

Psychosocial Factors Associated with Psychological Problems in Irish Children and their Mothers

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Abstract: This study examined behaviour problems, IQ and reading attainment in 2,029 ten year olds. Twenty per cent of the boys and 11 per cent of the girls were found to have behaviour problems. Disadvantaged children were more than twice as likely to have behaviour problems. Twenty five per cent of the children were reading 18 months behind their chronological age.

In the second phase of the study 185 children were formally psychiatrically assessed and 16 per cent showed evidence of formal child psychiatric disorder. When the mothers of these children were psychiatrically assessed 31 per cent were given a diagnosis of depression. Disturbance in children and parents was positively associated with having an unemployed husband, being dissatisfied with income and social relationships.

I INTRODUCTION

Relatively high rates of psychological distress for those from lower socio-economic groups have been found in a number of Irish studies, a pattern commonly observed in other countries. For example, a report for the Health Education Bureau found the rate of first admissions to Irish psychiatric hospitals and units to be three times as high for unskilled manual workers as for employers and managers (HEB, 1987). Similarly, Whelan, Hannan and Creighton (1991) showed that, in a nationally representative household sample, the unemployed were five times more likely than the

employed to exhibit symptoms which would lead to their being classified as non-psychotic psychiatric cases. This study paid particular attention to the psychological health status of women whose husbands were unemployed.

For Irish children, there is some evidence from small-scale studies also pointing to an association between psychological and behaviour problems and socio-economic factors. Barton and Fitzgerald (1986) found higher rates of behaviour problems in children in a "disadvantaged" school than those from an "advantaged" one, and Fitzgerald and Pritchard (1988) show that among children of travellers the rate is even higher. Lavik (1975) found that lower social class increased the rate of psychiatric disorder. Other studies have shown higher rates of behaviour problems in children in urban compared with rural areas (Fitzgerald and Kinsella, 1989; O'Connor, Ruddle and O'Gallagher, 1988).

Given the small samples available to most previous studies, a large scale exercise was undertaken to examine the prevalence of behavioural problems among school children in all 40 schools in a community care area in West Dublin. This area contains a large number of schools falling into what the Department of Education defines as the "disadvantaged" category, but also has a substantial number of schools which are not in that category. The Department of Education categorises the various types depending on the perceived needs of the majority of the children in the school. Schools with a large number of children from socially deprived backgrounds are categorised as "disadvantaged" and having need for a concessionary teacher. Children and their mothers were interviewed in depth, so the data provides a basis for analysis of the psychosocial factors associated with psychological problems in both. The results are reported in this paper, focusing on children in Section III and their mothers in Section IV. First, though, Section II describes the data to be employed in detail.

II THE DATA

The sample area was a community care area in West Dublin. Compared with the Eastern Health Board area as a whole, this community care area has a below average proportion of its population in CSO social classes 1 and 2, that is the professional and managerial classes, and an above average proportion in the semi-skilled and unskilled manual classes; the Eastern Health Board as a whole had 27 per cent of its population in the top two social classes in 1986 and 23 per cent in the bottom two, whereas the corresponding figures for the study area were 16 per cent and 30 per cent respectively (Dack, Lyons, Johnson, 1990). Relatively disadvantaged families generally lived in areas of high density local authority housing, with high

levels of unemployment. In addition, there were new local authority housing estates in the area with services etc., in the early stages of development. However, the study area also contained significant numbers of relatively advantaged families, in private owner occupied housing, with children in well resourced schools.

