Resilence Against Stress - Rudiments Influencing Parents and Children With Mental Health Problems

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Abstract

Over one third of all Indian adults with mental health problems are parents. Most parents with mental health problems parent their children effectively. Two million children are estimated to live in households where at least one parent has a mental health problem but less than one quarter of these adults is in work. Children's resilience is enhanced by a secure and reliable family base in which relationships promote self-esteem, self-efficacy and a sense of control. A parent's resilience is enhanced by family (particularly children's) understanding, satisfying employment, good physical health and professional, community and personal support. Potential stressors leading to parental mental health problems include a lack of money; breakdowns in valued relationships, bereavement, loss of control at work and long working hours. For children, stress factors include loss through bereavement, marital breakdown or illness, acting as a career, being bullied at school, homelessness and poverty.

Keywords: Mental health, resilience, physical health, community, bereavement, poverty

Introduction

The study focuses on factors contributing to either stress or resilience in families where one or both parents have mental health problems. It considers the position of parents and children focusing upon issues of stress or resilience arising from individual and 'informal' sources. While recognising the role that service have in mediating either stress or resilience, the briefing does not consider service interventions or evaluations, as these are the subject of a SCIE systematic review. For the purposes of this briefing, stress refers to a state of mental, emotional, or other strain, while resilience refers to the ability to withstand or recover quickly from difficulties. In identifying these characteristics it is also important to understand that stress and resilience are potential complementary. Stress and resilience communities, and the briefing therefore discusses interdependent factors such as community support.

The Issue and its Importance

At any one time, one in five adults in India will be experiencing mental health problems, with approximately 30 to 50 per cent being parents. As a result, one estimate suggests that some two million children live in a household where at least one parent has a mental health problem. Accordingly, current approaches to social inclusion have identified the needs of parents with mental health problems as a key

concern for social policy. However, families affected by mental health problems vary in their capacity to cope with the difficulties that rise from this. In this context, research-based knowledge about both stress and resilience factors for parents with mental health problems and their children can help health and social care professionals to make more appropriate assessments and to develop appropriate services.

Changes in policy towards people with mental health problems over the past 20 years mean that more adults who have mental health problems now live within the community. Moreover, those who have recovered from mental health problems are increasingly voicing their concerns for improvements in mental health services that will enhance community inclusion. For children, changing attitudes towards child care practice have also meant an increased emphasis upon either keeping children with their birth parents, or maintaining appropriate contact with them. As a result of these policy changes, more children will be living with a parent with a mental health problem and more parents with a mental health problem will be experiencing the challenges of parenting their children. These trends are not peculiar India, but are also evident in Europe, UK and USA.

Factors Revealed from Research

The research concerning families with mental health problems focuses upon individual factors, for example, individual characteristics of personality which although important, may overlook individuals social and culture contexts. This is highlighted by a review of research considering the uniqueness of culture pathway to resilience. In addition, the individualised nature of stress and resilience research has been challenged by some researchers who suggest that when assessing a family's resilience, the unit of analysis should be the family itself, rather than the individual's perceptions within the family unit. However, a recent exercise by SCIE, examining the literature on parental mental health problems in families, recognises the limitations in the current state of research, identifying:

- The lack of research upon males within families
- A predominance of research material focusing upon depression
- A limited recognition of the child's perspective within the family.

Stress

A review of individual's interactions with their social environment noted that inequality and poverty were significant stressors in families with mental health problems. It also noted that the cumulative effect of such stressors at the individual and social level required careful analysis to ascertain their relative impacts. A further study identified three sets of mediating factors impacting upon family members:

- Biological (in utero) influences on foetal development
- Relational influences such as mother-child discipline, exposure to negative behaviours, child attachment, and modelling behaviour by parents.
- Factors that indirectly affect maternal and child functioning such as income and a lack of social resources.

Poverty

Relationships between parent and child are therefore situated within a series of ever-widening systems, moving from the child through to the gamily system and into the wider culture and socio-economic system. One study highlight, for example, the contribution that a parent's mental health makes to children's poverty and shows that less than one quarter of adults with long-term mental health problems are in work. They have the highest rate of unemployment among people classified as disable. In addition, they will also experience

what could refers to as 'inadequate employment' characterised by periods of absence from work and, thus, directly affecting their income and career prospects. Consequently, approximately 198,000 parents, responsible for the care of an estimated 368,000 children, rely on state social security benefits. The stresses of poverty are therefore profound and mental health problems tend to coexist with low income, social disadvantages and low social support.

