



SKRB
2024

FOSTER PARENTS' MENTAL HEALTH

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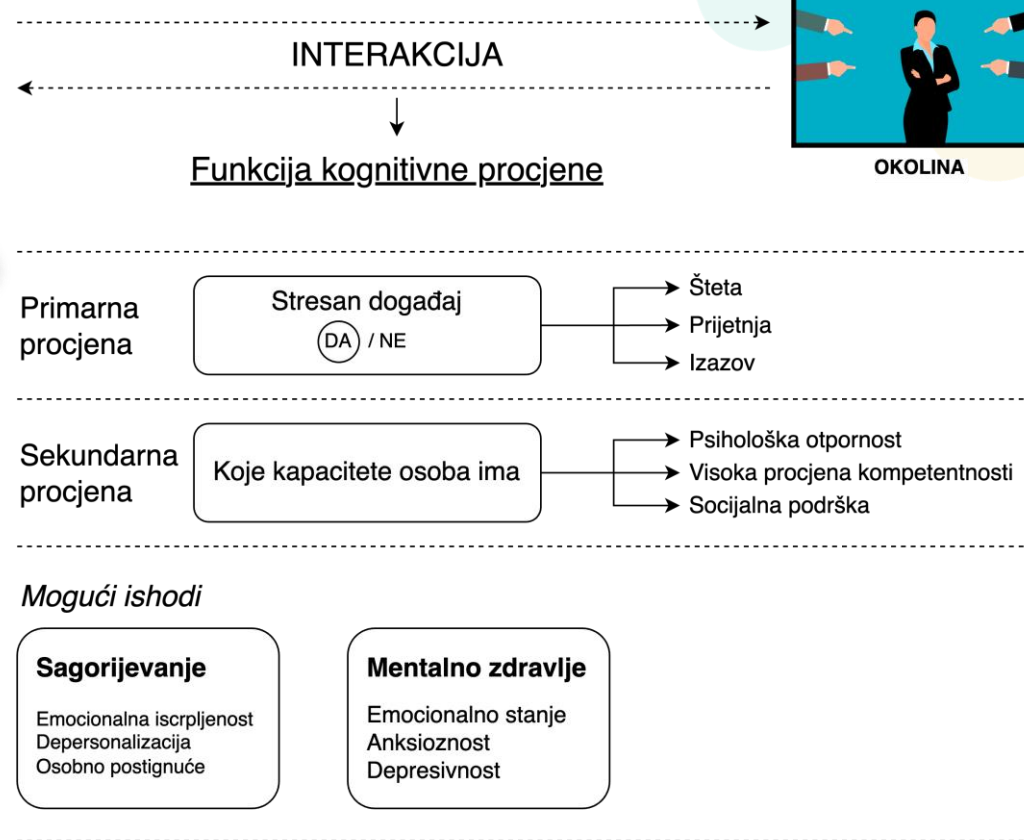


INTRODUCTION

- Foster parents collaborate with the social care system, they are helpers who provide social accommodation services to the most vulnerable social groups.
- As helpers, they start their work with enthusiasm and great expectations, and over time they can face the impossibility of realizing their expectations, which can lead to the loss of motivation and interest to keep helping, but also to feeling stressed (Ljubotina and Družić, 1996; Ajduković, 1996; Ajduković, Sladović Franz and Kamenov, 2005).
- One of the consequences of stress among foster parents is the reduced quality of the service they provide (Barišić, 2023 a).
- Stress caused by challenges foster parents face may have a negative effect on their mental health and general well-being (Barišić, 2023 a, Barišić, 2023 b and Barišić 2024).

THEORETICAL FOUNDATIONS AND STARTING POINTS FOR THE RESEARCH ON DETERMINANTS OF STRESS, BURNOUT AND MENTAL HEALTH OF FOSTER MOTHERS

Lazarus defines stress as “psychological stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (Lazarus, 1966; Folkman and Lazarus, 2004: 19).



