

# Social work and child mental health: the role of social capital



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# Social aspects of child mental health

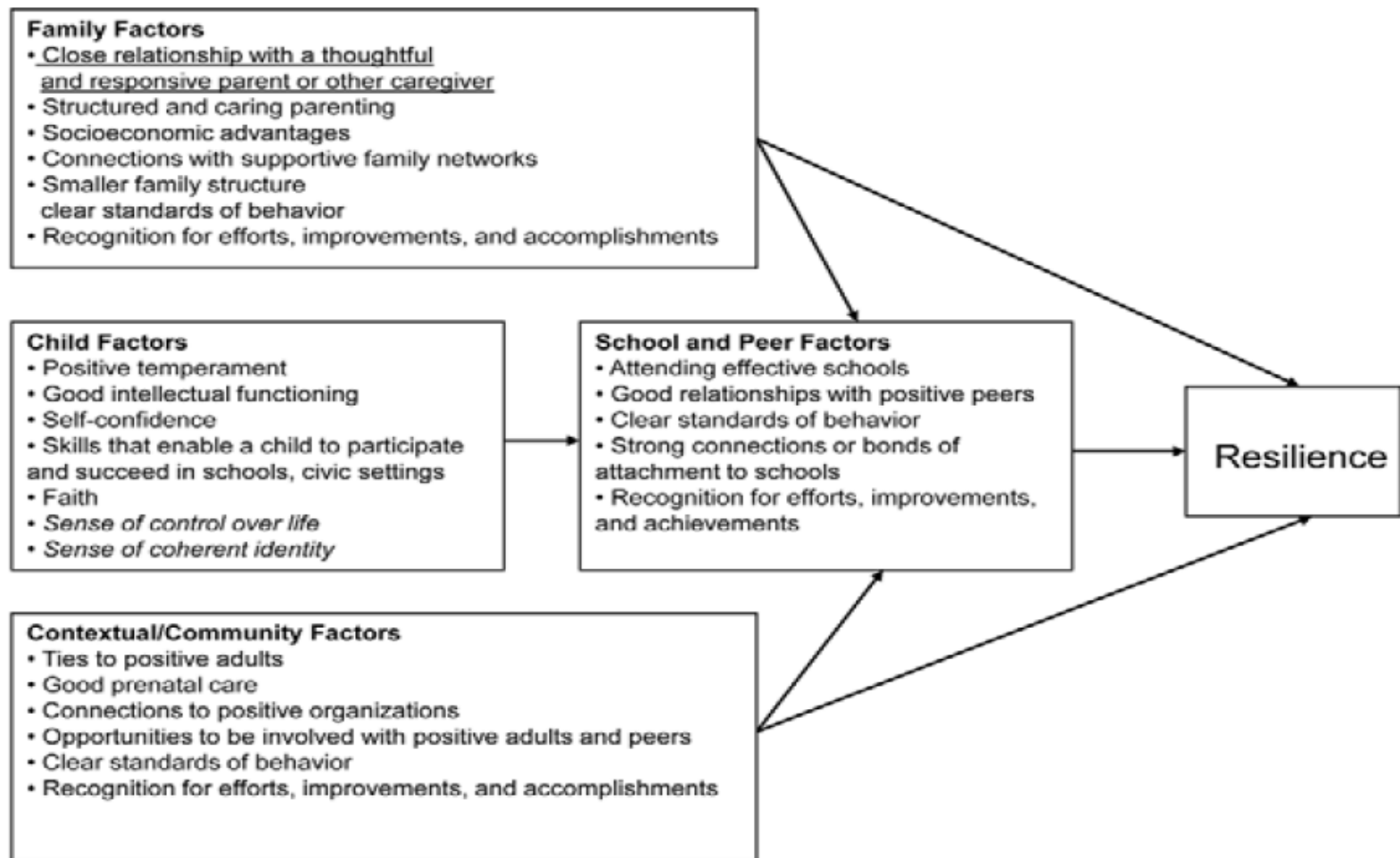


- **Protective factors:**
  - Quality of parent-child bond, i.e. supportive primary relationship;
  - One caring relationship over time to turn to when under stress
  - Social networks of support; social capital
- **Risk factors**
  - Family stress
  - Family conflict
  - Social isolation and social exclusion
  - Racism and health disparities
  - Oppression and lack of control over own life
  - Poverty and lack of housing, educational resources

# Child mental health protective factors



Figure 3. Protective, or buffering, factors that promote resilience.\*



# Studies on social capital and mental health



- **Social capital and mental health**
  - Social isolation and suicide linked (Durkheim, 1897)
  - British Household Survey - neighbourhood social capital and psychiatric morbidity linked (McCulloch, 2001)
  - Social cohesion found to modify association between area income and mental health (Fone et al, 2007)
- **Social capital and child mental health**
  - Social capital a protective factor for children in unfavourable environments (Runyan et al, 1998)
  - Strong trust and social cohesion between neighbourhood citizens mitigate the risk-increasing effect of socioeconomic deprivation on children's mental health service use (Van der Linden et al, 2003)

# Social work values and social capital



- **Social work values explicit in interventions**
  - Service user involvement in partnership
  - Multi-systemic contextual assessment and intervention
  - Anti-oppressive and anti-discriminatory practice
- **Social model focuses on quality of relationships**
  - Between individuals, parent-child, within families,
  - Between groups, social inclusion and social inclusion in group and networks
- **Social work strategies can build social capital**
  - Social cohesion, social trust, networking and social inclusion
  - Coleman, 1988; Putnam, 2000

# Social capital and stress



- Association between stress and mental health
- Social capital reduces stress
  - Social ties and inclusion has a buffering effect and enhances individuals coping mechanisms leading to better mental health (Cohen & Wills, 1985)



# Families and Schools Together (FAST)



- A complex systemic intervention by social work for increasing child mental health, by reducing stress and building social capital within families, between families and between families and schools
- 8 weekly multi-family group meetings led by trained teams of service user/parent partnerships with social work/health/education held after school in schools
- 22 weeks monthly meetings led by service user/carer parent graduates of the weekly groups (80% graduate)
- Programme activities built on:
  - Theory of family stress, family systems, and social ecological theory of child development and research from psychology/psychiatry

