



# FFE Fast Facts: Family Functioning & Primary Caregiver Health

## Measuring family functioning

In FFE, we are using four items from the General Functioning scale of the McMaster Family Assessment Device (FAD), a well-known and accepted measure of family functioning:<sup>3</sup>

- *We can express our feelings to each other.*
- *There are lots of bad feelings in the family.*
- *We feel accepted for what we are.*
- *We don't get along well together.*

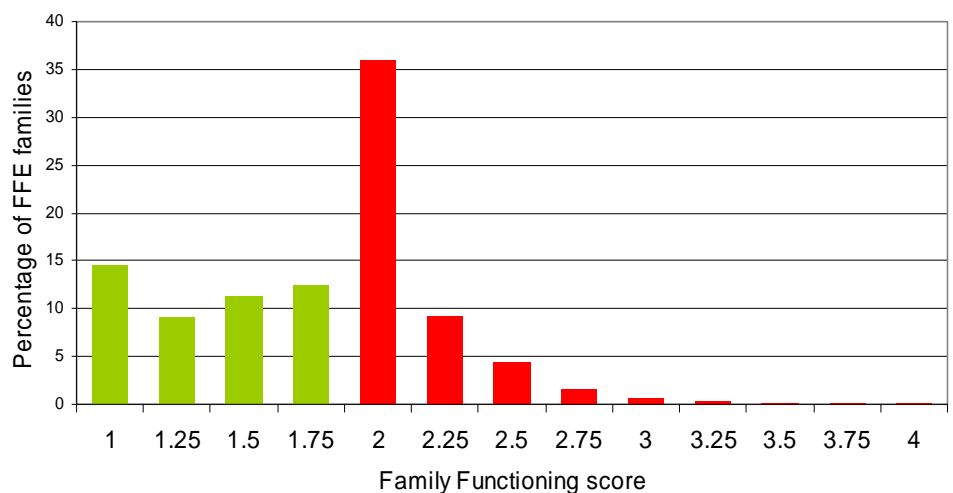
Primary caregiver responses to each of the four statements were summed and an average (mean) was calculated. Scores range from 1 to 4, with 1 indicating healthy family functioning and 4 indicating unhealthy family functioning.

## Family Functioning

Family functioning refers to the processes families engage in to achieve goals, address challenges, and support and enhance individual family members' health and development. It includes aspects of family life such as family problem solving, communication, how roles and responsibilities are handled, and affection and emotional support.<sup>1-2</sup>

On the whole, FFE families are well-functioning. FFE families are similar to the general population when the average score for the FFE families (1.77) is compared to the average score for the general population (1.84). However, 53% of FFE families are in the unhealthy range (2.0-4.0). Importantly though, few of these families (less than 10%) are in the extreme range. Most have scores between 2.0 and 2.25 (Figure 1).

Figure 1: FFE Family Functioning, at baseline



Source: Families First Edmonton (2009)

**Note:** Higher family functioning scores reflect poorer family functioning. Red bars reflect FFE families with scores in the unhealthy range.



### Measuring primary caregiver mental health

In FFE, we are using the Symptom Checklist 90 (SCL-90)<sup>4</sup>, a well-tested and commonly used measure psychological distress. It asks questions that require primary caregivers to rate how much they were distressed by 90 physical and psychological symptoms of psychological stress. There are 9 sub-scales:

- *Anxiety, hostility, phobic anxiety, depression, paranoia, psychoticism, somatic complaints, interpersonal sensitivity, and obsessive-compulsive thoughts and behaviours.*

Scores on each sub-scale range from 0 to 4 with 0 indicating no distress and 4 indicating extreme distress.

### Measuring primary caregiver physical health

In FFE, primary caregivers are being asked a well-tested and commonly used question to measure physical health:

- *In general, would you say your health is*
  - *Poor*
  - *Fair*
  - *Good*
  - *Very good*
  - *Excellent*

Family functioning scores of FFE families in which the primary caregiver is either Aboriginal or foreign-born (immigrant or refugee) are more likely to be in the unhealthy range when compared to FFE families in which the primary caregiver is neither Aboriginal nor foreign-born (i.e., Canadian-born Non-Aboriginal). However, these findings may be associated in part with problems with the FAD instrument; it may not be appropriate for families that are not of Euro-Canadian ethnic origins.

### Primary Caregiver Health

#### Mental health:

The mental health of primary caregivers in FFE families is significantly poorer than the general population. FFE primary caregivers' average scores fall half way between the norms for the general population and those receiving mental health services, indicating that FFE primary caregivers are experiencing more mental health problems than the typical adult.

#### Physical health:

The physical health of primary caregivers in FFE families is not as good as other Albertans. Only 43% of FFE primary caregivers report very good or excellent health compared to 62% of Alberta adults.<sup>5</sup>

FFE primary caregiver health differed by gender, co-parent status, age of children, and place of birth.

- Female primary caregivers report poorer mental and physical health than male primary caregivers.
- Lone primary caregivers report poorer mental and physical health than those with a co-caregiver.
- Primary caregivers of children age 12 years or older report poorer mental and physical health than those with younger children.
- Canadian-born primary caregivers report poorer mental and physical health than foreign-born primary caregivers.



## Families First Edmonton

Families First Edmonton is a research project to determine whether delivering health, family support and recreation services in a coordinated way can lead to better outcomes for low-income families.

The preliminary findings about the health of primary caregivers in FFE families are of concern, as FFE primary caregivers are not as healthy as adults in the general population. This is not only a concern on its own – but it is also worrisome because compromised health interferes with caregiving and it places children at risk for poor development. There is a large body of research that shows that child development is affected by parental mental health. In particular, parental depression interferes with parents' ability to be involved, sensitive, and emotionally responsive to their child(ren).<sup>6,7</sup> Furthermore, poor health limits caregivers' abilities to be fully engaged citizens (i.e. employees, volunteers, etc.).

### Things to consider:

- Are primary caregivers accessing help for the mental health problems they are experiencing?
  - If not, why not? How can programs and services support families to access help for mental health issues as they arise? What partnerships can be explored to support families to access mental health services as needed?
  - If caregivers are accessing mental health services, then are these services addressing their needs? What additional resources could be put in place, or accessed, to address caregivers' mental health needs?
- How can programs and services address the barriers to health experienced by families with low-income? How can service providers support healthy lifestyle choices for families to prevent illness and promote healthy living?
- How does your agency support the development of behaviours indicating health family functioning?
- How well does your agency connect with other service providers providing supports to the families you serve?



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## References

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- <sup>4</sup> Derogatis, L.R. (1983). *SCL-90-R: Administration, scoring and procedures manual-II*. Towson, MD: Clinical Psychometric Research.
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- <sup>6</sup> Connell, A.M., & Goodman, S.H. (2002). The association between psychopathology in fathers versus mothers and children's internalizing and externalizing behavior problems: A meta-analysis. *Psychological Bulletin*, 18, 746-773.
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