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"Growing in Happiness": Pilot Study of a Mental Health Promotion Programme for Children with Mentally Ill Parents

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Abstract

Current research consistently suggests that parental mental illness places children at a significantly greater risk of having lower social, psychological and physical health than children from families not affected by mental illness. This paper reported a pilot study to evaluate a mental health promotion programme for children of mentally ill parent(s). Thirty children from the New Territories West region, aged 6-11 years old, who have one or both parents experiencing a mental health problem were recruited in this pilot study. The programme 'Growing in Happiness' (歡笑成長) was developed which consisted of six sessions (three hours per session). Activities included mental health education, communication exercises, problem solving, interactive and relaxation exercises, age appropriated games and activities, and peer support. 'A Booklet for Children about Mental Illness', and a manual for conducting the programme were developed. Outcome measures included Chinese General Self-efficacy Scale; Rosenberg Self-esteem Scale; Chinese version of the State Anxiety Scale for Children; Interpersonal scale; and focus group interview. The pilot study showed that the participants had improved self-efficacy, self-esteem, interpersonal relationship and reduced anxiety. Qualitative data supported that the participants were happy. They have learnt knowledge on mental illness. Parents supported that they observed their children had positive behavioral changes after attending the programme. The programme will be improved by adding more interactive strategies in delivering the programme. Outing will also be incorporated in the programme. This pilot study provided support for the implementation of a large scale study. The framework of this programme could be used to develop programmes for children of other age groups.

Keywords: mental health promotion, children with mentally ill parents

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Introduction

All children require nurturance and care. However, the home environment of children with mentally ill parents may be different from that of other children, and may at times be chaotic and threatening, particularly if the ill parent is suffering from delusion (Falkov, 2004). Tragic events of homicide and suicide cases amongst mentally ill parents and their children are not uncommon in Hong Kong (Chan, 2008). In an outpatient psychiatric department serving 43,000 adult patients in the New Territories West (NTW) region, it is estimated that about 10% of the patients have at least one child under 18 years old (i.e., 4,300 children) (Maybery et al., 2005a). Across Hong Kong as a whole there are more than 10,000 children living in households in which at least one parent has a mental illness.

Current research consistently suggests that parental mental illness places children at a significantly greater risk of having lower social, psychological and physical health than children from families not affected by mental illness. There is also a higher rate of behavioural, developmental and emotional problems in such children than amongst children in the general population, with long-term effects that include social and occupational dysfunction (Reupert & Maybery, 2007; Weissman et al., 1997). There are many problems that children may encounter because of parental mental illness. A major problem is the obligation to assume domestic and emotional responsibility for the mentally ill parent or younger siblings, particularly in single-parent families (Aldridge & Becker, 2003). Children may feel the need to "parent" their parent. Such caregiving may limit the recreation, friendships, educational achievement and personal growth of the children concerned (Atkin, 1992). Another problem is the adoption of poorly adaptive coping styles when a parent is ill, such as withdrawing, avoiding and distancing (Maybery et al., 2002). The overuse of these coping skills by children highlights the need to develop problem-focused activities that help either to change their environment or themselves in relation to it (Fudge & Mason, 2004; Maybery et al., 2005b).

Several subgroups have been identified within the spectrum of such children: children who appear 'well' or 'resilient' but are in need of support; children who are vulnerable and in need of services and children who are vulnerable and in need of protection from injury and distress. Affected children may move in any direction along this spectrum of 'risk' over their life times (Cowling, 2004), and should thus be the target population for measures to prevent mental health problems. There is a need to strengthen and help these children to improve the protective factors that contribute to maintaining their mental health (Department of Health and Ageing, Australian Government, 2004; Australian Infant, Child, Adolescent and Family Mental Health Association, 2001; Royal College of Psychiatrists, 2002). Programmes that have been developed in the USA, Australia and Canada for these children have reported significant positive effects, such as better self-efficacy and more confidence in handling their parent's illness symptoms (Maybery et al., 2006; Orel et al., 2003; Pitman & Matthey, 2004). However, no systematic health promotion programme has been devised for children of mentally ill parents in Hong Kong. This paper reported the pilot study of a programme 'Growing in Happiness' which was a collaborative programme among the Chinese University of Hong Kong, the Community Psychiatric Nursing Services (CPNS) of Castle Peak Hospital.

Purpose

The goals of this project were to develop a mental health promotion programme for children with mentally ill parents target children, and to evaluate the impact of the programme on the participating children's self-esteem, self-efficacy, interpersonal relationships and level of anxiety.