# Social ecological theory of child development (Bronfenbrenner)



CHILD



# Social ecological theory of child development (Bronfenbrenner)



CHILD



family

# Social ecological theory of child development (Bronfenbrenner)



CHILD



family



school

# Social ecological theory of child development (Bronfenbrenner)



CHILD



family



school



neighborhood

# Social ecological theory of child development (Bronfenbrenner)



CHILD



family



school



neighborhood



# Experiential learning through repeated activities, instead of “teaching” or lecturing



Family Scribbles Game



Family Flag



Feeling Charades

# Parent-child activity builds bond and rehearses parental responsiveness to child



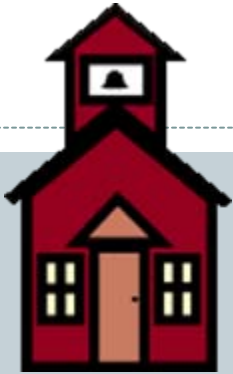
Special Play



# Parents empowered in groups



- Respect for parent role in the family by the team
- Parents make up FAST hub team for weekly groups
- Parents are supported to be in charge of their family
- Support parents in forming informal social networks
- Parents graduates plan the monthly meetings
- Parent interview panel for FAST certification







**F**  **ST**





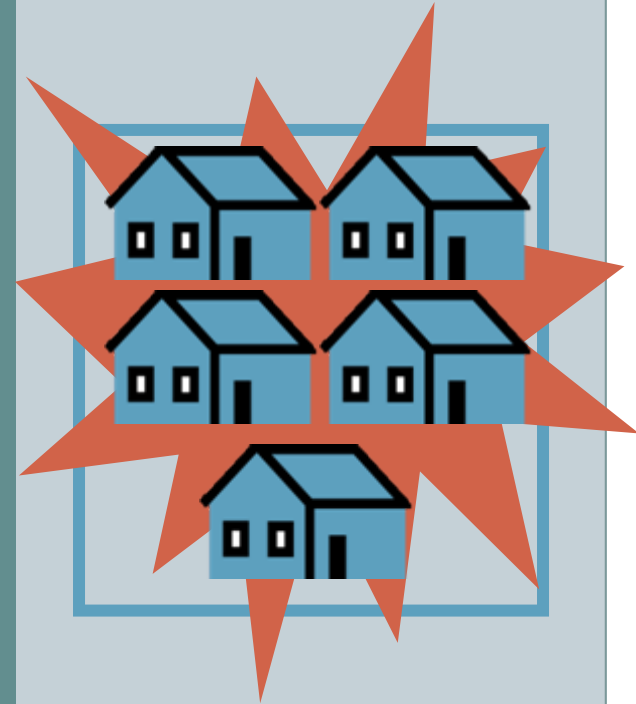
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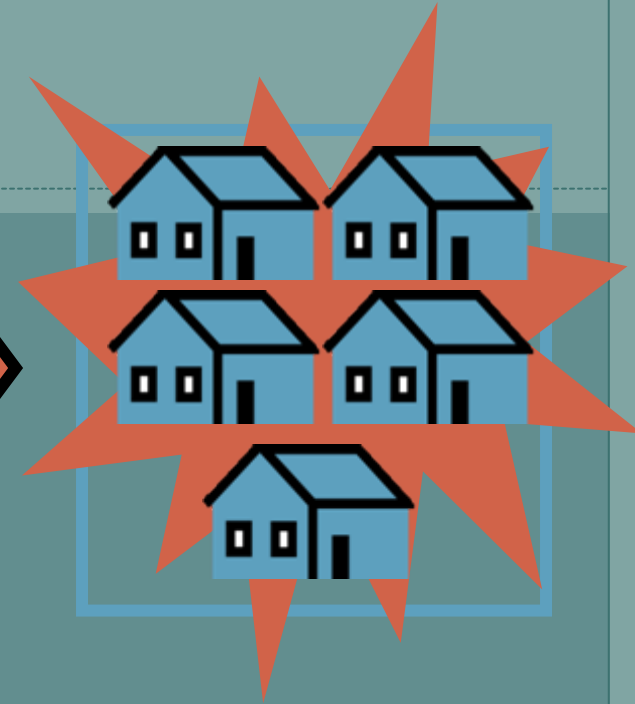