RESEARCH OBJECTIVES AND ISSUES

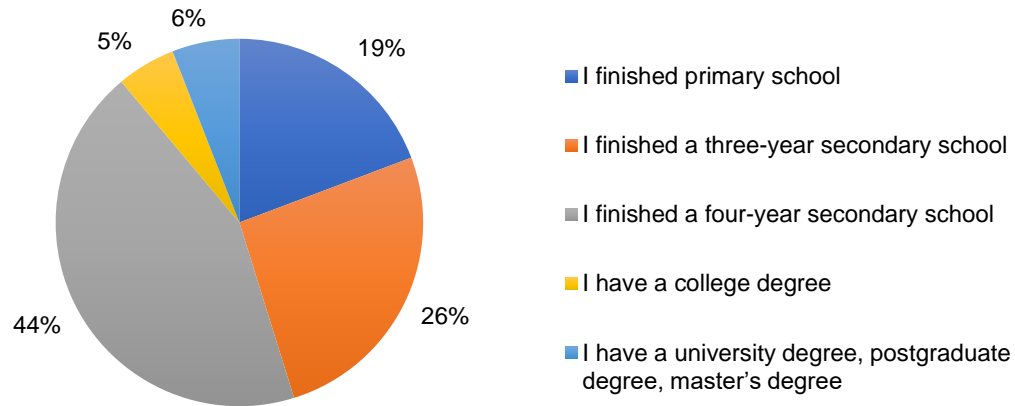
Objective: Present a part of the results of a larger research titled *Determinants of professional stress, burnout and mental health of foster parents for children* (Barišić, 2023), whose aim was to examine the predictive role of some sociodemographic characteristics, experience, resilience, social support, stress and professional burnout in relation to the mental health of foster mothers (emotional state, anxiety and depression).

Problem 1: Determine the contribution of some sociodemographic characteristics of resilience and social support, stress source presence and burnout in explaining foster mothers' emotional state.

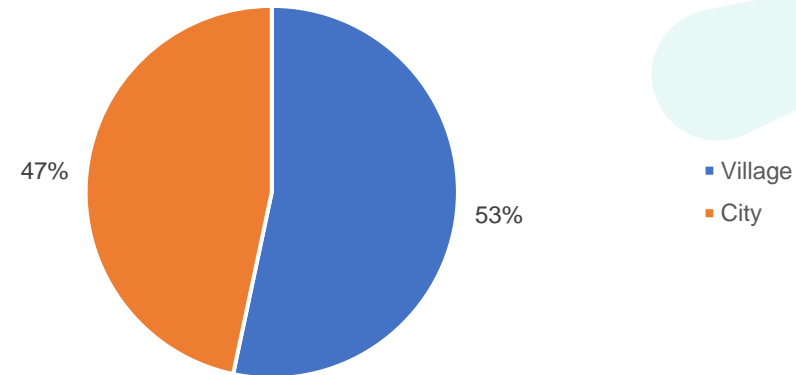
Problem 2: Determine the contribution of sociodemographic characteristics, foster mothers' experiences, social support, stress source presence and burnout in explaining anxiety and depression symptoms among foster mothers.

