groups                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |

If a box should expand as you type

**Participant numbers and location**  
Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?

|                                        |                                                                                                                                                                                |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 How many participants are expected? | 0-5 In total<br>(this box should expand as you type)                                                                                                                           |
| 11 Who will the participants be?       | Professionals from the organisation (MIND), in Carmarthen branch (e.g. teachers, counsellors, mental health workers, social care staff) who have worked with children or young |

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adults who experienced parental paranoid schizophrenia during childhood.

(this box should expand as you type)

Participants will be identified and invited through the manager at the charity Mind in South Wales. The manager will approach staff members who have professional experience supporting children or young adults affected by parental paranoid schizophrenia. Those who meet the inclusion criteria will be provided with a Participant Information Sheet and invited to take part voluntarily. They will be informed that all data shared during the study will remain confidential and that they will be assigned a pseudonym to ensure anonymity throughout the transcription process and in all reporting of findings.

(this box should expand as you type)

| Information for participants:                                                                                                               | YES                      | NO                       | N/A                      |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 13 Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Will you tell participants that their participation is voluntary?                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Will you obtain written consent for participation?                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 If this research is observational, will you ask participants for their consent to being observed?                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Will you tell participants that they may withdraw from the research at any time and for any reason?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Will you questionnaires, tell you give participants the option of sending questions they do not want to answer?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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20 Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?

21 Will you tell participants to tell the rest of their participation in a way appropriate to the type of research undertaken?

22 If NO to any of above questions, please give an explanation

No questionnaires will be used/used

(this box should expand as you type)

**Information for participants:**

|                                                                                                                                                       | YES                      | NO                       | N/A                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 24 Will participants be paid?                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Is specialist electrical or other equipment to be used with participants?                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Are there any financial or other interests to the investigator or University arising from the study?                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 If YES to any question, please provide full details                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(this box should expand as you type)

**SECTION H: Anticipated Risks**

Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them.

If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator), you may avoid that in this form.

| 1. Put risk assessment completed and approved? | Yes                      | No                       |
|------------------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |

**Risks to participants:**

2. For example sector-specific health & safety, emotional distress, financial distress, physical harm, transfer of personal data, sensitive operational information.

How you will mitigate the risk to the participants:

|                                                                                                                                                                                                             |                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Confidentiality Issues</p> <p>Participants may share sensitive professional experiences or reflections that could contain identifiable information about individuals, services, or organisations.</p> | <p>1. All audio recordings, auto-generated transcripts (where applicable), and verified transcripts will be stored on password-protected UWTSO systems in encrypted files accessible only to the researcher and supervisor. Data will be retained</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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2. Potential Identification from Audio Recordings:

Although video is not used, participants could potentially be identified by their voice or contextual information shared during interviews.

3. Emotional Distress:

Recalling difficult cases or discussing the long-term effects of parental paranoid schizophrenia on children and families may lead to emotional discomfort or professional distress.

4. Triggering Questions:

Some interview topics, such as childhood trauma, safeguarding concerns, or professional burnout, may be triggering or uncomfortable for participants.

5. Study Duration Concerns:

Interviews will last between 45 to 60 minutes. Some participants may find

security for the period required under UWTSO policy and permanently deleted thereafter. Participants will have the right to withdraw their data, including any recordings or auto-generated transcripts, within four weeks of their interview. After this time, the data will have been anonymised and incorporated into analysis and therefore cannot be removed.

2. Ensuring Anonymity in Audio Recordings:

All audio recordings, auto-generated transcripts (where applicable), and verified transcripts will be stored on password-protected UWTSO systems in encrypted files accessible only to the researcher, supervisor or an examiner for UWTSO on request. Data will be retained securely for the period required under UWTSO policy and permanently deleted thereafter.

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this time commitment difficult depending on their workload.

6. Potential Coercion:

An recruitment is via a workplace gatekeeper (e.g. manager at the charity), participants might feel obliged to take part.