All 40 primary schools in the area were approached and asked to participate in the study of all their 4th class pupils who would usually be about 10 years of age — and 39 co-operated. An assessment of each child in terms of behavioural deviance was obtained from the class teacher, using the Teacher's Scale B2 (Rutter, 1967). This is a questionnaire which has 26 descriptions of behaviour, covering the main emotional and behavioural problems of children as they might be seen in a school setting, against which the teacher is asked to indicate whether it "does not apply", "applies somewhat", or "definitely applies" to the child in question. These ratings are scored 0, 1 and 2 respectively, and the scores are added together to produce a total score on the scale. A score of 9 or more was taken as an operational definition of behavioural deviance. A previous study (Lynch, Fitzgerald, Kinsella, 1987) found an 84 per cent association between the Teacher's Scale B2 (cut off 9) and the formal Psychiatric Interview (χ^2 statistic + 0.64. $p < 0.001$). In addition, each child was administered two tests; the Standard Progressive Matrices, a non-verbal culture reduced test used to provide an indication of intellectual capacity (Raven, 1983), and the MICRA-T Reading Test, standardised for use in Irish primary schools (Wall and Burke, 1988). In all, 2,029 children were screened in this way.

A sub-set of the children were then selected for in-depth individual study:

- (1) one in three of those exhibiting a score of 9 or more on the Teacher's Scale and therefore exhibiting behavioural deviance; and
- (2) a control group comprising every 16th child with a score of 8 or less on this scale, and therefore not behaviourally deviant.

This gave a total of 206 children for intensive individual assessment of whom 185 mothers and children were completed. There was refusal of co-operation in the other nineteen. Each child was interviewed in the home for approximately 3 hours by a psychiatrist. A standardised approach was used to assess child psychiatric disorder (Rutter, 1970). A series of set questions covering a wide range of possible emotional (e.g. miserable, worries, etc.) and behavioural (e.g. stealing, destructive, etc.) problems were asked in all cases. For each item information was sought systematically about severity and frequency of the behaviour and a comprehensive description was acquired. The interview has been shown to have satisfactory interrater reliability ($r = 0.81$). A similar semi-structured interview was used to assess social

conditions and social supports — the Standardised Social Interview Schedule (Clare and Cairns, 1978). The Standardised Social Interview covers a number of areas or domains, e.g.:

- (1) income scored 0 satisfied, 1 minor dissatisfaction, 2 marked dissatisfaction, 3 severe dissatisfaction;
- (2) parental role satisfaction scored 0 satisfied, scored 1 minor dissatisfaction, scored 2 marked dissatisfaction, scored 3 severe dissatisfaction;
- (3) housewife role satisfaction scored 0 satisfied, 1 minor dissatisfaction, 2 marked dissatisfaction, 3 severe dissatisfaction;
- (4) mother's satisfaction with leisure activities scored 0 satisfied, 1 minor dissatisfaction, 2 marked dissatisfaction, 3 severe dissatisfaction.

Other areas covered included marriage and family relationships, housing, and occupation. Where possible, the questions in the interview were structured so as to allow for three kinds of rating to be made in each domain, ratings of the subject's objective circumstances, ratings of the subject's management of the social environment and ratings of the subject's satisfaction. The individual items were rated on a 4 point scale which ranges from "0" indicating satisfactory adjustment, to "3" indicating very poor adjustment and/or severe social difficulties. Its value has been demonstrated in several studies of patients in general practice (Cooper, *et al.*, 1975; Corney, 1984) and of patients with mixtures of physical and psychological symptomatology (Clare, 1980) and in the effects of social problems on clinical outcome (Cooper, *et al.*, 1975). The mothers themselves were given a formal psychiatric assessment using The Clinical Psychiatric Interview (Goldberg and Blackwell, 1970). The Clinical Psychiatric Interview is a standardised semi-structured inventory designed for use in community surveys. The interviewer made a detailed and systematic enquiry about any psychiatric symptoms experienced during the previous week — somatic fatigue, sleep disturbance, irritability, lack of concentration, depression, anxiety, phobias, obsessions and depersonalisation. The interviewer rated the abnormalities observed during the interview on 12, 5 point scales with 0 indicating absence of a symptom and 4 indicating a severe degree of clinical severity. The strength of the psychiatric assessment lies in its reliability and it has an overall reliability coefficient derived from the analysis of variance of +0.92. Mothers also completed The Malaise Inventory which consists of 24 Yes/No questions on their physical and emotional state. Five or more affirmative answers have been shown to be indicative of emotional disturbance (Rutter, 1970).