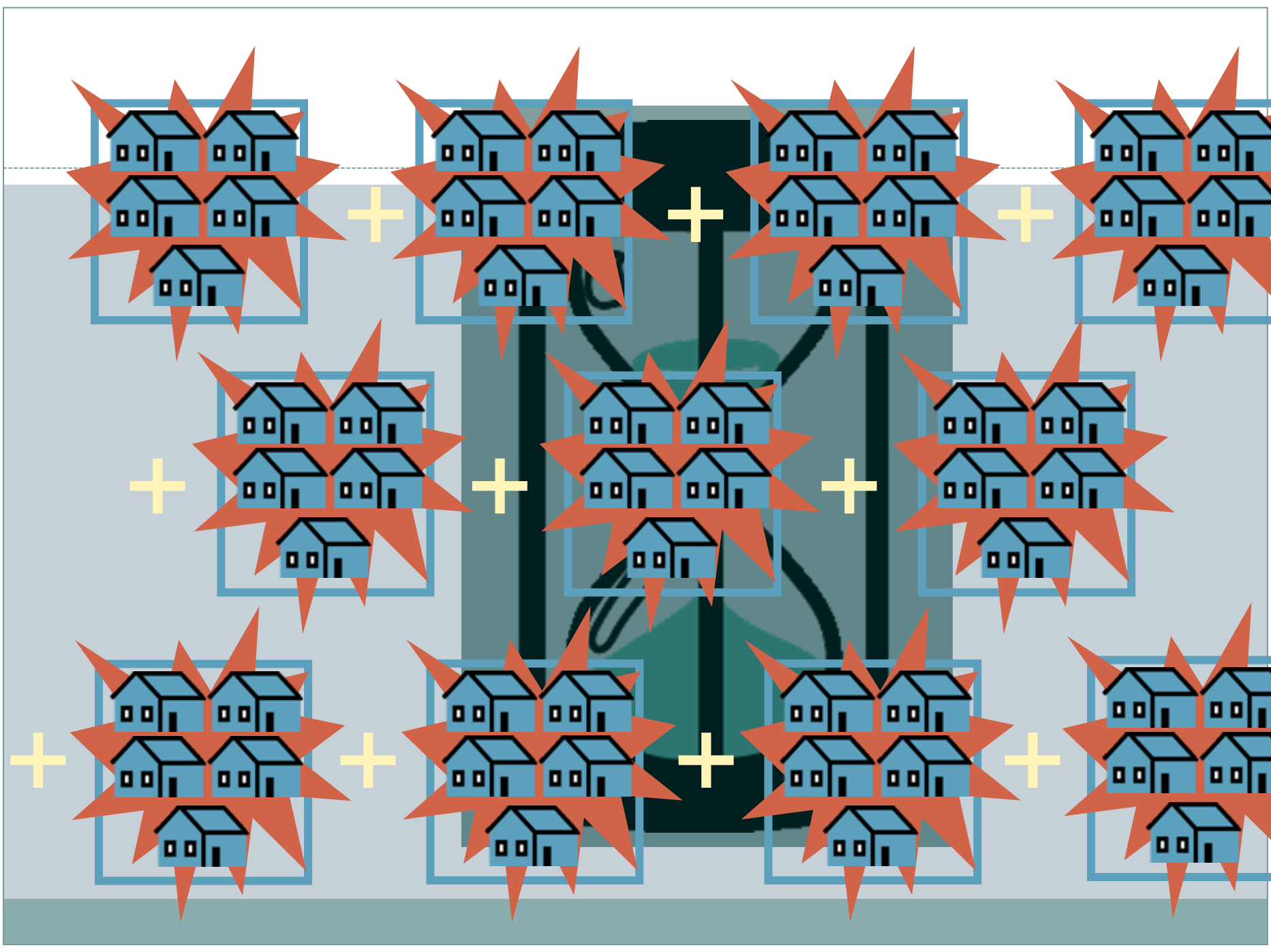




**FAST**







# Randomised controlled trials on FAST



- Collaborations with other researchers from medicine, public health, sociology, psychology, who were interested in social work interventions
- Four RCTs evaluating FAST
  - Abt Associates, 2001; Kratochwill, et al, 2004; McDonald et al, 2006, Kratochwill (accepted)
  - Funding from NIH (NIDA, NICHD), SAMHSA, DOJ, DOE
- Positive child behavioural and mental health outcomes over 1 and 2 years, across domains of child social ecology (child, family, school, community)

# Monitoring programme retention rates



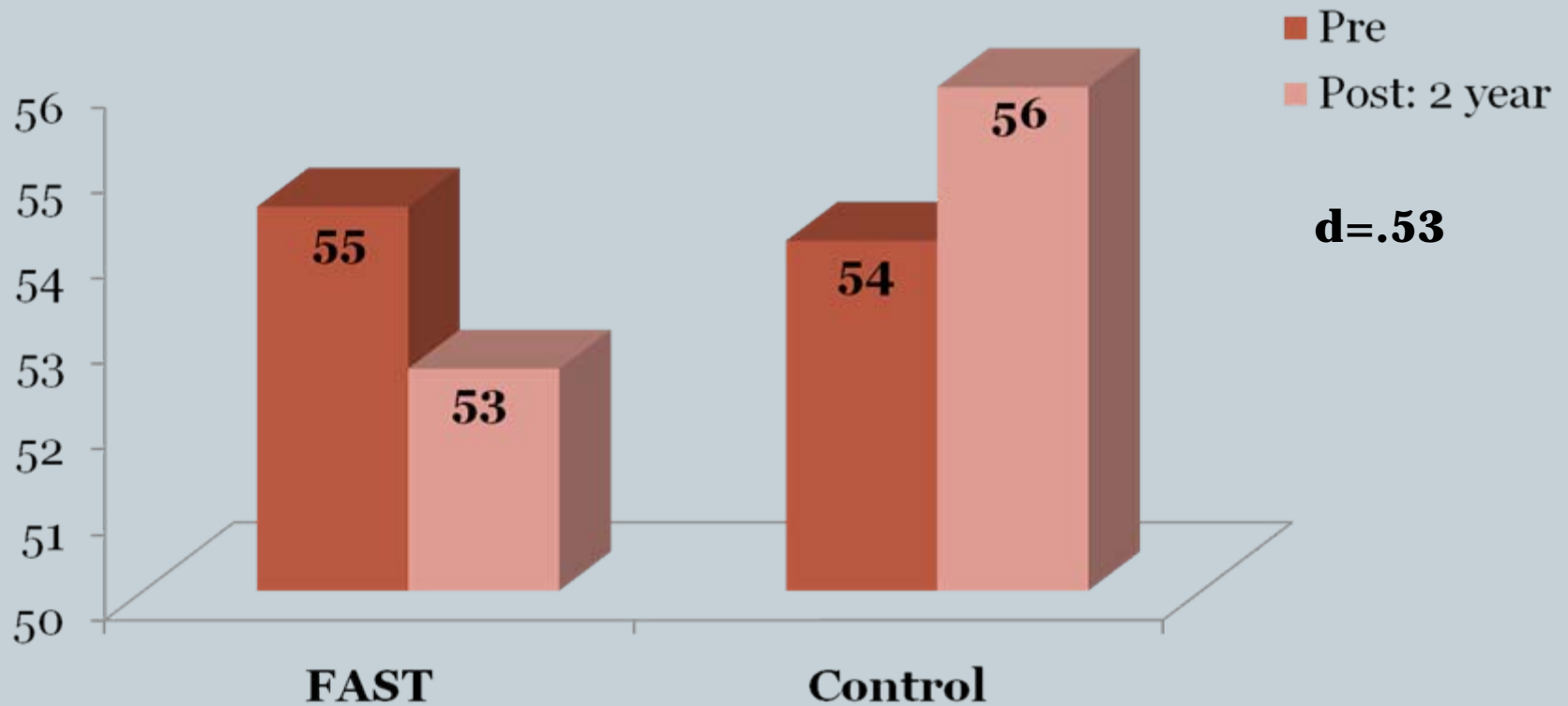
- **Retention rates defined: if a family comes once, they complete 6 or more of the 8 weekly meetings, and graduate to monthly maintenance groups (average 80%)**
  - 72% inner city, low income, single parent, African American families with emotionally disturbed children
  - 80% rural, Indian reservations, low-income families with universal recruitment of all children
  - 85% urban, Mexican American immigrants, low income, universal recruitment of all children
  - 90% risk for special education with behavior problems, low-income, mixed cultural backgrounds
- **Context: drop rates in child mental health clinics if a family comes once, are 40-60% (Kazdin, 2001)**