CHARACTERISTICS OF FEMALE RESPONDENTS IN THE MAIN RESEARCH N=135

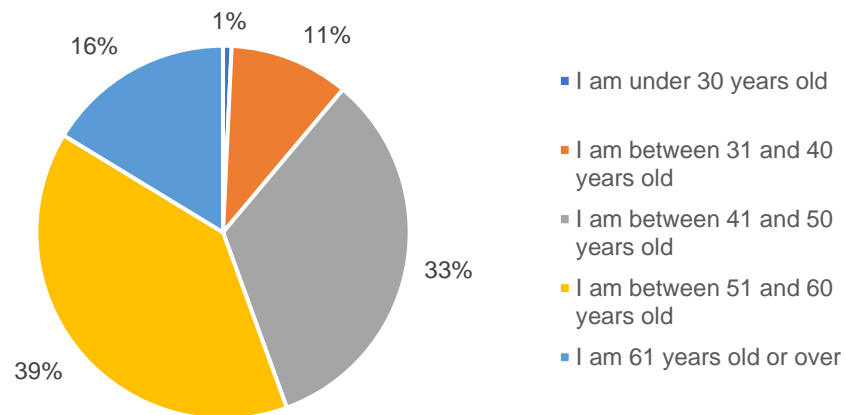
Level of education



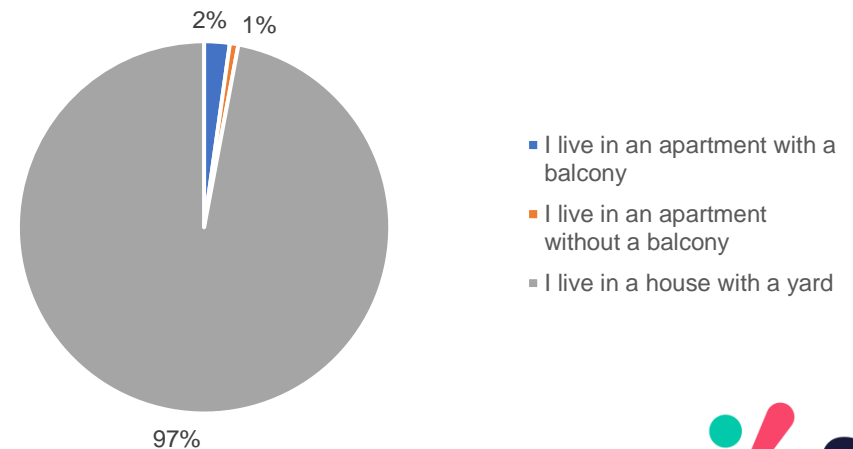
Place of residence



Foster parent's age



Living space



The research included 86% of foster mothers who practice traditional foster care and as their occupation in five counties of Slavonia and Baranja

PREVALENCE OF ANXIETY AND DEPRESSION SYMPTOMS AMONG RESEARCH PARTICIPANTS (N=135)

| | Normal symptoms | Mild symptoms | Moderate symptoms | Severe symptoms | In total |
|-----|------------------------|----------------------|--------------------------|------------------------|-----------------|
| PHQ | 71.9% (97) | 23.7% (32) | 4.4% (6) | 0.0% (0) | 100.0% (135) |

PREVALENCE OF ANXIETY AND DEPRESSION PRESENCE AMONG FOSTER MOTHERS (N=135)

| | Not present | Present |
|------------------|--------------------|----------------|
| PHQ-4 anxiety | 90.4% (122) | 9.6% (13) |
| PHQ-4 depression | 94.8% (128) | 5.2% (7) |

ANXIETY AND DEPRESSION PREVALENCE AMONG FEMALE RESEARCH PARTICIPANTS ON THE PHQ-4 SCALE (N=135)

| | Not at all | A few days | Most days | Almost every day | In total |
|---|----------------|---------------|-----------|------------------|-----------------|
| A feeling of nervousness, angst or tension | 45.9% (62) | 50.4% (68) | 2.2% (3) | 1.5% (2) | 100.0% (135) |
| You were unable to stop worrying or control your worry | 63.0% (85) | 27.4% (37) | 5.9% (8) | 3.7% (5) | 100.0% (135) |
| You felt listless, depressed or hopeless | 86.7% (117) | 13.3% (18) | 0% (0) | 0% (0) | 100.0% (135) |
| There was little interest or satisfaction in things you did | 71.9% (97) | 19.3% (26) | 5.9% (8) | 3.0% (4) | 100.0% (135) |

EMOTIONAL STATE DETERMINANTS AMONG FOSTER MOTHERS (N=135)

| | Step 1 | Step 2 | Step 3 | Step 4 |
|---|---------------|---------------|---------------|---------------|
| | β | β | β | β |
| Education level | -0.17* | -0.17* | -0.15 | -0.17* |
| Instrumental support | | 0.04 | 0.04 | 0.07 |
| Perceived social support from the family | | 0.16 | 0.14 | 0.12 |
| Perceived social support from friends | | 0.08 | 0.08 | 0.03 |
| Perceived social support from other significant persons | | 0.08 | 0.05 | 0.07 |
| Social support from the family | | 0.09 | 0.06 | 0.02 |
| Social support from social workers | | 0.04 | 0.05 | 0.00 |
| Psychological resilience | | | 0.24** | 0.20* |
| Self-assessment of specific foster parents' competences | | | 0.03 | 0.04 |
| Stress source presence | | | | -0.01 |
| Emotional exhaustion | | | | -0.16 |
| Personal accomplishment | | | | 0.09 |
| Overall model | | | | |
| R ² | 0.03* | 0.16** | 0.22* | 0.26 |
| ΔR^2 | 0.03 | 0.13 | 0.06 | 0.03 |
| F | 4.06* | 3.57** | 4.06** | 3.54** |