III PSYCHOLOGICAL PROBLEMS AND PSYCHOSOCIAL FACTORS

The Children

Of the 2,029 children who were screened, 1,094 were boys and 935 were girls. Their ages ranged from 9 years 3 months to 12 years 11 months, with 90 per cent aged between 9 years 9 months and 11 years 2 months. In all, the rate of behavioural deviance (scoring 9 or more on the Teacher's Scale B2) was 19 per cent for children in disadvantaged schools as defined by the Department of Education and 8 per cent for advantaged schools. Twice as many males had behaviour problems as females. Two point five per cent (2.5 per cent) of children in disadvantaged schools were impaired in intelligence (Standard Progressive Matrices, Raven, 1983) as compared to 0.2 per cent of children in advantaged schools. In disadvantaged schools 37 per cent of the children were 18 months behind in reading (Micra-T, Wall and Burke, 1988) as compared to 14 per cent in advantaged schools.

Focusing on the 185 children who were studied in depth, intensive psychiatric interviewing revealed that 16.3 per cent showed evidence of formal child psychiatric disorder. On this basis the Teacher's Scale test had an 11 per cent false negative rate and a 55 per cent false positive rate, which is what one would expect from this type of screening questionnaire.

Focusing on the socio-economic states of the families of these 185 children, 128 of the children had fathers who were employed, while 57 were unemployed and 11 were not living at home. Two-thirds of the group lived in owner occupied housing and one-third were in rented accommodation, mostly local authority housing. The level of satisfaction with housing was high, with only 7.6 per cent expressing severe dissatisfaction with their housing. However, overcrowding was evident in 15 per cent of the families, largely where single mothers were living with their parents. Most families had a television, half had a car and two-thirds had a telephone. Table 1 shows the level of satisfaction expressed by the mothers of these 185 children in a number of different areas. Satisfaction levels were highest in terms of social contacts and marital satisfaction, while about one-third of the mothers were quite or very dissatisfied with their income position and leisure opportunities.

Table 2 shows how the rate of psychiatric illness among the children varied across some of these economic and social background variables. As expected, the rate of illness was relatively high where the father was unemployed — twice as high as where he was employed. Local authority housing and absence of a car or a telephone were all associated with relatively high rates of psychiatric disorder. Rates of psychiatric illness also tended to be high where the mother expressed severe dissatisfaction with income, with social contacts, and where she did not have a confidant.

Table 1: *The Social Context of Mothers*

		%
<i>Social Contact:</i>		
Satisfied	139	(75.1)
Minor Dissatisfaction	20	(10.8)
Marked Dissatisfaction	12	(6.5)
Severe Dissatisfaction	14	(7.6)
TOTAL N	185	(100)
<i>Marital Satisfaction:</i>		
Satisfied	120	(68.2)*
Minor Dissatisfaction	13	(7.4)*
Marked Dissatisfaction	16	(9.1)*
Severe Dissatisfaction	10	(5.7)*
TOTAL N	185	(100)
<i>Income Satisfaction:</i>		
Satisfied	97	(52.4)
Minor Dissatisfaction	27	(14.6)
Marked Dissatisfaction	25	(13.5)
Severe Dissatisfaction	36	(19.5)
TOTAL N	185	(100)
<i>Leisure Opportunity:</i>		
Satisfied	74	(40.0)
Minor Dissatisfaction	54	(29.2)
Marked Dissatisfaction	28	(15.1)
Severe Dissatisfaction	29	(15.7)
TOTAL N	185	(100)
<i>Confidant (Partner):</i>		
Absent	40	(22.1)**
Present	141	(77.9)**
TOTAL N	185	(100)

*N = 159 & % = 90.4 **N = 181 & % = 100.