7. Concerns about Withdrawal:

Participants might feel uncertain about whether withdrawing will affect their standing within the organisation or their relationship with the gatekeeper.

(this box should expand as you type)

3. Participants may withdraw their data, including recordings and transcripts, within four weeks of their interview, at which point files will be permanently deleted. After this time, transcripts will have been anonymised (identifying details removed and pseudonyms applied) and integrated into the thematic analysis, making withdrawal no longer possible.

4. Minimising Emotional Distress and Providing Support:

If a participant becomes distressed or wishes to speak further after the interview, they will be offered contact details for the researcher, research supervisor, and signposted to relevant support services (e.g. the UWTSO Wellbeing Team or external mental health organisations). Although the researcher is employed by Mind, participation in the study will be entirely voluntary and separate from participants' professional roles.

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Pontypridd, Cardiff

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To avoid any perception of coercion, participants will be reminded that they may withdraw at any stage without consequence, and support signposting will include external options beyond Mind's internal services.

If a participant becomes distressed or wishes to speak further after the interview, they will be offered contact details for the researcher, research supervisor, and signposted to relevant support services (e.g. UWTSO Wellbeing Team or Mind's internal support).

5. Clarifying Study Duration:

The expected duration (45-60 minutes) will be communicated in advance, and interviews will be scheduled at the participant's convenience, either in-person at Mind's Carmarthen branch or via UWTSO Teams.

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6. Ensuring Voluntary Participation:

Recruitment will be voluntary. The gatekeeper (e.g. manager) will only inform eligible staff about the study and will not influence participation. It will be made clear that choosing not to participate will have no impact on their professional role.

7. Reassuring Participants About Withdrawal:

Participants will be informed they may withdraw from the study at any time before or during the interview and up to four weeks after participation without providing a reason and without any penalty.

8. (this box should expand as you type)

3. If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any signposting (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered, a report will be made to the appropriate authorities.

N/A

(this box should expand as you type)

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Pontypridd, Cardiff

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**Risks to the investigator:**

4. For example: personal health & safety, physical harm, emotional distress, risk of accusation of harassment/discrimination, conflict of interest.

Risk to the investigator:

|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Emotional Distress:</p> <p>The researcher may be exposed to emotionally challenging content during interviews, particularly when discussing cases involving childhood trauma, neglect, or professional burnout.</p>                          | <p>1. Managing Emotional Distress:</p> <p>The researcher will engage in regular reflective supervision with their academic supervisor and take breaks as needed between interviews. Debriefing will also be built into the research schedule to help process emotionally sensitive material.</p> |
| <p>2. Risk of Accusation or Misinterpretation:</p> <p>Due to the sensitive nature of the subject matter, there is a potential risk of miscommunication or misinterpretation that could lead to discomfort or accusations of inappropriateness.</p> | <p>2. Ethical Boundaries and Communication:</p> <p>The researcher will adhere strictly to BPS (2022) and UWTSO ethical guidelines. All communication will be professional, and participants will be reminded that the researcher's role is strictly academic, not therapeutic or advisory.</p>   |
| <p>3. Lone Working Risk (In-person interviews):</p> <p>Conducting one-to-one interviews, particularly off-campus at the charity's premises (Mind Carmarthen), may present a safety risk related to lone working.</p>                               | <p>3. Lone Working Protocol:</p> <p>When interviews are conducted in-person at Mind Carmarthen, the researcher will follow UWTSO lone working procedures, including</p>                                                                                                                          |

How you will mitigate the risk to the investigator:

4. Excessive or Inappropriate Contact:

Participants may misuse the researcher's contact information or continue to seek support beyond the boundaries of the research relationship.

5. Data Storage Risk:

As the study involves sensitive data, there is a potential risk of breach, loss, or unauthorised access to recordings, transcripts, or auto-generated log files.