Intervention

A programme called 'Growing in Happiness'(歡笑成長) was develop. The objectives of the programme were to promote children's communication skills, promote their social interaction, enhance their problem-focused coping strategies, promote relaxation and provide them with age-appropriate education about mental illness. These objectives were guided by the belief that children who adapt well to a parent's mental illness will typically exhibit better self-esteem and self-efficacy, greater sociability and less anxiety (Royal College of Psychiatrists, 2002). The programme followed the framework of similar programmes developed in Australia and Canada (Pitman & Matthey, 2004; Children of Mentally Ill Consumers, 2002; Department of Health and Ageing, Australian Government, 2003), but culturally specific content were developed for Hong Kong children.

The objectives of the programme were achieved by equipping children with communication skills, interpersonal skills, problem-focused coping skills, relaxation skills and age-appropriate education about mental illness, along with peer support. The programme utilised a model of peer support and provided opportunities for children to enhance their positive sense of self. Through age appropriated games and activities, the programme provided pleasant events and positive experiences for the participants that would increase their opportunities for social interaction, helped them to engage in positive thought and enhance their coping skills. Hopefully, the programme would enhance the children's self-esteem, self-efficacy and interpersonal relationships to help them to deal with their particular life situation and reduce their anxiety. The framework of the programme is presented in figure 1.

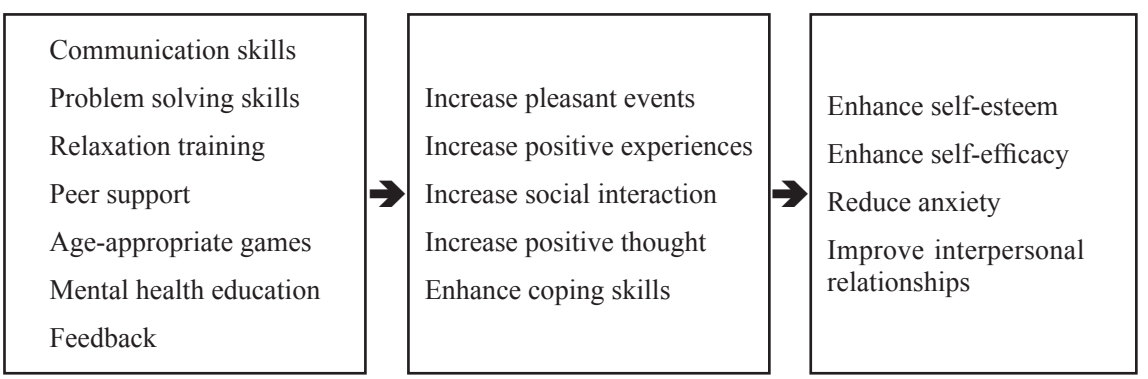

Figure 1: Framework of the mental health promotion programme

The programme consisted of six sessions, each session lasted for about 3 hours. The activities in the first session included ice-breaking games, family drawings and communication exercises. Subsequent sessions involved education about mental illness, exercises to help the children relax during times of stress, problem-solving games and stories about feelings to help the children identify and communicate their emotions. The activities were repeated (with some variations) throughout the sessions. In the last session, the children reviewed 'A Booklet about Mental Illness for Children', and the contents were further explained. The children were helped to develop a self-care plan for when a parent is hospitalised, and were given information about referral resources. In all of the sessions the activities were punctuated by age-appropriate games. The content of the programme was validated by a panel of six experts that consisted of a school teacher, a social worker, 2 nurse specialists and 2 psychiatrists who specialise in child and adolescent psychiatry.

Design and sample

This project was a one-group pre and post-test design. We have piloted this programme on 30 participants who were recruited them from the NTW region. The main source of referral was from the CPNS in the NTW region, the outpatient department of CPH, and the NGO collaborators, which had access to children whose parents have mental health problems. Children were referred to the programme by psychiatrists and case managers. Both children and parents' consent were sought to attend the programme.

The programme targeted children aged 6-11 years old with one or both parents experiencing a mental health problem (specifically schizophrenia and psychotic disorders, depression and bipolar disorders or anxiety disorders). According to Erikson's psychosocial development theory, children aged 6-11 are at the 'industrial vs. inferiority' stage during which they learn life skills such as getting along with other people, sharing responsibilities and building self confidence. When children's efforts in these areas are successful, they develop positive self-efficacy and self-esteem, but if they are unsuccessful then a sense of inferiority results (Smith et al., 2003).

Outcome Measures

The programme was evaluated by questionnaires, and focus group interviews. The participants were asked to fill in a questionnaire that includes the following measures at baseline and immediately after the programme to determine the short-term effects.

Self-efficacy. The Chinese General Self-efficacy Scale (Zhang & Schwarzer, 1995) is a 10-item unidimensional measure of an individual's competence to deal with challenging encounters in various life situations. The scale has been validated for use with children with a good internal consistency. High scores on the scale indicate better self-efficacy (Law, 1999).

