MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Evidence Brief

Measures to improve mental health of sole parent benefit recipients to improve employment outcomes

June 2010

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Date of publication

This report was completed in June 2010, and published in the MSD Research Archive website in September 2019.

ISBN

Online 978-0-9951241-8-9

MEASURES TO IMPROVE MENTAL HEALTH OF SOLE PARENT BENEFIT RECIPIENTS TO IMPROVE EMPLOYMENT OUTCOMES[1]

Key points

- Most mental health problems have a range of effective psychological and pharmacological treatments (BMJ, 2008).
- Mental health treatment services integrated with supported employment is effective in improving employment outcomes.
- Continuous treatment administered by skilled practitioners and good client-practitioner rapport are considered to be important for recovery (Ellis & Smith, 2002).
- The evidence base for identifying and addressing mental health difficulties specifically for sole parent benefit recipients is limited. Most treatment research is with population groups without other outstanding needs.
- Mental wellbeing is determined by multiple factors. While medical interventions play a key role in addressing mental illness, broader approaches are required to address key social determinants (Butterworth & Berry, 2004; World Health Organization, n.d.).

What is the context?

The incidence of mental disorder is common in New Zealand, with almost half the population (47 percent) predicted to experience mental health issues at some stage of their lives. Research indicates that 40 percent of the New Zealand population have already experienced some form of mental disorder in their lives (Oakley et al., 2006). The reported prevalence is higher for disadvantaged groups, such as those with low levels of education and low incomes (NZDep2001 cited in Oakley et al., 2006).

Both international and New Zealand research shows that sole parents, particularly those receiving social assistance benefits, have elevated rates of mental health difficulty (Butterworth et al., 2004; Jayakody & Stauffer, 2000; Sarfati & Scott, 2001; World Health Organization, n.d.; Worth & McMillan, 2004). In 2003-04 New Zealand sole parents were more likely than partnered parents to have met the criteria for a DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th edition) diagnosis in the previous 12 months (43 percent compared to 19 percent), and were more likely than their partnered counterparts to experience severe symptoms that significantly affected their lives (Tobias et al., 2009). Young mothers have particularly high rates of mental health difficulty (Boden et al., 2008), as do Māori women (The MaGPie Research Group, 2005). Both of these population groups have high rates of parenting alone.

[1] Our focus in this brief is primarily on the most common mental health problems, particularly mild to moderate depression and anxiety. These have the greatest impacts on the largest number of people. Severe disorders like schizophrenia affect a comparatively small number of people. However, many comments will be relevant across the range of mental health problems.

High rates of mental health problems among sole parents may reflect the adverse effects of sole parenthood itself on mental health, via, for example, resulting low levels of social support or the stress of relationship breakdown, parenting alone or living on a low income. Alternatively they may reflect selection effects or other paths that cause groups more vulnerable than others to mental health problems to be more likely to parent alone. In practice the causal paths are likely to run in both directions, suggesting that a mix of approaches that address mental health needs and reduce mental health risks throughout the life course is required.

Mental disorders affect people's lives, some severely (Oakley et al., 2006). Symptoms such as tiredness, difficulty concentrating and poor interpersonal skills associated with mental disorders have negative impacts on the ability to gain and retain employment (Derr et al., 2001).

What works?

Mental health treatment services integrated with supported employment is effective in improving employment outcomes (Waghorn, n.d.).