# Effects of FAST- child functioning

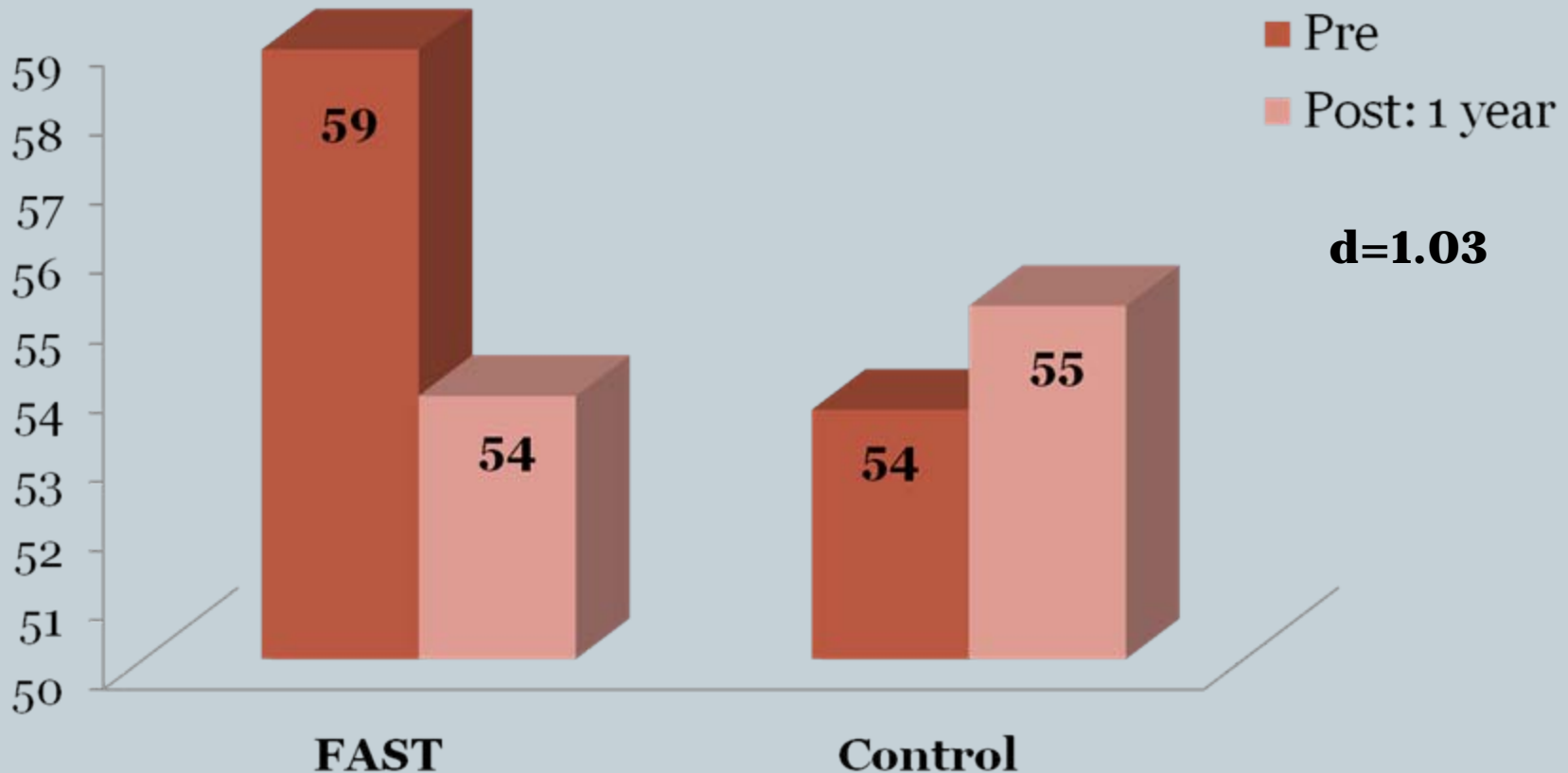


## Parent ratings of child somatic complaints



# Effects of FAST- child functioning

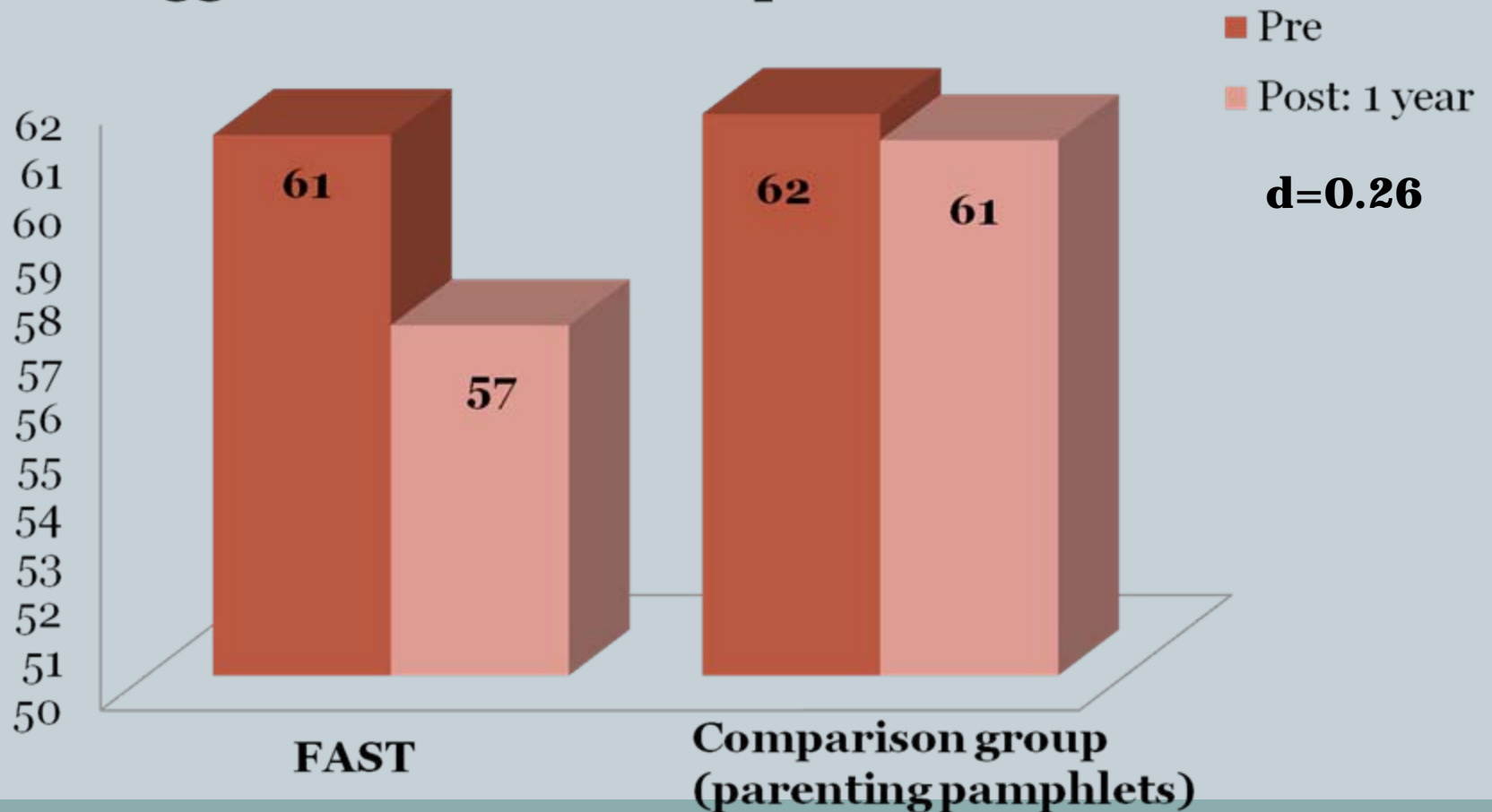
## Parent ratings of child showing withdrawn