In order to move beyond bivariate relationships of this type, discriminant analysis was carried out with children categorised into those with and those without a psychiatric diagnosis. In discriminant analysis, if two items correlate highly and one is selected as having discriminant powers in terms of the dependent variable (here, whether the child has/has not a psychiatric illness), then the other item will not be selected as it would not provide additional discriminating power. The explanatory variables included were as follows: the child's age, sex and position in the family, the background of the children in the family, mother's and father's ages, the economic background variables described earlier, school type, the child's reading percentile, IQ

Table 2: *The Family and Community Context of Children with Psychiatric Illness*

<i>Social Circumstances</i>	<i>Child Psychiatric Illness Present</i>	<i>Child Psychiatric Illness Absent</i>	<i>Chi-Square</i>
	%	%	
<i>Employment Status:</i>			
Employed	28.2	71.8	
Unemployed	52.6	47.4	8.87**
<i>Tenancy:</i>			
Owned	25.6	74.4	
Rented	62.3	37.7	21.62**
<i>Telephone:</i>			
Absent	53.2	46.8	
Present	27.1	72.3	11.58**
<i>Car:</i>			
Absent	54.3	45.7	
Present	22.1	77.9	19.3***
<i>Satisfaction with income:</i>			
Satisfied	26.8	73.2	
Minor dissatisfaction	63.0	37.0	
Marked dissatisfaction	32.0	68.0	
Severe dissatisfaction	72.2	27.8	23.43***
<i>Confidant (anyone):</i>			
Absent	66.7	33.3	
Present	31.6	68.4	12.73**
<i>Satisfaction with social contacts:</i>			
Satisfied	30.9	69.1	
Minor dissatisfaction	40.0	60.0	
Marked dissatisfaction	83.3	16.7	
Severe dissatisfaction	64.3	35.7	17.58***

* = $p < 0.05$ ** = $p < 0.01$ *** = $p < 0.001$ N = 185.

(Raven, 1983), and measures of the mother's mental health and satisfaction. Her mental health was measured by the Malaise Inventory, while satisfaction as a housewife and either marital satisfaction or satisfaction as a parent were also included. Parental role dissatisfaction was found to be highly correlated

with marital dissatisfaction, so the latter added little discriminant power when the former was included. Since both variables have been seen to be significantly associated with child disorders, it was thought useful to report the results of the two analyses, including one or other of these variables.

Twenty eight of the children had mothers who were not married at the time of the study and had to be excluded from this analysis, while for a further twenty eight information was missing on at least one of the variables. The analysis therefore was carried out on 129 children, and the results are shown in Table 3 and Table 4.

Table 3: *The Strength of Psychosocial and Educational Factors Associated with Child Psychiatric Illness*

Step	Variable Entered	Wilks' Lambda	Significance
1.	Parental Role Dissatisfaction	.88	.0001
2.	Reading Percentile (Child)	.84	.0000
3.	Number of Children	.82	.0000
4.	Sex	.80	.0000
5.	Mother's Dissatisfaction with Housewife Role	.77	.0000
6.	Age of Child's Father	.75	.0000
7.	Child's IQ Score	.74	.0000

N= 129

Table 4 shows that an equation based on seven variables maximally distinguishes between children who are psychiatrically disordered and those who are not, and knowing the results of these variables it is possible to correctly classify 72 per cent of cases into those who are disordered and those who are not. The canonical correlation of .5 shows that 25 per cent of the variance between the two groups can be explained by these six variables. This difference is significant at the 0.1 per cent level.

Examination of the Standard Discriminant Function Coefficients show that, in order of importance, those most likely to have a psychiatric diagnosis are:

- (1) those children whose mothers score highly on dissatisfaction with parental role;
- (2) those children who obtained a low reading percentage score;
- (3) those children who were from families of 5 or more children;
- (4) boys;

Table 4: *Psychosocial and Educational Factors Differentiating Children with and without Child Psychiatric Illness*