6. Conflict of Interest:

Because the researcher is employed by Mind, there is a potential risk of perceived or actual conflict of interest, with participants feeling obliged to take part or questioning the neutrality of the research process.

(this box should expand as you type)

Informing a designated contact of the time and location. Interviews will be conducted during daytime hours in a publicly accessible but private room within the Mind building.

4. Limiting Contact Information:

Only the researcher's official UWTSO email address and supervisor's contact details will be provided. No personal phone numbers or social media accounts will be shared.

5. Data Storage Safeguards:

All data (audio recordings, auto-generated transcripts, verified transcripts) will be stored on encrypted, password-protected UWTSO systems accessible only to the researcher, supervisor, and examiners if required. Auto-generated files will be deleted once verified transcripts are complete, ensuring GDPR compliance.

6. Managing Conflict of Interest:

The researcher's dual role as both employee and academic investigator will be explicitly acknowledged in

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transcription. Auto-generated Teams transcripts will also be securely transferred, checked for accuracy, and permanently deleted from OneDrive once verified transcripts are produced.

All interviews will be conducted entirely within UWTSO-managed systems, ensuring compliance with GDPR and the Data Protection Act (2018). No data will be transferred via personal email, portable devices without encryption, or non-university cloud platforms. Identifiable data (e.g., consent forms) will not be electronically transferred at any stage and will be stored securely in paper form only.

(this box should remain as you are)

22 List all who will have access to the data generated by the research activity:

Deanna Howard (Researcher), Stuart Jones PhD (Supervisor) and any examiner on request from UWTSO.

(this box should remain as you are)

23 List who will have control of, and act as custodian(s) for, data generated by the research activity:

Deanna Howard (Researcher)

(this box should remain as you are)

24 One copy of this storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived - if so how and if not why not.

All interview data will be audio-recorded (with consent) and stored in encrypted, password-protected files on secure UWTSO systems. Where Microsoft Teams is used, recordings and auto-generated transcripts will be temporarily stored on UWTSO-managed OneDrive before being transferred to secure university storage; these will then be deleted from OneDrive once verified transcripts are produced.

Signed consent forms will be stored in paper format only, in a locked drawer at the researcher's home, and kept separately from electronic interview data to ensure anonymity. Transcripts will be anonymised by removing any identifying details and assigning pseudonyms before analysis.

Audio recordings will be permanently deleted within two weeks of transcription and accuracy checking. Verified anonymised transcripts will be retained securely for the period required by UWTSO data retention policy and then permanently deleted.

Data will not be archived for secondary use, as the consent given by participants covers this project only. This ensures that their professional contributions remain confidential and are not reused beyond the scope of the present study.

(this box should remain as you are)

25 Please indicate if your data will be stored in the UWTSO Research Data Repository (see <https://researchdata.unl.ac.uk/>) - If so please explain. (Email relevant to academic staff)

NA

(this box should remain as you are)

26 Confirm that you have read the UWTSO guidance on data management (see <https://research.unl.ac.uk/library/research-data-management/>)

YES NO

27 Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding.

YES NO

**SECTION K: Declaration**

The information which I have provided is correct and complete to the best of my knowledge. I have attempted to clarify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants.

In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: <https://www.unl.ac.uk/research/ethics/17-ethic/>

1 Signature of applicant: D. Howard Date: 05/09/2025

**For STUDENT Submissions:**

2 Student of: Dr Stuart Jones Date: 05/09/2025

3 Signature: *[Signature]*

**For STAFF Submissions:**

4 Academic Director/Assistant Director: Date:

5 Signature: *[Signature]*

Checked: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☐ I have read the guidance notes supplied before completing the form.

☐ I have completed ALL RELEVANT sections of the form in full.

☐ I confirm that the research activity has received approval in principle.

☐ I have attached a copy of local/external approval from external organisation (where appropriate).