behaviors in the home



Source: Kratochwill et al, (2004) (using CBCL Internalizing Scale)

# Effects of FAST - child functioning

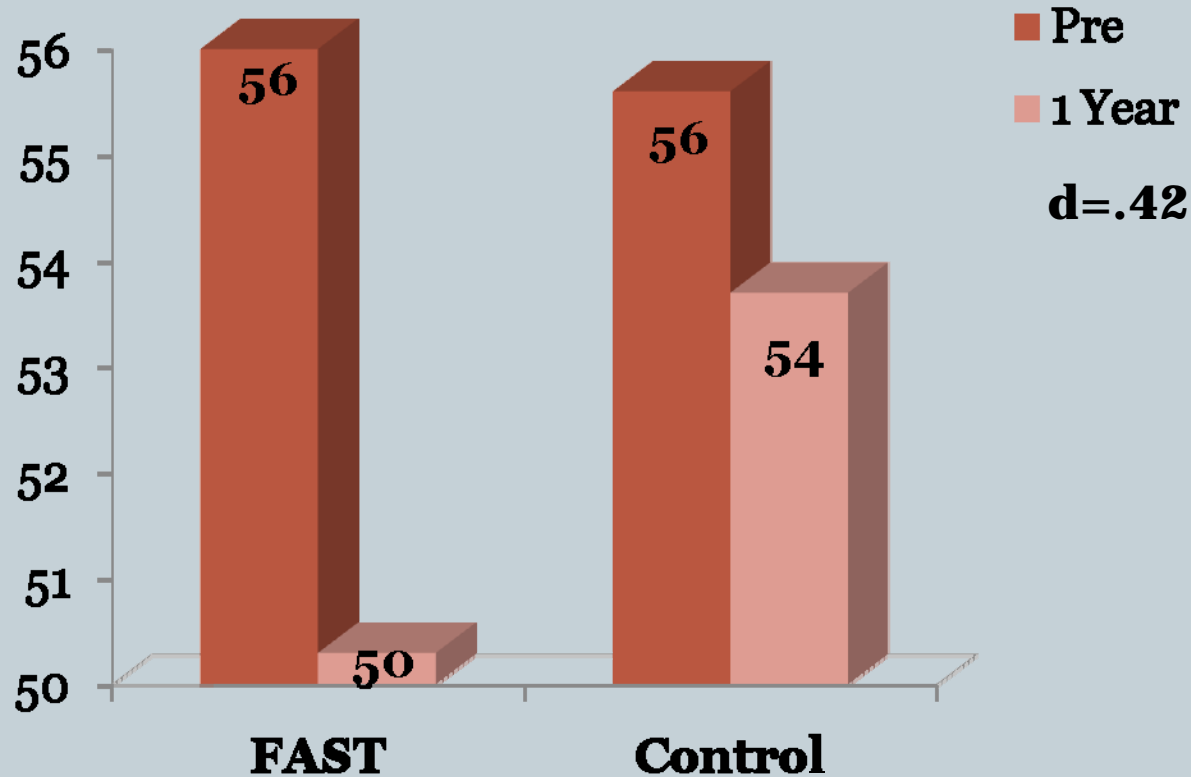
## Parent ratings of child showing aggression and delinquent behaviours



