

The Research on Anxiety and Depression in the Parents of Children with Autism and Relevant Policies

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Keywords: Autism, Parent, Anxiety, Depression, Policy.

Abstract. Children with Autism are great challenge and pressure for the individuals, families, and society. In this study, 399 parents of children with autism completed a questionnaire assessing reported parental basic information, anxiety and depression, quality of life, as well as family cohesion and adaptability. The results revealed that class form and family economic level can influence anxiety and depression in the parents of children with autism, and that family cohesion and adaptability, and quality of life can be affected by parental anxiety and depression. Accordingly, this study proposed relevant views that attach importance to inclusive education, and do some training and intervention for parents of children with autism.

Introduction

As a severe disease of growing disturbance, autism is a heavy blow to families, as well as heavy pressure to our country. Children with autism show evident lagging social skill and communication problems. The morbidity of autism was 1.53‰, and there has been more than one million children with autism in China[1]. Research shows that social support degree of aid to children with autism excluded by society is kind of low: schools refuse to accept them; other normal children and their parents discriminate them; it's hard to get a job when they grow up; a survey of rehabilitation organizations showed that staffs are unwilling to stay in such organizations because of various reasons [2]. The dilemma has not been resolved for a quite long time [3].

Autism not only impacts the development of children, but places a burden on the families. Besides heavy pressure from economy [4], impacts within the family and from society can also be severe. Positive cognition level of mothers of children with autism is lower than mothers of Down's syndrome or mentally retarded children's [5,6]. The parents of children with autism suffer from greater pressure [7, 8], more anxiety and depression [9-11], compared with normal children's. Zhang et al proposed that parents are the first resource for rehabilitation of children with autism [12]. Parent-child interaction therapy and parental positive emotion can reduce problem behaviors as well as improve adaptability [13].

In recent years, our country has gradually paid attention to autism intervention and provided some support. In 2006, the government explicitly put forward to set up autism rehabilitation center in 31 provinces around China. In 2008, Central Committee of the Communist Party of China and State Council has released a document about promoting the development of programs for the disabled. Inclusive education system has aroused great attention. In 2012, the government provided a subsidy of 12,000 yuan every year to the family of children with autism aged 0 to 6[14], and allowed children with autism who meet the minimal assurance standard to

receive fully subsidies when they participate in medical insurance for urban residents. As for employment support, there are 20,232 welfare enterprises around China by the end of 2012, absorbing 597,000 disabled labors [15]. Though social support policies is being perfected, the emphasis of the policies still focus on education and job placement, therefore, some scholars proposed developmental founding policies[14], which emphasized investment of rehabilitation training so that children with autism would achieve a self-sufficiency lifestyle.

Founding policies of children with autism has been nearly perfect in some foreign developed countries. Mature social intervention system has been formed in America in the past few decades. It emphasized early detection and early treatment; education of children with autism was brought into compulsory education, and a subsidy of special education was provided by the government; treatment cost of children with autism was brought into national social security system [16]. French government has worked out the third national autism plan, and it was 2.32 billion euros was estimated to appropriate for the children and their families. And the government advocated inclusive education. As early as 2005, France has allowed disabled children entering ordinary schools and choosing the educational method [17].

Based on previous studies, this research explored influencing factors of parental anxiety and depression, as well as impacts of the anxiety and depression, finding new development direction and looking at neglected parents but not just the children.

Research Methods

From April 28 to May 1, 2016, the experience exchange of autism experts in China and US held in Zhejiang University of Technology, with around 500 parents of children with autism participating in. We distributed 500 questionnaires, and acquired 399 effective questionnaires, including 334 women’ and 65 men’. The research used four questionnaires, including self-designed basic information questionnaire, Family Adaptability Cohesion Scale, Second Edition (FACES II), Generic Quality of Life Inventory 74 (GQOLI), and Hospital Anxiety and Depression Scale (HADS).

Results

All data were analysis with one-way ANOVA and pairwise comparison by SPSS22.0.

As shown in the results, when children stay in different class forms, HADS’s scores of parental anxiety have significant differences; scores of depression is marginal significant. The data were analyzed further with pairwise comparison (Table 1).

Table 1. Comparison of parental anxiety and depression when children stay in different class Forms (M±SD)

Dimension	df	Class Form					F	P	η ²	Pairwise Comparison P<0.05
		Normal class ① (N=214)	Special class ② (N=8)	Special school ③ (N=22)	Professional training institution ④ (N=135)	Others ⑤ (N=20)				
Anxiety	4	10.43±0.25	13.25±1.28	11.82±0.77	9.75±0.31	11.19±0.81	3.421	0.009**	0.034	②>①,④,③>④
Depression	4	9.93±0.25	12.75±1.30	11.41±0.78	9.65±0.32	10.22±0.82	2.261	0.062	0.022	②>①,④,③>④

Note:* p < 0. 05, ** p < 0. 01

When medical cost makes different proportion of household expenses, HADS’s scores of parental anxiety and depression both have significant differences. The data

were analyzed further with pairwise comparison (Table 2).