Community

Similarly, a lack of community supports also impacts upon families and children. A study of black children's experiences of caring found an additional burden of care where there was a lack of culturally appropriate services. I t also found that these children had less formal contact with school and less contact with friends. Schooling can provide a complementary secure base that improves resilience; a reduction in contact can lead to significant stress by reducing children's opportunities to develop social networks and self-esteem. Wider research on 'young carers' concurs with this view, noting the potential for increased isolation and impairment of educational prospects.

Parental Mental Health

Researches also emphasises the dynamic interplay between maternal depression and child distress, thus the mutual stresses experiences by parents and children have a transactional effect. The effect is cumulative: material depression may result in parenting which is either too intrusive or withdrawn, creating a further cycle of disruptive behaviour by the child. One of the major stressors for families where this transactional effect can be identified is that of loss, including the complex loss created by mental health problems because the person who has been 'lost' is still present in the family. This study also shows how such complexity can extend into arears of conflict. For example,

families may feel anger towards the person with a mental health problems and subsequently experience feelings of guilt, which impairs relationships but also inhibits the process of 'bereavement'. Given the importance of secure attachments in promoting and maintaining resilience, the experience of being parented or living with a person who no longer interacts with, and relates to, family members in recognised ways can be a significant stressors for family members.

Depressions among mothers has also been found to lead to children experiencing problems of attachment and bonding with their fathers, even when the father has no mental health problems. The presence of depression in either parent has also been shown to increase father-child conflict which, in turn, can create developmental problems for children. Indeed, the risk of depression among children whose fathers had depression is 45 per cent greater than where fathers had nor identified depression. It also identified gender differences in how depression is expressed, with males more likely to withdraw form social situations, and to become more irritable and cynical. This review also noted a number of studies which concluded that depression among fathers had negative impacts upon communication within the family. One study further noted that negativity within families was significantly more prevalent with paternal rather than maternal depression.

Resilience

Resilience research has itself moved through a number of phases. Initially individual factors were highlighted focusing, for example, upon temperament and wellbeing. A second phase in the research literature focused upon relations within families, while more recent research emphasises ecological dimensions and highlights the interactions between the individual and their social environment. In addition, some research now acknowledges

the role of culture, so that resilience is not only an individual/environment phenomenon but a culture accomplishment.

The values, beliefs and everyday practices which are associated with coping are shaped by culture. An understanding of specific culture beliefs and practices that can contribute to building resilience within individuals and families is therefore significant. These beliefs may also challenge professional values; therefore such beliefs and practices need to be assessed for their relative contribution in either building resilience or frustrating it. For example, some US research suggests that traditional, more authoritarian styles of parenting, may be more appropriate for some children from Asian or African-American backgrounds.

Parental Bonding

A study of the impact of maternal depressive symptoms upon homeless children's mental health and behaviour showed that, although the impact on behaviour was higher than for the general population of children, nearly three quarters had no behaviour problems. The robustness of children to the pressure of their parents' mental health has been confirmed by a study of children with parent hospitalised for depression. Children of depressed patients, and a control group of children of surgical patients, were compared in a 25-year follow-up study on measures of psychiatric illness, personality, marital and family relationships. The researchers found little difference between the two groups in terms of rates of psychiatric morbidity and the quality of intimate relationships. In addition, the research confirmed an association between parental depression, and anxiety and substance abuse disorders in their children. The children of depressed mothers also experienced problematic relationships with their fathers.

Maternal and paternal bonding have also been linked to a child's coping strategies with a lack of effective attachment, particularly with

the mother, leading to poor coping strategies and depressive symptoms. Moreover, individuals who experience positive maternal bonding are more likely to endorse social support-seeking as a coping strategy. Maternal bonding and positive parenting involve:

• love and affection
• setting boundaries
• listening and praise
• apologising when making a mistake
• Letting go and renegotiating the boundaries as the child matures

It is therefore possible that maternal bonding provides the foundation for resilience; this is particularly important for children in two-parent families where one parent has a mental health problem. In this situations, the input of the well parent is crucial in providing effective and positive parenting through close support and relationships building. Where this ability has become fractured, the role of community support and services in enhancing and building resilience is crucial. This is particularly important for single parents: evidence from Canada shows that single mothers experience significantly higher mental distress than their partnered counterparts. Research also showed that 21 per cent of lone parents, but only one per cent of married parents, fell into the lowest income category, and that parental psychological distress was almost twice as common among lone (30 per cent) as married parents (16 per cent).