Self-esteem. The Rosenberg self-esteem scale is a 10-item unidimensional measure of global self-esteem. Its suitability for use with children has been confirmed, and the scale has an acceptable reliability and validity (Law, 1999; Baumeister et al., 2003; Blascovich & Tomaka, 1991; Rosenberg, 1989). High scores on the scale indicate better self-esteem.

Level of anxiety. The Chinese version of the State Anxiety Scale for Children (short form) is a 10-item scale that assesses children's anxiety traits. The scale has been validated for use with children and has good psychometric properties (Li & Lopez, 2007; Li et al., 2008). High scores on the scale reflect a greater level of anxiety.

Interpersonal scale. The Interpersonal Scale is an 18-item scale developed in Hong Kong for assessing children's interpersonal relationships. It has been used in programmes involving children and has a good reliability and validity. High scores on the scale indicate better interpersonal relationships (Law, 1999).

Brief demographic data on the participants were also collected

Focus Group Evaluation

Two focus group interviews were conducted to evaluate the process and outcomes of the programme, one with the participants and one with their parents. Each focus group consisted of eight members. A convenience sample was used. A research assistant and one of the investigators acted as facilitators in the focus groups which were audio-taped for content analysis.

Participants' focus groups: The aim of the focus groups was to understand how the participants had benefited from the programme. The participants were asked which aspects

of the programme they liked or did not like, which aspects they regarded as helpful and what they learned from the programme.

Parents' focus groups: The parents of the participants were invited to participate in a focus group interview. One parent is invited for each child. The purpose of the interview was to understand the perspectives of the parents on the changes in their children, and collect any additional comments that they had about their children's participation in the programme.

Data collection

Ethical approval was obtained from the University and the study venue. The programme was conducted at the MINDSET Club, Castle Peak Hospital. The programme was conducted by two research assistants (RAs) and community psychiatric nurses (CPNs) with supervision from the PI and one CI. Four voluntary workers were recruited to assist with the group activities in each session. They were secondary school students and qualified nurses.

The programme was a group programme, with 6-10 participants in each group, which were held on Saturday and school holidays. We have conducted 4 repeated programmes in our pilot.

Results

Demographics

A total of 30 participants went through the programme. Their socio-demographic data were presented in Table 1.

Table 1

Socio-demographic characteristics of the participants (N = 30)

Variables	Sub-groups	n (%)
Gender	Male	15 (50)
	Female	15 (50)
Level of study	Primary 1	10 (33.3)
	Primary 2	3 (10)
	Primary 3	4 (13.3)
	Primary 4	5 (16.7)
	Primary 5	2 (6.7)
	Primary 6	6 (20)
Accommodation	Private household	2 (6.7)
	Public housing	19 (63.3)
	Others	9 (30.0)
Father's employment status	Employed (Full-time)	6 (20.0)
	Employed (part-time)	6 (20.0)
	Unemployed	17 (56.7)
	Others	1 (3.3)
Mother's employment status	Employed (Full-time)	4(13.3)
	Employed (part-time)	2 (6.7)
	Unemployed	23 (76.7)
	Others	1(3.3)
Age	Mean=8.3, SD=1.9	

Table 2

Results of the pre- and post-tests for all outcome measures (N = 30)

	Pre-test Mean (SD)	Post-test Mean (SD)
GSES[1]	26.8(7.0)	31.6(4.3)
RSES[2]	28.8(7.1)	31.6(4.3)
CSAS[3]	25.7(4.0)	27.5(2.7)
IPS[4]	54.5(9.3)	58.5(7.2)

[1]GSES - Chinese General Self-efficacy Scale,
[2]RSES - Rosenberg Self-esteem Scale
[3]CSAS - Chinese State Anxiety Scale for Children (short form)
[4]IPS - Interpersonal Scale.

Quantitative Outcomes

There were significant differences between the pre and post-test 1 results in all outcome measures: GSES ($t=71.3$, $p < 0.01$); RSES ($t=28.0$, $p=0.00$); CSAS ($t=38.5$, $p=0.00$) and IPS ($t=35.0$, $p=0.00$)

Focus group interview

Children's interview. A total of 8 participants were interviewed after the programme to find out how they viewed the programme. The findings suggested that most participants enjoyed the programme and the opportunities to meet with other children. They said that they attended the programme because they were happy in the programme. They enjoyed the games and snacks. They appreciated learning issues of mental health and knowledge on mental illness. They also appreciated learning ways to deal with their parent(s)' mental health problems, e.g. sources of help. However, some of the learning sessions were a bit boring.