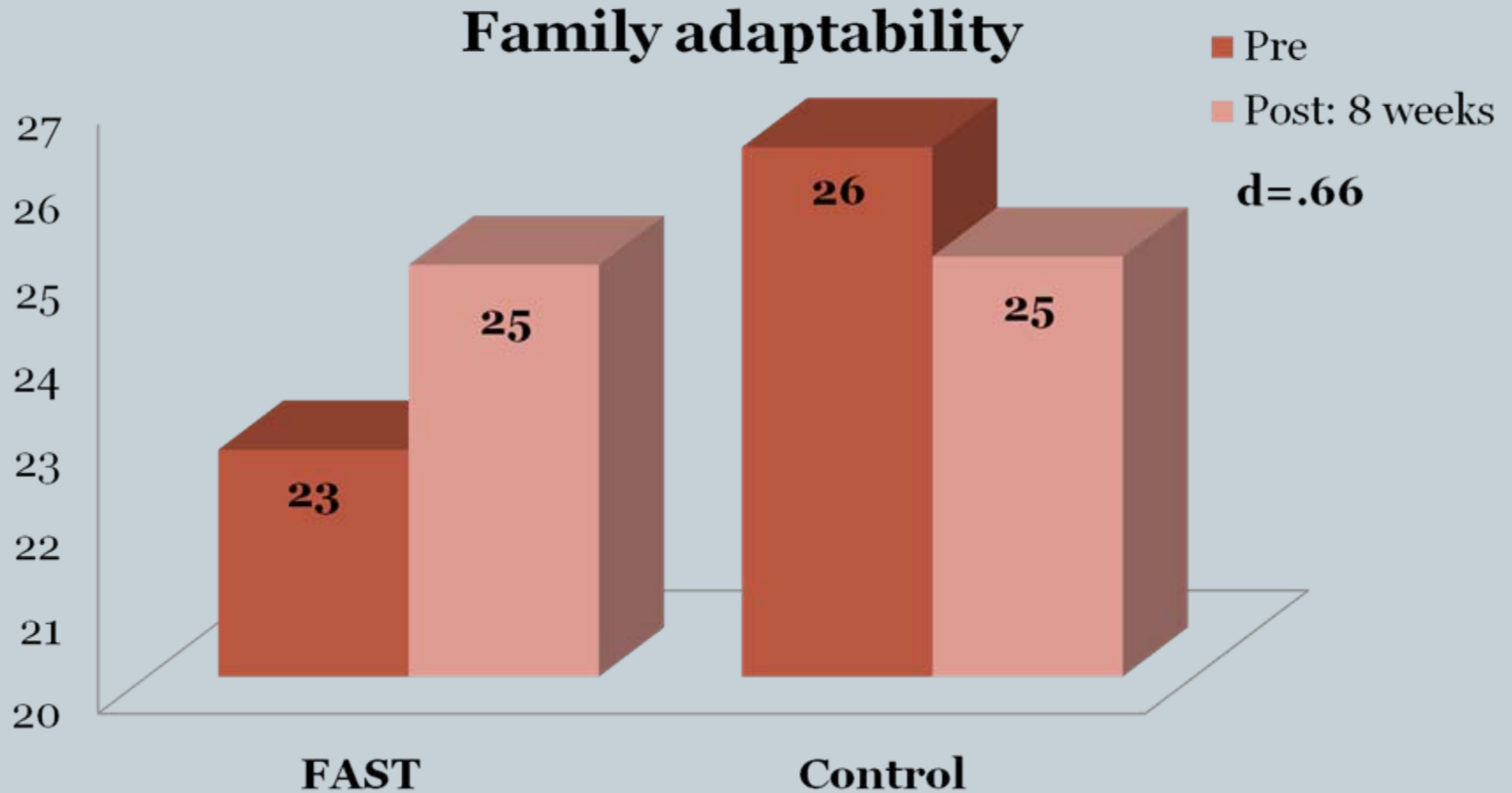
Source: Abt Associates(2001) (using CBCL Externalizing Scale)

# Effects of FAST- child functioning

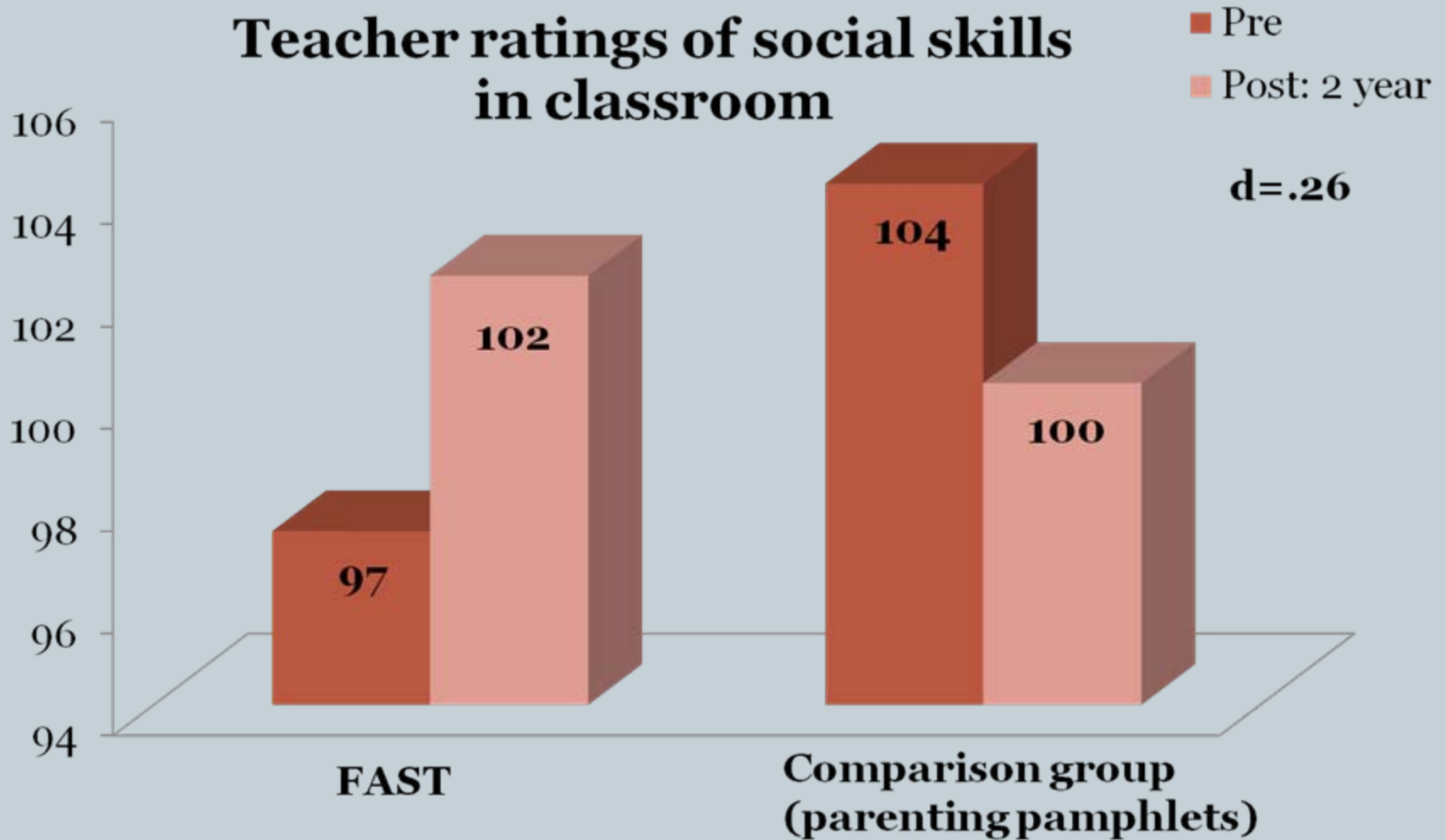
## Parent ratings of child aggressive behaviour