Key: *p<0.05; **p<0.01; β – standardised regression coefficient; Adjusted R² – adjusted coefficient of multiple determination; ΔR^2 – a change of the coefficient of multiple determination; F - ratio

ANXIETY DETERMINANTS AMONG FOSTER MOTHERS (N=135)

| | Step 1 β | Step 2 β | Step 3 β | Step 4 β |
|---|-------------------|-------------------|-------------------|-------------------|
| Number of persons other than foster children cared for by the foster parent | 0.16 | 0.17* | 0.15* | 0.14 |
| The experience of fostering a child who sees themselves in a negative way (e.g. anxious, depressed, socially withdrawn and overly controlled behaviour) | | -0.17* | -0.16* | -0.13 |
| The experience of fostering babies (i.e. children aged 0 months to 3 years) | | 0.32** | 0.34** | 0.35** |
| Perceived social support from the family | | | -0.21** | -0.18* |
| Stress source presence | | | | 0.13 |
| Depersonalisation | | | | 0.07 |
| | Overall model | | | |
| R ² | 0.05** | 0.18** | 0.22** | 0.25 |
| ΔR^2 | 0.05 | 0.13 | 0.04 | 0.03 |
| F | 7.54** | 9.87** | 9.58** | 7.34** |

Key: *p<0.05; **p<0.01; β – standardised regression coefficient; Adjusted R² – adjusted coefficient of multiple determination; ΔR^2 – a change of the coefficient of multiple determination; F - ratio

DEPRESSION DETERMINANTS AMONG FOSTER MOTHERS (N=135)

| | Step 1 β | Step 2 β | Step 3 β | Step 4 β |
|---|-------------------|-------------------|-------------------|-------------------|
| Number of persons other than foster children cared for by the foster parent | 0.23** | 0.18* | 0.17* | 0.16 |
| Social support from social workers | | -0.17* | -0.17* | -0.14 |
| Perceived support from the family | | -0.06 | -0.05 | -0.03 |
| Perceived support from friends | | -0.09 | -0.09 | -0.07 |
| Perceived support from other significant persons | | -0.14 | -0.14 | -0.15 |
| Psychological resilience | | | -0.57 | -0.04 |
| Emotional exhaustion | | | | 0.17* |
| Overall model | | | | |
| R ² | 0.05** | 0.15** | 0.15 | 0.18* |
| ΔR^2 | 0.05 | 0.10 | 0.00 | 0.03 |
| F | 7.43** | 4.75** | 4.01** | 4.16** |

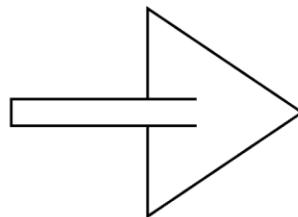
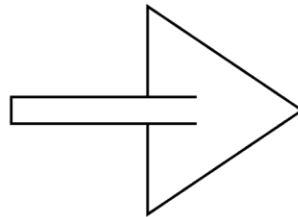
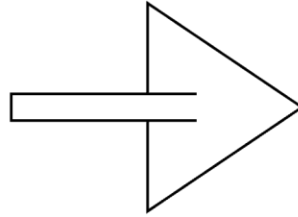
Key: * $p < 0.05$; ** $p < 0.01$; β – standardised regression coefficient; Adjusted R² – adjusted coefficient of multiple determination; ΔR^2 – a change of the coefficient of multiple determination; F - ratio

MENTAL HEALTH DETERMINANTS AMONG FOSTER MOTHERS ARE:

- Educational level
- Psychological resilience

- Number of persons foster mothers care for other than foster children
- Experience of fostering a child with internalizing behavioral problems
- Experience with fostering babies
- Perceived social support from the family