Parents' interview. Eight parents of the participants participated in this focus group interview. Preliminary data found that the parents brought their children to the programme as they would like their children to learn more about their illness. All of them shared common difficulties in disciplining their children and establishing relationship with their children. Many parents said that they observed their children were happier after joining the programme. Their children appeared more 'caring' to them and tried to be closer to them. All parents were very appreciative of the programme and looked forward to more of it. They commented that they felt easy when being with people who understand their condition or in the same boat with them. They also suggested organising outdoor activities for the whole family.

Discussion

The goals of this programme were to develop a mental health promotion programme for target children, evaluate the impact of the programme on the participating children's self-esteem, self-efficacy, interpersonal relationships and level of anxiety, and assess the perceptions and experience of the programme amongst the children, parents, health care professionals and volunteers involved.

Data from this pilot study supported that the children had significant improvement on their self-efficacy, self-esteem, interpersonal relationship and a reduction in their anxiety immediately after the programme. The qualitative data from children and parents also support the positive effects of the programme.

The participants reported that they were happy and it was supported by the parents' observation. Parents also reported positive behavioural changes in their children, thus provided support that the knowledge that they learnt in the programme could be transferred to real life settings. This programme was found acceptable by the children and their parents, and was feasible. These evidences supported that the goals of the programme was achieved.

The needs of the children targeted by the programme have been identified by the programme team's previous studies and clinical experience (Chan et al., 2000; Chan & Yu, 2004; Cheng & Chan, 2005; Chien et al., 2006). We found that Hong Kong children with mentally ill parents face problems similar to those reported in international studies (Falkov, 2004; Reupert & Maybery, 2007). This programme built on the local and overseas experience of the previous programmes, but includes more structured activities with focused aims together with a systematic evaluation plan. The programme also followed a similar approach to that adopted by mental health promotion programmes for children with mentally ill parents conducted in Australia, Canada and the United States, which generated supporting material that benefited both the target children and their parents. The British Columbia Schizophrenia Society (British Columbia Schizophrenia Society, 2003) investigated over 20 programmes in Canada, the United States and Australia and reported positive outcomes for all of the programmes, including reduced hospitalisation of the parents, reduced denial of family problems amongst the children, an increased capacity for the children to share their concerns with the group, an increase in the children's knowledge of mental illness and improved social skills. The SMILES programme, which was conducted in Australia and Canada, found that children had an increased knowledge of mental illness after the programme and were better equipped with life skills considered beneficial for coping in their family (Pitman & Matthey, 2004). Other evaluative studies, such as those examining the Invisible Children's Program in Orange County, New York (Hinden, 2002) and the Children and Mentally Ill Parents Programme (CHAMPS) camp in Australia (Cowling, 2004; Cuff & Pietsch, 1997), confirmed that children who participated in the programmes had better mental health and more confidence in handling the signs and symptoms of mental illness in their parents. The parents were also found to benefit from the programmes (Maybery et al., 2006; Orel et al., 2003). The findings of the present programme concurred with those conducted in other countries. These evidences collectively suggests that mental health promotion programmes for children with mentally ill parents benefit the children involved and can also have a positive influence on their parents.

This pilot study supported the implementation of a larger scale study with longitudinal follow up to examine the longer term effect of the programme. The programme would be improved by adding in more interactive activities so as to make the sessions more stimulating. Outing would also be incorporated in the programme in response to the parents' wish to have outing activities with their children. The programme is a mental health promotion programme. The present programme could be used as a framework to develop similar programmes for younger (under 5) and older children (12-18).

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摘要

「歡笑成長」：促進精神病患者子女的精神健康先導研究

有研究一致認為父母親的精神疾病會使得孩子的社會、心理、生理狀態顯著低于那些沒有被父母精神疾病影響的孩子。本研究是一個精神健康促進項目的初步科研究告，是為了評价精神疾病父母孩子而設立的歡笑成長項目。樣本是30個來自新界西區的孩子，他们6~11歲，父母單方或雙方經受精神健康疾病。項目包括6個部分，每個部分兩個小時。活動內容包括精神健康教育、社交訓練、問題解決、交互和放松鍛練、与年齡相匹配的游戲和活動、同伴支持。研究者開發了供孩子用的精神疾病小冊子和執行項目的手冊。結果測量包括：中文版一般自我效能量表，羅森伯格自尊量表，中文版狀態焦慮量表，人際關系量表，和焦點團體訪談。參与者的自我效用、自尊、人際關系得到顯著提高，狀態焦慮顯著降低，質性數據提示參與者相當愉快，他們學習了關于精神疾病的知識。父母提供的資料顯示他們能夠觀察到孩子參與本項目後的積極行為變化。在以後的執行中，本項目將會進一步加入交互策略，戶外活動也將會融入到項目中。本研究為大型科研提供了實施依据，項目框架也可以用來發展其他年齡段孩子的教育項目。

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