# Effects of FAST-family domain



# Effects of FAST- school domain

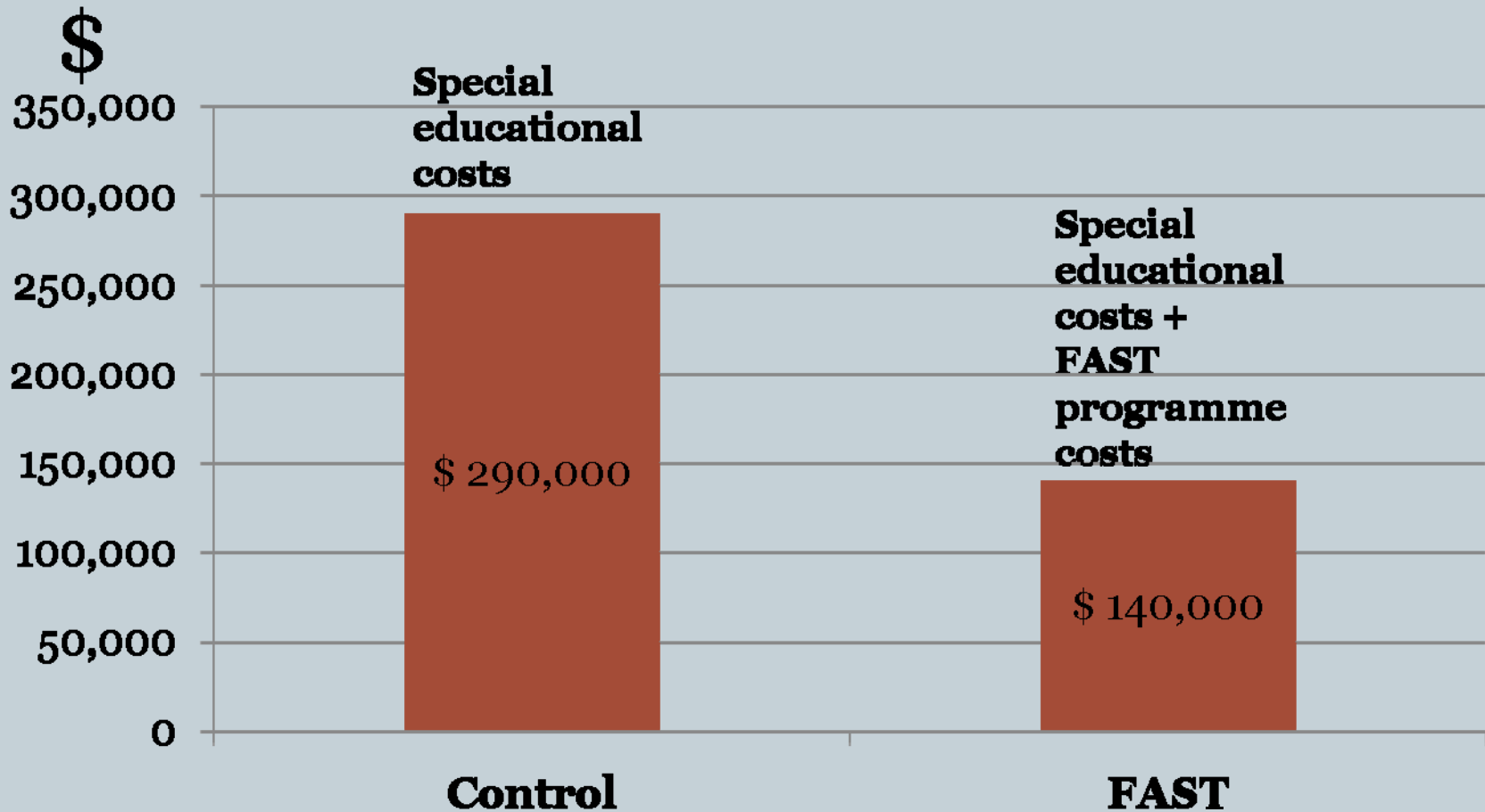


Source: McDonald et al. (2006) (using Social Skills Rating Scale-Gresham & Elliot)

# Effects of FAST- community domain



## Cost of special educational needs



# FAST as evidence based practice



- **National Academy of Parenting Practitioners (UK)**
  - FAST one of 7 parenting programmes recommended as evidence based and funding provided for training workforce
  - [http://www.parentingacademy.org/workforce\\_prospectus.aspx](http://www.parentingacademy.org/workforce_prospectus.aspx)
- **FAST on governmental lists for evidence based practice (US)**
  - Child mental health
  - Substance abuse prevention
  - Juvenile delinquency prevention
  - Family strengthening



# Ongoing research on FAST



- **NIH-NICHD (funded 08-13) 5 year study**
  - Can the social work intervention FAST increase social capital, social inclusion of immigrants, and academic outcomes?
- **NIHR proposal (submitted) 3 year study**
  - Can the social work intervention FAST reduce stress for children as measured by cortisol (stress hormone) child mental health and physical health outcomes?