☐ I have attached a full risk assessment (where appropriate). **ONLY TICK IF YOU HAVE ATTACHED A FULL RISK ASSESSMENT**

☐ I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.

☐ I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the Data Supervisor, module tutor or Academic Director.

**RESEARCH STUDENT'S ONLY**  
Once complete, submit this form via the [UWTSO Doctoral College Portal](https://www.unl.ac.uk/research/ethics/17-ethic/) at <https://research.unl.ac.uk/>

**RESEARCH STAFF ONLY**  
All communications relating to the application during its processing must be in writing and emailed to [research@unl.ac.uk](mailto:research@unl.ac.uk), with the title 'Ethical Approval' followed by your name.



PG2 / E1 FORM

**STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES** should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

Reference list.

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Example of how the coding process was developed through the first stages, before the main Superordinate and Subordinate themes were later defined.



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## Chapter Four: Critical Reflection.

## 4.1 Introduction/Reflection

Conducting this project involved completing two complementary studies exploring the impact of parental paranoid schizophrenia on children and young people (CYP). The first study was a systematic literature review (SLR) titled Exploring the Impact of Parental Paranoid Schizophrenia on Children and Young People. The second study was a qualitative thematic analysis titled Exploring the Impact of Parental Paranoid Schizophrenia During Childhood: Insights from Professionals Working with Affected Children and Young People. In this reflection, I critically examine my experience of undertaking these studies using Gibbs' (1988) Reflective Cycle, which provides a structured framework for reflecting on experiences through the stages of description, feelings, evaluation, analysis, conclusion and action planning. Using this framework enabled me to move beyond simply describing the research process and critically evaluate the decisions, challenges and learning that occurred throughout the project.

The project was originally designed so that the SLR would establish conceptual clarity around parental paranoid schizophrenia and inform the empirical study. However, the process revealed several challenges, particularly the limited availability of research focusing specifically on parental paranoid schizophrenia. Reflecting on these experiences allowed me to evaluate what worked well, what proved difficult and how the process contributed to my development as a researcher.

At the outset I expected to identify a clear body of literature examining parental paranoid schizophrenia and its impact on CYP. However, during the SLR I quickly realised that most research did not focus specifically on parental paranoid schizophrenia but instead examined severe psychosis more broadly. Paranoia-related experiences such as mistrust and

perceived threat were often discussed within studies of schizophrenia-spectrum disorders, rather than examined as a distinct parental presentation.

Initially this created uncertainty because the available literature did not align directly with the specific focus of my research question. I questioned whether the research topic had been defined too narrowly and whether the review would yield sufficient research to support the study. This moment was significant because it required reconsideration of aspects of the research design rather than simply continuing with the original plan.

In response I reconsidered my search strategy and broadened the inclusion criteria to include studies on severe psychosis while identifying relational or behavioural features associated with paranoia. Although this initially felt like a limitation, the process helped me recognise that gaps in the literature often reflect conceptual inconsistencies, rather than simply a lack of research. Engaging critically with this issue allowed me to reframe the absence of paranoia-specific studies as an important finding, highlighting how diagnostic categorisation within mental health research can obscure particular symptom experiences within parenting contexts.

Nevertheless, this experience strengthened my ability to adapt the research design in response to the available research, while maintaining the conceptual focus of the project. It also highlighted the importance of conceptual clarity when designing research questions and selecting search strategies.

More broadly this experience revealed methodological challenges within mental health research. For example, diagnostic categories frequently group participants under broader classifications such as severe psychosis, which can make it difficult to isolate specific symptom presentations such as paranoia within parenting contexts. Researchers investigating relational dynamics associated with parental paranoid schizophrenia, may therefore need to

engage with wider psychosis literature. while critically interpreting how paranoia-related features are represented.

Recruitment for the empirical phase also developed differently from my original expectations. For example, I had initially hoped to recruit a broader range of professionals across multiple services. However, in practice, access was largely determined by organisational gatekeeping within a mental health charity. As a result, seven professionals participated in semi-structured interviews.