Table 2. Comparison of parental anxiety and depression when medical cost makes different proportion of household expenses (M±SD)

Dimension	df	Medical Cost Proportion of Household Expenses					F	P	η ²	Pairwise Comparison P<0.05
		<10% ① (N=43)	10~20% ② (N=55)	20~30% ③ (N=73)	30~40% ④ (N=76)	>40% ⑤ (N=152)				
Anxiety	4	9.02±0.55	10.00±0.45	10.21±0.42	10.07±0.42	11.11±0.29	3.411	0.009**	0.033	⑤>①,④
Depression	4	8.80±0.56	9.12±0.49	9.61±0.43	9.83±0.42	10.90±0.30	4.549	0.001**	0.04	⑤>①,②,③,④

Note: * p < 0. 05, ** p < 0. 01

According to the assessment method of HADS, levels of anxiety and depression were divided into three grades (ie lacking, marginal, obvious). Scores of adaptability and cohesion have significant differences among three levels of parental anxiety and depression. The data were analyzed further with pairwise comparison (Table 3).

Table 3. Influence of three levels anxiety and depression on family adaptability and cohesion (M±SD)

Dimension	df	Anxiety Level			F	P	η ²	Pairwise Comparison P<0.01	Depression Level			F	P	η ²	Pairwise Comparison P<0.01
		Lacking ① (N=87)	Marginal ② (N=134)	Obvious ③ (N=177)					Lacking ① (N=104)	Marginal ② (N=119)	Obvious ③ (N=172)				
Cohesion	2	66.33±1.10	64.41±0.88	60.91±0.77	9.442	0.000**	0.046	①,②>③	67.16±1.07	61.06±1.00	53.70±0.83	5.633	0.004**	0.028	①>②,③
Adaptability	2	46.00±0.81	44.74±0.65	41.80±0.57	10.945	0.000**	0.053	①,②>③	64.82±1.18	54.47±1.11	45.35±0.92	8.644	0.000**	0.024	①>②,③

Note: * p < 0. 05, ** p < 0. 01, *** p < 0. 001

Dimension scores of GQOLI and total scores of living quality have significant differences among three levels of parental anxiety and depression. The data were analyzed further with pairwise comparison (Table 4).

Table 4. Influence of three levels anxiety and depression on living quality (M±SD)

Dimension	df	Anxiety Level			F	P	η ²	Pairwise Comparison P<0.05	Depression Level			F	P	η ²	Pairwise Comparison P<0.05
		Lacking ① (N=87)	Marginal ② (N=134)	Obvious ③ (N=177)					Lacking ① (N=104)	Marginal ② (N=119)	Obvious ③ (N=172)				
physical function	2	68.82±1.13	62.38±0.91	52.94±0.79	72.939	0.000**	0.0270	①>②>③	67.16±1.07	61.06±1.00	53.70±0.83	50.837	0.000**	0.0206	①>②>③
mental function	2	65.41±1.27	56.96±1.02	44.65±0.89	99.205	0.000**	0.034	①>②>③	64.82±1.18	54.47±1.11	45.35±0.92	85.351	0.000**	0.0303	①>②>③
social function	2	61.11±1.18	56.28±0.95	48.1±0.82	46.597	0.000**	0.0191	①>②>③	61.69±1.06	54.55±0.99	47.99±0.82	52.764	0.000**	0.0212	①>②>③
material life	2	65.93±1.35	62.36±1.09	59.38±0.95	8.072	0.000**	0.0039	①>②>③	65.15±1.24	62.46±1.16	59.36±0.97	6.995	0.001*	0.0034	①>②>③
total scores of living quality	2	61.15±0.91	55.48±0.73	47.36±0.64	85.500	0.000**	0.0320	①>②>③	60.63±0.84	54.09±0.78	47.68±0.65	75.615	0.000**	0.0278	①>②>③

Note: * p<0. 05, ** p < 0. 01, *** p < 0. 001

Discussion

As shown in the results, parents are more anxious and depressed when their children are in special classes or schools. It reminds the government to strengthen efforts of inclusive education, add resource room set, foster more high-quality teachers, and give more support to professional training institutions.

Parents are more anxious and depressed when medical costs make high proportion than low proportion of household expenses, suggesting good financial shape can decrease anxiety and depression. Though our government has some support for families with autism, efforts and coverage of support are still limited, such as household registration and age.

Easing anxiety and depression will help to promote emotional connection among family members and improve abilities of solving various problems. To improve living quality of those parents, the key is to improve their mental state. At present, there are some training institutions for children with autism, but few for parents. The government should pay attention to parents. JS Karst et al proposed that parental psychological harm from raising children with autism can negatively influence the children in turn, reducing and even removing positive effects of intervention[18]. Setting up training and intervention institutions aiming at parents and providing professional knowledge and psychological guidance can help parents communicate with their children in right ways and influence children positively. Through the joint efforts by parents, schools and institutions, developmental problem of children with autism will be solved developmentally.

Conclusion

From the results, class form and family economic level can influence anxiety and depression in the parents of children with autism, and that family cohesion and adaptability, and quality of life can be affected by parental anxiety and depression. Therefore, the further imposition of inclusive education, perfection of economic support policies and training and intervention for parents of children with autism are imminent, requiring common efforts by the government, society and parents.

Acknowledgements

The research was under the support of China National Social Science Foundation Special Program “The interdisciplinary research of early detection, Intervention and education for children with Autism (12&ZD229)”.

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