# Proposed research on health and FAST



## ○ Research questions:

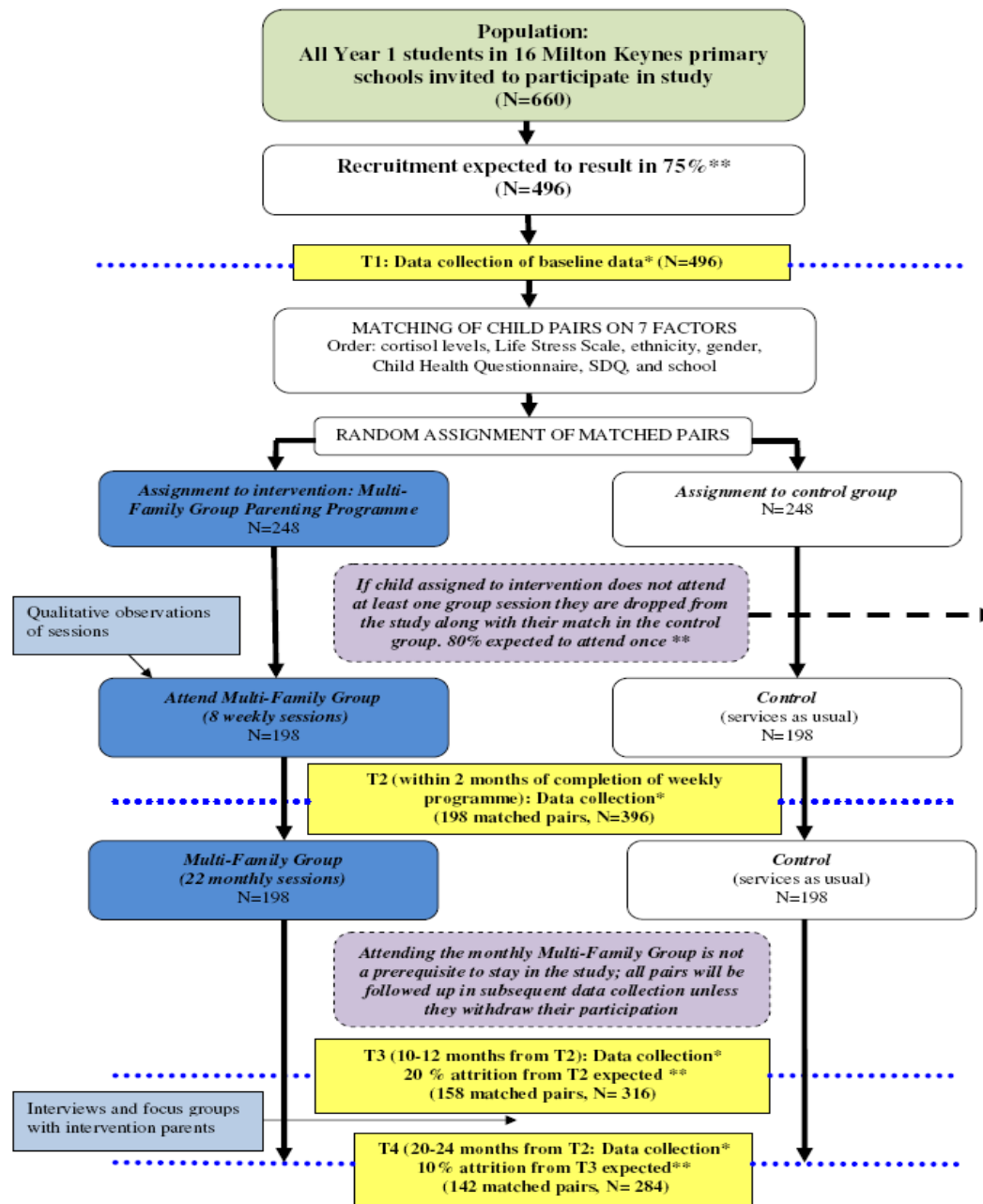
- ✦ Does the FAST intervention reduce stress levels in children as measured by cortisol?
- ✦ Does the FAST intervention improve physical health and mental health of children?
- ✦ Can social capital be built through the FAST intervention?
- ✦ How is social capital build up within families and between families? (qualitative study)

# Proposed research on health and FAST



- **Research Design**
  - Randomised controlled trial (matched pair design)
    - Experimental vs control group (baseline data followed by 3 data collection points over 2 years)
  - Qualitative study of processes of building social capital
    - Observations, interviews and focus groups

## Flow Diagram - Matched pairs design



\* Child cortisol levels, Life Stress Scale, Child Health Questionnaire, Strength and Difficulties Questionnaire, Parent Social Capital Questionnaire, prent General Health Questionnaire, Family Environment Scale and family demographics (T1 only). \*\* All response rates and attrition rates are based on previous RCTs using the same Multi-Family Group intervention (Abt Associates, 2001; Kratochwill et al 2004; Kratochwill et al, submitted; McDonald et al 2006).

# Proposed research on health and FAST



- **Key outcome measures**
  - Child stress (Cortisol swabs biomarker)
  - Child health (Child Health Questionnaire)
  - Child mental health (Strengths and Difficulties Questionnaire)
  - Social capital (Parent Social Capital Questionnaire)

# Conclusion



- **Importance of social work contributions to research in child health and child mental health**
- **Importance of collaborative research teams to include social work investigators to address:**
  - Health inequalities which have a social dimension beyond purely economic factors, e.g. Family stress, low social capital
  - Effects of stress from social isolation and marginalisation which cause psychological and physical symptoms and disease
  - Service user/carer involvement in planning for outreach and engagement strategies in local settings, and evaluation of impact of social work interventions to reduce stress