- Interventions that provide intensive support and integrated personal and vocational assistance can improve employment outcomes for people experiencing mental health problems (Perkins, 2008). A number of psychological and primary health care treatments have also shown improved employment outcomes (Butterworth & Berry, 2004). Delivering mental health services integrated with supported employment services improves their effectiveness (Derr et al., 2001).
- People with psychiatric disabilities can require extended periods of mental health care, which needs to be co-ordinated with any vocational services provided (Waghorn, n.d.).
- Mental health problems present a significant barrier to both gaining and retaining employment (Baker & Tippin, 2004; Jayakody & Stauffer, 2000; Loprest et al., 2007). For some sole parents the stress of balancing parenting and employment may outweigh the potential benefits if there are no support systems and structures in place.
- Enhancements to financial assistance, combined with continued efforts to promote improved incomes through paid employment, could improve sole parents' mental health. However, the nature of any employment undertaken is important. Stressful or unstable work can have negative effects on mental wellbeing (OECD, 2008).
- If the stress of financial strain rather than low income itself is problematic for mental wellbeing, budgeting services that teach people to manage their finances better could reduce stress (Crosier et al., 2007).
- Policies that ease transitions to employment by making work pay, minimising the associated costs of work, and reducing income instability for families appear promising (Cremieux et al., 2004).

Strategies to improve access to treatment early in the course of problems for those experiencing mental health difficulties are needed in New Zealand.

- Significant numbers people with mental illness are undiagnosed and untreated (Kohn et al., 2004) and access to health services by those with mental illness in New Zealand is low (Oakley et al., 2006). Until recently mental health services were focused on the top three percent of cases. With the introduction of 'Like Minds, Like

Mine' and Mild to Moderate Mental Health services, together with individuals' acknowledgment of their mental health conditions, this has improved (Hawker, 2010).

- Affordable, stable access to primary care is key to building a relationship with a health professional who is likely to enable the disclosure or identification of mental health needs (The MaGPie Research Group, 2004).
- There are a number of validated screening tools and simple, standardised questions that may help with identification; however, screening must be combined with appropriate referral and follow-up (Knitzer et al., 2008; Kroenke, 2001). This could involve a combined approach to address other personal and family issues that may be preventing clients finding employment (Derr et al., 2001).
- Given the high risk of mental health problems among sole parents receiving main benefits, an important question for consideration is whether Work and Income can firstly identify affected sole parents, and secondly improve its assistance to these clients. Potential strategies include a continued focus on building links with local service providers, encouraging and financially supporting clients to see primary health providers regularly, introducing proactive screening and referrals of at-risk clients, and directly providing health-focused case management (Derr et al., 2001; Kroenke, 2001; Markle-Reid et al., 2002).

To some extent, the high rates of mental illness among sole parents are likely to reflect the complex interrelationships between early disadvantage, child and adolescent mental health and income, relationships and other outcomes in adulthood (Butterworth, 2004; Seth-Purdie, 2000).

- Measures to address disadvantage from early life may have the greatest prospect of enhancing people's future mental health status.
- Early intervention and prevention through intensive support for vulnerable families can improve life chances, including future mental wellbeing for disadvantaged children (Center on the Developing Child at Harvard University, 2007).
- Improved access to services to address mental health problems when they first present in childhood or adolescence will enhance people's future mental health status and may improve parental mental health (Jaffee & Poulton, 2006).
- Targeted parent training and child social skills training for preventing conduct disorder in the early years, and universal and targeted cognitive behavioural therapy for anxiety and depression in the school years, have shown modest but significant impacts on childhood mental health problems (Waddell et al., 2007).
- High rates of mental disorder among sole parents may reflect a causal, health-damaging effect of living on a low income (Loxton et al., 2006; Tobias et al., 2009).

Stressors and 'life shocks'

Strategies to address stressors on mental health and the experience of 'life shocks' may have positive impacts (Brown & Moran, 1997; World Health Organization, 2000).

- Both ongoing stressors and the experience of life shocks are associated with poor mental health, with the causal pathway possibly running in both directions.
- Some sole parents will have been exposed to a variety of life shocks (eg separation or divorce, and in some cases domestic violence) and some will experience major ongoing stressors (eg living on a low income, parenting alone, dealing with custody disputes). To the extent that the associations between sole parenting and mental health reflect the impacts of these stressors, strategies to address them may have positive impacts.