Social Support

Having social support is an important contributor to resilience, and the extent to which people deal with stressors is in proportion to the amount of social support receivers. This can be as simple as practical assistance with basic tasks like shopping, or the receipt of more emotionally-based support which can convey empathy and positive regard. The quality of support, however, varies within and between

family members and therefore variations in the closeness between family members needs to be recognised. Thus, effective support is reciprocal, in that help received in one situation can be returned in another. Those who have been stigmatised by the label mental illness can thus be appreciated for the support they can give to others.

Control and Optimism

Optimism and perceived control over one's life are also significant factors in enabling individuals to engage with protective processes. Optimism refers to the expectation that a person will experience good outcomes in the future, while perceived control involves the belief that one can be effective in influencing events and conditions in one's own environment. Thus, optimists use constructive coping strategies that appear to foster greater proactive responses to stressful situations. People who perceive their own agency are at less risk of depressions, especially after stressful events, suggesting that those people make more positive steps to overcome these stressors. A key component in promoting optimism is the level of knowledge and understanding about the parents' mental illness among family members. Enabling children to understand the parents' illness appears to enhance their resilience. Research into children's perspectives of their parent's mental illness has, however, been largely absent from the literature to date.

Research Gap

Research related to the culture context of stress and resilience is limited in India and also both US and UK, it remains an area to be more thoroughly investigated. There is also little research in relation to the attachment and transactional effect within families that lead to increased resilience, though there are indicators that suggest strong parental bonding leads to increased self-esteem, enabling individuals

to seek and engage with support system. Developing this theme further, the absence of fathers in research suggests that there is much work to be done in investigating the importance of their role within families experiencing mental health problems. Finally, a greater emphasis on mental health problems other than depression needs to be developed, so that the impact on families of conditions such as schizophrenia can be assessed.

Implications from the Research Organisations Rerspective

The research clearly indicates that stress (and resilience) within families where parents have mental health problems can arise in various contexts. Services organisations therefore need to take a multi-faceted and multi-level approach to building resilience through the provision of effective support for individuals, families and communities. Research developments in child and adolescent mental health services (CAMHS) identify the need for effective partnerships to be developed encompassing both children and their parents. In practical terms, overall effectiveness in service delivery involves a multi-agency approach that brings together CAMHS with adult mental health and children's service to surmount organisational barriers and deliver partnership working. This also needs to be coupled with early intervention and aggressive outreach, and there are many useful examples to be found within children's and adolescent services. In order to be effective, research also shows that services promoting resilience will need to recognise the social and cultural contexts in which such resilience is expressed. This is particularly relevant where the needs of different groups have been overlooked, for example in terms of gender and ethnicity.

Practitioners Perspective

Practitioners are advised to read the National Social Inclusion Programme (NSIP) guidance, which asks:

- Is someone in the family assuming a care-giving role?
- What are the caring practices evident in the family?
- If care giving is present, is the caregiver enabled to understand their role in relation to their own needs?
- Are social networks sufficient and appropriate?

It emphasises the need to work in partnership with families. In addition, Appleby provides some excellent examples of models of goods practice describing many innovative ways of working in relation to CAMHS.

Communities Perspective

The policy community will need to consider how the interface between child and adult mental health services is managed and developed in order to prevent both children's and adults' needs falling between gaps in services. Greater attention needs to be given to the needs of all family members, and the absence of fathers from the research in this area is required. In widening the policy response, however, the role of the well parent for maintaining the coherence of the family becomes crucial. Where there is a single parent then the importance of mobilising community and professionals support is also vital. The research also indicates a need for a greater focus upon provision that can reduce the experience of social isolation by, for example, maintaining levels of employment. To recognise the nature of stress and promote resilience within families where one or both parents have mental health problems, the significant contribution of community support needs to be recognised. Developing policy responses to the needs of minority ethnic groups in India is one area already recognised by Government.

Conclusion

In identifying stress and resilience factors for people with mental health problems, the proper assessment of such factors plays a crucial role in meeting service user need. Official guidance on risk assessment concurs by suggesting that an assessment of risk should not only take into account stress factors, but also strength and resilience. Much supportive work is now provided by the independent sector and this should also be mobilised in order to promote the resilience of service users. However, despite many efforts to ensure the coordination's of services, there are a number of issues and questions practitioners should identify and address in providing effective support. The recent decisions by the Department of Health to appoint local authority community development workers for black and ethnic minorities is one response to the situation. Final guidance on the role of such community workers has now been published which outlines best practice and gives useful case examples from existing practice. The acknowledged positive role played by formal and informal community support networks also suggests that policy needs to develop such key resources for all service users. There is still much work to be done to ensure effective CAMHS services are established across the country, and the policy community must remain vigilant in ensuring the effectiveness of services for parents and their children with mental health needs.

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