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.*

**Family Factors**
- Close relationship with a thoughtful and responsive parent or other caregiver
- Structured and caring parenting
- Socioeconomic advantages
- Connections with supportive family networks
- Smaller family structure
- Clear standards of behavior
- Recognition for efforts, improvements, and accomplishments

**Child Factors**
- Positive temperament
- Good intellectual functioning
- Self-confidence
- Skills that enable a child to participate and succeed in schools, civic settings
- Faith
- Sense of control over life
- Sense of coherent identity

**School and Peer Factors**
- Attending effective schools
- Good relationships with positive peers
- Clear standards of behavior
- Strong connections or bonds of attachment to schools
- Recognition for efforts, improvements, and achievements

**Contextual/Community Factors**
- Ties to positive adults
- Good prenatal care
- Connections to positive organizations
- Opportunities to be involved with positive adults and peers
- Clear standards of behavior
- Recognition for efforts, improvements, and accomplishments

**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)
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)
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Social ecological theory of child development (Bronfenbrenner)
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
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
  - 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

Source: Kratochwill et al, (accepted) (using CBCL Internalizing Scale)
Effects of FAST- child functioning

Parent ratings of child showing withdrawn behaviors in the home

![Bar chart showing changes in parent ratings of withdrawn behaviors before and after FAST intervention.](chart.png)

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

Source: Kratochwill et al. (accepted) (using CBCL Externalizing Scale)
Effects of FAST-family domain

Family adaptability

Source: Kratochwill et al. (accepted) (using FACES)
Effects of FAST- school domain

Teacher ratings of social skills in classroom

Source: McDonald et al. (2006) (using Social Skills Rating Scale-Gresham & Elliot)
Effects of FAST- community domain

Cost of special educational needs

- **Special educational costs**
  - Control: $290,000
  - FAST: $140,000
- **Special educational costs + FAST programme costs**

Source: Kratochwill et al, accepted 2009
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

- 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

Population:
All Year 1 students in 16 Milton Keynes primary schools invited to participate in study
(N=660)

Recruitment expected to result in 75%報導
(N=496)

T1: Data collection of baseline data (N=496)

MATCHING OF CHILD PAIRS ON 7 FACTORS
Order: cortisol levels, Life Stress Scale, ethnicity, gender,
Child Health Questionnaire, SDQ, and school

RANDOM ASSIGNMENT OF MATCHED PAIRS

Assignment to Intervention: Multi-
Family Group Parenting Programme
N=248

Qualitative observations of sessions

Attend Multi-Family Group
(8 weekly sessions)
N=198

If child assigned to intervention does not attend
at least one group session they are dropped from
the study along with their match in the control
group, 80% expected to attend once

Assignment to control group
N=248

Control
(services as usual)
N=198

T2 (within 2 months of completion of weekly
programme): Data collection (N=496)

Multi-Family Group
(22 monthly sessions)
N=198

Control
(services as usual)
N=198

Attending the monthly Multi-Family Group is not
a prerequisite to stay in the study; all pairs will be
followed up in subsequent data collection unless
they withdraw their participation

T3 (10-12 months from T2): Data collection
20% attrition from T2 expected
(158 matched pairs, N=316)

T4 (20-24 months from T2): Data collection
10% attrition from T3 expected
(142 matched pairs, N=284)

Interviews and focus groups with intervention parents

* Child cortisol levels, Life Stress Scale, Child Health Questionnaire, Strength and Difficulties Questionnaire, Parent Social Capital Questionnaire, peer
General Health Questionnaire, Family Environment Scale and Family demographics (T1 only) ** All response rate and attrition rates are based on previous
RCTs using the same Multi-Family Group intervention (AJE Associates, 2001; Greenslade et al. 2004; Greenslade et al., submitted; McDonald et al. 2008).
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/carers involvement in planning for outreach and engagement strategies in local settings, and evaluation of impact of social work interventions to reduce stress