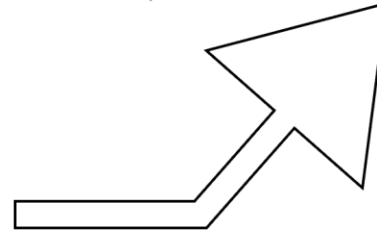
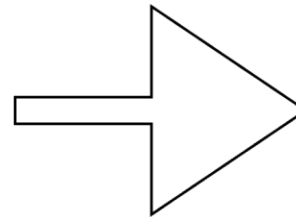
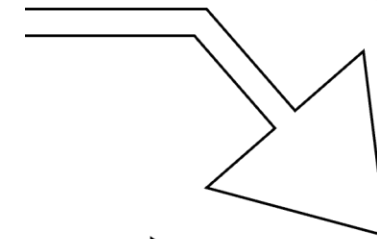
- Number of persons foster mothers care for other than foster children
- Social support from social workers
- Emotional exhaustion



Emotional state

Anxiety

Depression



Mental health predictors

- Generally, it is stressful for foster parents when a child shows internalising and externalising forms of behaviour (Vanderfaeillie et al., 2012; Cooley et al., 2015; Goemans et al., 2018, Laklija, 2011, Laklija 2012, Barišić, 2023a, Barišić, 2024), so it is not unusual that rare encounters with children with such problems cause anxiety because the person does not know what to expect when working with them.
- Vanderfaeillie et al. (2012) established that children's internalising and externalising behavioral problems affect the level of parental stress and may lead to the foster care termination.
- McGregor et al. (2006) state that the support is the most important thing to rely on for foster parents caring for children, therefore, it is not unusual that foster parents find social support from their family important to preserve their mental health.
- However, Barišić (2023) states that social support may reduce the sense of stress, but it may not be related to the sources of stress and the differences here are evident through a possible connection to the type of support a person is receiving in relation to the type of support that suits them.
- This research has shown that foster mothers find the support they receive from their family members particularly important so it can be concluded that if foster mothers receive it, they will have fewer anxiety symptoms.

- Despite no research having been found which examined how the number of persons foster parents take care of contributes to caregivers' stress, a research by Geiger et al. (2013) confirmed that foster parents with a higher level of tension in the family are more likely to stop providing foster care services.
- If the foster mother cares for multiple people in the family and does not receive support from social workers, and feels emotionally exhausted, it can be expected that she will show symptoms of depression.
- In the paper by Taan et al. (2020) who examined the relationship between professional stress, psychological distress symptoms and social support among 211 healthcare workers, it was concluded that healthcare workers with more social support are less depressed than those with less social support. The fact that the system support may alleviate some angst foster families feel is also explained by Redding et al. (2000).
- Mobile psychosocial support teams for foster mothers are important in these situations and it is necessary to ensure system support to foster mothers if they take care of other family members (e.g. an older family member, their own child) in addition to a foster child.

IN LIEU OF A CONCLUSION

- When we look at the theoretical premise that underlies the design of this research, we can conclude that the transactional theory of stress proposed by Lazarus and Folkman is useful for understanding stress, burnout and mental health in the area of childcare in foster families.
- Foster mothers are generally in good mental health. They rate their psychological resilience and specific competences highly, which indicates they possess resources for coping with stress.
- However, the reality of working in the social care system is such that individuals may often feel helpless and have difficulties in dealing with the beneficiary's suffering. It is surely one of the reasons why social support from social workers proved to be extremely important in relation to depression among foster mothers.

RECOMMENDATIONS TO IMPROVE FOSTER CARE FOR CHILDREN:

- It is necessary to educate foster parents and ensure a continuous method-oriented supervision for foster parents, who can use the educational aspect of the supervision to learn about the ways to cope with stress and then apply it and re-examine it with the supervisor's guidance.
- It is necessary to implement foster parents educational programmes based on the knowledge about trauma, as well as on acquiring skills to work with a child showing internalising behaviours.
- It is important to pay attention when creating support and help programmes for foster parents when they are fostering a baby (i.e. children up to the age of 3) because foster parents may show anxiety symptoms when taking responsibility for daily care and welfare of a young child.
- It is important to include foster parents in the psychosocial support service.
- It is necessary to ensure the so-called care leave in situations when they care for several persons in a foster family because that is an anxiety and depression predictor among foster mothers.

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NATIONAL FOSTER CARE DAY 31 MAY

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