Initially this stage felt challenging because recruitment relied heavily on organisational capacity and willingness to facilitate research. At times this created a sense that I had less control over the research process than anticipated. Reflecting on this experience helped me recognise that applied research is often shaped by service priorities, staff availability and safeguarding procedures.

In addition, this experience also highlighted the importance of flexibility when conducting research within organisational contexts. Although my original plan involved a broader recruitment strategy the eventual sample still provided valuable professional perspectives. Recognising this helped me appreciate that methodological adaptations are often necessary when working within real-world settings.

The ethical approval process was also challenging. Although approval was granted at the first ethics committee submission, completing the application proved more demanding than anticipated due to personal commitments and the detailed nature of the process. At the time, I experienced frustration as the application required careful consideration of safeguarding, confidentiality and participant welfare before data collection could begin. However, reflecting on this process helped me appreciate the importance of thorough ethical review when researching sensitive topics involving vulnerable populations.

The ethical review process required careful consideration of informed consent procedures, confidentiality and safeguarding responsibilities. Engaging with these considerations strengthened the ethical integrity of the study and increased my confidence when conducting interviews with professionals discussing sensitive family situations.

The ethical considerations of the project also prompted reflection on the responsibilities involved in researching topics connected to vulnerable populations. Although the interviews were conducted with professionals rather than families themselves, discussions frequently involved safeguarding concerns and complex family circumstances. This required careful attention to maintaining professional sensitivity, while ensuring that participants felt comfortable sharing their professional experiences.

In practice this involved maintaining a non-judgemental stance allowing participants time to reflect, before answering questions and reassuring them that their experiences would be anonymised within the research. Reflecting on this process highlighted how ethical research extends beyond formal approval procedures and continues throughout the research process.

When conducting the interviews I initially felt uncertain about how best to manage the balance between guiding discussion and allowing participants to speak freely. During the first interview in particular, I felt less confident managing this balance as I was conscious of following the interview schedule while attempting to build rapport with the participant. As a result, I relied more heavily on the prepared questions.

However, as the interviews progressed, I became increasingly confident in allowing the conversation to develop more naturally, while still ensuring that the research topic was addressed. Some participants focused heavily on safeguarding responsibilities, risk management and systemic pressures, rather than the relational experiences I had originally

intended to explore. At first, I was concerned that this meant the interviews were moving away from the research focus.

Reflecting on this experience helped me recognise that these perspectives were an important part of understanding how professionals interpret the experiences of families affected by parental paranoid schizophrenia. By adapting my questioning and following participants' perspectives, I was able to explore how paranoia-related dynamics may influence professional concerns about risk and safeguarding.

This experience also increased my awareness of the researcher's role within qualitative interviews. Initially I viewed the interview schedule as something that should be followed closely in order to maintain consistency across interviews. However, I recognised that qualitative interviewing requires a more reflexive and flexible approach in which participants' perspectives guide the conversation, consistent with Braun and Clarke's (2022) approach to reflexive thematic analysis.

Allowing participants greater space to discuss issues they considered important enriched the data and provided insights that may not have emerged through a more structured approach. Through this process I developed greater confidence in active listening, probing responses and adapting questions, in response to professionals' experiences in practice.

Another important aspect of this process involved reflecting on my own positionality as a researcher. Entering the study, I had a strong academic interest in safeguarding, trauma and child development which may have influenced how I initially interpreted participants' accounts. For example, I found myself particularly attentive to discussions relating to risk, safeguarding thresholds and systemic pressures.

While these themes were important, recognising this inclination helped me remain reflexive during both interviews and analysis. Reflexivity required awareness of how my

assumptions, expectations and prior knowledge could shape interpretation of professionals' experiences.