<i>Variables</i>		<i>Standard Canonical Discriminant Function</i>
Employment Status		—
Income		—
Quality of Accommodation		—
Standard of Living		—
Maternal Age		—
Paternal Age		.32
Family Number		.48
Position in Family		—
Sex		.40
Parental Role Dissatisfaction		.60
Dissatisfaction with Housewife Role		.34
School Type		—
Reading Percentile		-.49
IQ Total		-.28
Malaise Result (Mother's Mental Health)		—
Canonical Correlation	.50	
Wilks' Lambda	.74	
Chi-Squared	37.00	p < 0.001
		%
% Classified correctly	Child Psychiatric Illness Present	60.5
% Classified correctly	Child Psychiatric Illness Absent	77.8
% Classified correctly	Total	72.8
N = 129		

- (5) those children whose mothers were dissatisfied in their role as a housewife;
- (6) those children whose fathers were older;
- (7) those children who obtained a low score on IQ testing.

The analysis was repeated with the satisfaction as a parent variable replaced by the marital satisfaction one, and for the reasons mentioned above, the results are shown in Table 5 and Table 6.

The results now show that marital dissatisfaction is the single most important factor in discriminating between disordered and non-disordered children. The equation is now more robust than when satisfaction as a parent was included, as shown by the higher value of the canonical correlation with

Table 5: *The Strength of Psychosocial and Educational Factors Associated with Child Psychiatric Illness*

Step	Variable Entered	Wilks' Lambda	Significance
1.	Marital Dissatisfaction	.84	.0000
2.	Sex	.81	.0000
3.	Number of Children	.78	.0000
4.	Mother's Dissatisfaction with Housewife Role	.75	.0000
5.	Child's Reading Percentile	.74	.0000
6.	Child's IQ Score	.72	.0000

N = 129

Table 6: *Psychosocial and Educational Factors Differentiating Between those Children with and without Child Psychiatric Illness*

Variables	Standard Canonical Discriminant Function		
Employment Status			—
Income			—
Quality of Accommodation			—
Standard of Living			—
Maternal Age			—
Paternal Age			—
Family Number			.44
Position in Family			—
Sex			.41
Marital Dissatisfaction			.68
Dissatisfaction with Housewife Role			.35
School Type			—
Reading Percentile			-.42
IQ Total			-.33
Malaise Result (Mother's Mental Health)			—
Canonical Correlation	.53		
Wilks' Lambda	.72		
Chi-Squared	41.56	p < 0.001	
			%
% Classified correctly	Child Psychiatric Illness Present		78
% Classified correctly	Child Psychiatric Illness Absent		82
% Classified correctly	Total		80

30 per cent of the variance between the two groups now explained by the six variables selected by the analysis, and the percentage of cases classified correctly has also risen. Once again, children with reading difficulties and low IQs were most likely to have a psychiatric disorder, boys were more likely than girls, and those from large families also had an increased probability.

The direct measures of socio-economic disadvantage are father unemployed, absence of a car or a telephone, local authority housing, housing adequacy. However, as we shall see, they are strongly related to the marital or parental satisfaction of the mother, which are major influences on child mental health. It is to the factors affecting maternal psychological health that we now turn.

IV PSYCHOLOGICAL PROBLEMS AND PSYCHOSOCIAL FACTORS

The Mothers

As described in Section II, the mental health of the 185 mothers was studied using the Clinical Psychiatric Interview (Goldberg and Blackwell, 1970) and the Malaise Inventory (Rutter, 1970). On this basis, 31 per cent were found to have a formal psychiatric diagnosis of depression. This is higher than would be expected in the general population, but not for the group under study. The women in this study were aged between 28 and 50, had at least one child, and all but one were married (at some time). The rate found is similar to that in other studies which have assessed prevalence of depression in mothers attending child guidance clinics (Rutter, 1970; Leader and Fitzgerald, 1985).

Clearly the fact that there was over sampling of those children with behaviour problems would have the effect of increasing the rate of psychiatric illness among the mothers.