Those with mental illness face unique pressures on their relationships and tend to separate at higher-than-average rates (Clarke & McKay, 2008). Conversely, relationship difficulties can have negative impacts on mental wellbeing (Halford, 1995).

- Couples therapy and relationship education programmes can improve relationship satisfaction and outcomes (Reardon-Anderson et al., 2005; Simons, 1999).
- Efforts to support partnered parents to cope with the mental illness of a partner and build links between services that provide relationship support and mental health services may help to prevent relationship breakdowns and sole parenthood.
- The process of separation is stressful and can have negative impacts on both parent and child mental wellbeing (Mackay, 2005). However, these impacts are usually temporary, with most of those affected bouncing back.
- A number of programmes that support parents during and post separation to manage their emotions and access arrangements appear to improve a range of outcomes for participants and their children (Emery et al., 2001; Wolchik et al., 2002).

Parental depression and anxiety can affect child-caring abilities and family functioning, and have been linked to adverse outcomes for children, including behavioural problems, decreased emotional wellbeing, adverse developmental, physical and mental health outcomes and future benefit dependency (Ahluwalia et al., 2001; Brandon, 2003; Craig et al., 2007; Knitzer et al., 2008; Mackay, 2005; Tough et al., 2008).

- Child emotional or behavioural problems can also have negative impacts on parental mental health (Jaffee & Poulton, 2006).
- Parenting programmes can help improve parenting behaviours even if mental health symptoms remain (Craig, 2004).
- Comprehensive family support that addresses the needs of both the parent and the children is recommended (Brandon, 2003; Tunnard, 2004).
- Postnatal depression is of particular concern for sole parents. See NICE (2007b) for a full review of research findings and treatment recommendations.

Parenting children alone can be stressful and challenging and can affect the mental wellbeing of sole parents.

- Parenting programmes can help build parenting skills (Moran et al., 2004). Group-based parenting programmes can improve parental psychosocial health in the short term (Barlow et al., 2003).
- Participation by children in early childhood education or after-school care can give families access to supportive environments that model and encourage pro-social parenting (Duncan et al., 2005).

The occurrence of ill health and/or disability within a family can have negative impacts on the mental wellbeing of sole parents.

- Sole parents have higher-than-average rates of physical ill health (Sarfati & Scott, 2001; Worth & McMillan, 2004), and this accounts for some of the excess risk of depression experienced by sole parents (Tobias et al., 2009). To the extent that this reflects a causal effect, addressing physical health needs may improve mental health.
- Rates of sole parenting are higher than average for those with disabled children (Clarke & McKay, 2008). Caring for a disabled child can be stressful. Strategies to ensure the adequate support of parents caring for disabled children, including mainstream support such as well child clinics, may enhance mental health.
- Grandparents can be key sources of support to sole parents and their children; however, they can also be key factors for stress and depression if they are aging, experiencing ill health and in need of care, or if the relationships are difficult (Ridge, 2008). Enhancing policy settings for the support of older people may help to mitigate these stressors.

Social isolation can exacerbate mental illness. Social support in the form of close, supportive relationships is protective against this (Kawachi & Berkman, 2001).

- Research suggests that sole-parent families are on average more isolated than other families, increasing their risk of mental health problems (Balaji et al., 2007).
- Services that help develop informal social support and promote a sense of community, particularly for isolated mothers, are likely to reduce mental health problems that are exacerbated by social isolation (Balaji et al., 2007).

What don't we know?

The experience of violence explains much of the difference in rates of mental illness between partnered and lone parents, but it may not be a causal factor (Butterworth, 2004).

- Those prone to violence victimisation tend to also have high exposure to many other adversities (Fergusson et al., 2005).
- While a range of family violence prevention strategies may help to prevent and reduce the incidence of family violence, it is not known precisely what works (Davies et al., 2003; Fanslow, 2005).
- Local research suggests that intensive support for high-risk families may help reduce family violence (Turner, 2006).

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