By revisiting transcripts and comparing interpretations across interviews, I attempted to ensure that themes reflected participants' perspectives rather than my own theoretical assumptions. This process reinforced the importance of reflexivity within qualitative research where the researcher plays an active role in interpreting meaning from the data.

The analysis stage also involved both strengths and challenges. Using reflexive thematic analysis enabled me to explore patterns across participants' accounts and develop themes reflecting their professional experiences. This approach allowed me to move beyond simply describing the data and instead interpret how professionals understand the experiences of families affected by severe psychosis.

Participants discussed issues that had not been fully anticipated during the design stage, such as how children and young people may mask emotional difficulties and how parental mistrust can extend towards services and institutions. These insights added depth to the study and demonstrated the value of allowing themes to develop inductively from the data.

However, the analysis process was also demanding, because I had already completed the literature review and I was aware that my prior knowledge could influence how I interpreted participants' responses. Remaining reflexive throughout the analysis was therefore important to ensure that themes reflected participants' perspectives, rather than assumptions drawn from existing literature.

Time constraints also made it difficult to engage in the level of iterative analysis that I would ideally have preferred. This highlighted the importance of realistic time planning when undertaking qualitative research projects.

Overall, several aspects of the project worked well. Integrating the SLR with the empirical study created a coherent research narrative and strengthened my understanding of the topic before conducting interviews. The interviews generated rich professional insights that highlighted how practitioners understand the experiences of families affected by severe psychosis.

At the same time the project had clear limitations. For example, the literature review could not isolate parental paranoid schizophrenia as clearly as originally intended because most research focuses on severe psychosis more broadly. In addition, the research paper relied on a relatively small professional sample within a single organisational context, which limited the diversity of perspectives. The findings were therefore shaped by professional interpretations rather than the direct experiences of families themselves.

Reflecting on this process helped me understand that research rarely progresses in a straightforward or linear way. Instead, research design and implementation often develop through negotiation between theoretical aims, methodological constraints and practical realities.

This project also contributed to a broader understanding of how research can inform professional practice. Engaging with professionals' accounts highlighted the complex realities faced by practitioners working with families affected by severe mental illness. Participants frequently described balancing safeguarding responsibilities with the need to build trust with families who may already feel mistrustful of services.

Reflecting on these discussions increased my appreciation of the challenges practitioners encounter, when attempting to support both parents and CYP within complex family environments. It also reinforced the importance of research that bridges academic understanding with practical service contexts.

This experience has contributed significantly to my development as a researcher. One of the most important lessons I learned was the importance of balancing conceptual ambition with feasibility. I initially underestimated the time required for ethical approval, recruitment and qualitative analysis. In future research I would allocate more time for these stages and ensure that contingency time is built into the research plan.

I would also aim to define key concepts more clearly at the beginning of the project and critically consider how diagnostic categories are used within the literature. In addition, I would pilot interview questions before data collection, to improve the clarity and relevance of the interview schedule and increase confidence during interviews.

#### 4.2 Conclusion

In conclusion this project highlighted both the opportunities and challenges involved in researching families affected by parental severe mental illness and psychosis. The findings demonstrated that examining parental paranoid schizophrenia required engagement with the wider severe psychosis literature, as paranoia is rarely explored as a distinct parenting context. This emphasised the importance of conceptual clarity when defining research questions and interpreting gaps within existing research.

The research also highlighted the practical realities of conducting studies within applied service settings. Recruitment constraints, organisational gatekeeping and ethical procedures shaped the research process and required flexibility, when adapting the study design. Interviews with professionals further revealed the complex challenges practitioners face when supporting families affected by severe mental illness, particularly when balancing safeguarding responsibilities with the need to build trust with families.

Overall, this experience strengthened my ability to critically adapt research strategies, engage reflexively with qualitative data and navigate methodological uncertainty. It

reinforced the importance of research connecting academic understanding with professional practice. These insights will inform how I approach the design, implementation and interpretation of research within applied mental health contexts.

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