Once again, on a bivariate basis the likelihood of being depressed was relatively high for those whose partners were unemployed, for those in households without a car or a telephone, and for those who were dissatisfied with their housing or with income. For example, 77 per cent of those who expressed severe dissatisfaction with their income were depressed, compared with only 21 per cent of those who were satisfied with income. Where the husband was in work, his level of satisfaction had no significant association with his wife's depression. There was also a relatively high probability of depression for those with unsatisfactory social contacts and leisure. Three-quarters of those who never had time with friends and hobbies were depressed, compared with 20 per cent of those who had ample time for leisure pursuits, and all those who were severely dissatisfied with their social contacts compared with only 20 per cent of those who were satisfied with

their social contacts were depressed.

Discriminant analysis was again carried out, the two categories being women with psychiatric diagnoses and those without psychiatric illness. There were 157 cases available for analysis, excluding 28 who were "not married at present" and 17 for whom information was missing. Of these 157 cases, 30 were diagnosed as psychiatric cases. Fourteen explanatory variables were included in the analysis, those not already employed in Section III being dissatisfaction with neighbours, dissatisfaction with interaction with relatives this variable was similar to the other variables described on the standardised social interview schedule were 1 referred to minor dissatisfaction, 2 marked dissatisfaction and 3 severe dissatisfaction with the interaction with relatives.

Table 7 shows that an equation based on five variables maximally distinguishes between those women who have a psychiatric diagnosis and those who do not, and it correctly classifies 72 per cent of cases.

Table 7: *The Strength of Psychosocial Factors Associated with Maternal Mental Illness*

<i>Action</i> <i>Step Entered Removed</i>		<i>Wilks'</i> <i>Lambda</i>	<i>Significance</i>	
1.	Parental Role Dissatisfaction	.9112	.0004	
2.	Leisure Dissatisfaction	.8551	.0000	
3.	Employment Status of Husband	.8312	.0000	
4.	Dissatisfaction with Interaction with Relatives	.8176	.0000	
5.	Dissatisfaction with Income	.8060	.0000	
<i>Canonical Function</i>		<i>Wilks' Lambda</i>	<i>Chi-Squared</i>	<i>D.F. Sig.</i>
.4403835		.8060	29.213	5 .0000

Examination of the discriminant function coefficients show that, in order of importance, those most likely to have a diagnosis are:

- (1) those who score highly on dissatisfaction as parents. This is a summary value of situational handicaps to child rearing, problems with children other than the index child and dissatisfaction as a parent;
- (2) those whose husband's are unemployed;
- (3) those who score highly on dissatisfaction with leisure. This is a summary value for opportunity, management and satisfaction with leisure;

Table 8: *Psychosocial Factors Differentiating Between Mothers With and Without Maternal Mental Illness*

<i>Variable</i>	<i>Mothers with Psychiatric Illness</i>
Husband's Employment Status	-.51
Income	-.30
Quality of Accommodation	—
Dissatisfaction with Housewife Role	—
Family Number	—
Dissatisfaction with Neighbours	—
Dissatisfaction with their Relatives	.33
Dissatisfaction with Parental Role	.65
Dissatisfaction with their Leisure	.50
Available Confidant	—
Sex of Child	—
Child's Total B2 score	—
Canonical Correlation	.44
Wilks' Lambda	.80
Chi-Square	29.21
P	<.0001
% classified correct Positive for Psychiatric Illness	67
% classified correct Negative for Psychiatric Illness	74
% classified correct Total	72

- (4) those who score highly on dissatisfaction with relatives. This is a summary value for opportunity, management, and satisfaction with relationships with relatives;
- (5) those with dissatisfaction with income.

The results of this discriminant analysis suggests that while employment status and income are important, stress in the form of difficulties with children and lack of supports in leisure activities and from relatives are key factors in distinguishing between those women who become depressed and those who do not.

As stated earlier parental role dissatisfaction and marital dissatisfaction were highly correlated ($r = .73$). If both were included in the same analysis the discriminating power of one would be cancelled out by the other and only one would appear in the final equation. As both variables have been shown to be highly significantly associated with depression using the Chi-squared test of significance (parental role dissatisfaction Chi-Sq. 26.18 $p < 0.001$ and marital dissatisfaction Chi-Sq 18.07 $p < 0.001$), two analyses were performed, including these variables separately. A second discriminant analysis was

performed using the same variables as above, but substituting marital dissatisfaction for parental dissatisfaction. Results are shown in Tables 9 and 10.

Table 9: *The Strength of Psychosocial and Educational Factors Associated with Maternal Mental Illness*

<i>Variance Entered</i>		<i>Wilks' Lambda</i>	<i>Significance (χ^2)</i>		
1.	Leisure Dissatisfaction	.91	.0004		
2.	Marital Dissatisfaction	.89	.0003		
3.	Employment Status of Husband	.87	.0003		
4.	Dissatisfaction with Relatives	.85	.0004		
5.	Teacher's Child Behaviour Problem Scale Score (B2)	.84	.0004		
6.	Income	.84	.0007		
<i>Canonical Function</i>		<i>Wilks' Lambda</i>	<i>Chi-Squared</i>	<i>D.F.</i>	<i>Sign.</i>
.3993		.8405	23.449	6	.0007

Table 10: *Psychosocial Factors Differentiating between Mothers with and without Maternal Mental Illness*

<i>Mothers with Mental Illness</i>	
Employment Status	-.48
Income	-.25
Dissatisfaction with Income	—
Dissatisfaction as a Housewife	—
Family Number	—
Standard of Living	—
Dissatisfaction with Neighbours	—
Dissatisfaction with Relatives	.36
Dissatisfaction with Marriage	.41
Dissatisfaction with Leisure	.50
Available Confidant	—
Sex of Child	—
Teacher's Child Behaviour Scale (B2)	.27
Canonical Correlation	.40
Chi-Square	23.45
P	<.001
	%
% classified correctly Maternal Mental Illness	64
% classified correctly No Maternal Mental Illness	74
% classified correctly Total	71

An equation based on six variables maximally distinguishes between the two groups. The Teacher's Child Behaviour Scale (B2) is used in this case and not in the last equation because the variance explained by this variable is also included in Parental Dissatisfaction. Once Parental Role Dissatisfaction is excluded from the included variables the discriminant power of the Teacher's Child Behaviour Scale (B2) increases. This equation is less robust than the previous one, with these six variables explaining 16 per cent of the variance between the two groups, however these variables as predictors of women mental health will correctly classify 71 per cent of cases. The importance of social relationships and income is evident.

V DISCUSSION

The results of the analysis reported here show that for Irish primary school children, the probability of psychiatric illness is positively associated with low IQ and reading difficulties, large family size, being a boy rather than a girl, and having a mother who is dissatisfied with her marriage and/or her role as a housewife. For the mothers of these children, depression is positively associated with having an unemployed husband, and with being dissatisfied with the level of family income, with their relations with their relatives and their neighbours, with the opportunities for leisure, and with their performance in their role as a parent. The stress of unemployment, financial difficulties, lack of social support and inadequate leisure opportunities appears to leave mothers prone to depression, which has the effect of undermining their parenting ability and makes it more likely that their children become disturbed.

The fact that children not living with both parents had a very high probability of being disordered highlights the difficulties involved in rearing children as a lone parent. In some cases, the fact that this situation follows on a period of marital disharmony, leading to eventual separation, is also a factor.

In addition to economic factors, the importance of social networks and interaction with relatives and neighbours for the psychological well-being of the woman is highlighted by the results. A previous study (McGee and Fitzgerald, 1988) showed that it was working class mothers who were more likely to be socially isolated, and the comforting myth of working class cohesiveness, social embeddedness and solidarity needs to be questioned. Particularly for mothers living in recently-built local authority housing estates, opportunities for local social interaction may not have fully developed and there may be little sense of neighbourhood identity. It is also noteworthy that while the wives of unemployed men had high rates of depression, for

those with husbands in work the level of the husband's satisfaction with his employment had no significant association with depression. This suggests that, consistent with the findings of Whelan, *et al.* (1991), it is the impact of unemployment on the family income which is the crucial variable for the wife's mental health.

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