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Parenting and infant mental health promotion: teachers' views

(Word Count – 2229 with references)

INTRODUCTION

Theory, research and policy support the significance of infant mental health (IMH) and its effects on child development (Bowlby, 1997; Cuddihy & Waugh 2015, Perry, 2005; Scottish Government (SG), 2009). A potential strategy to prevent child developmental difficulties is to educate young people about parenting and IMH before they become parents (HeadsUpScotland, 2007).

This research critically examined school teachers' experiences and beliefs regarding parenting and IMH promotion, starting with the research question:

How do teachers in two secondary schools view their roles regarding parenting and infant mental health promotion?

LITERATURE REVIEW:

Searches using established databases, e.g. CINAHL, were carried out.

Articles selected included the keywords - schools, teachers, parenting, infant, mental health, health promotion, exploratory research, focus groups.

PARENTING & IMH PROMOTION

Hughes (2009) defines infant mental health as emotional, social, behavioural and cognitive development, occurring in the context of infant-parent relationships and connected to Attachment Theory (Bowlby, 1997). MRI scanning provides compelling physical evidence for the significance of early parenting on child brains, e.g. neglected infants present with abnormal brain development (Perry, 2005).

Trueland (2008 p26) exemplifies the paradox in parenting promotion; although implying prevention/promotion strategies by writing an article about there being “no such thing as too early” Trueland’s article actually focuses on *targeted parenting interventions*.

The Scottish Government (SG), recommends that whole school communities provide “pre-pregnancy health improvement information” (HeadsUpScotland, 2007, p12). Curriculum for Excellence (SG, 2010) and Early Years Framework (SG, 2009) emphasize that children’s mental health is everyone’s responsibility and future parents are potential solutions to future problems. Jourdan, Mannix McNamara, Simar, Geary et al (2010) examined teachers’ roles in health promotion and found that teachers believe that they influence students’ attitudes to health. Similarly, it was identified that practices regarding health promotion were influenced by teachers’ beliefs and attitudes (Green & Thurston, 2002).

METHODOLOGY

Exploratory focus groups were the preferred method to address the research question, enabling candour from participants in education-based research (Vaughn, Shay Schumm & Singagub,1996). Two focus groups, a manageable number, enabled comparison/contrast of results.

Ethical approval was acquired from the University of West of Scotland (2004). Focus Group 1 or 2 (FG1/2) participants were anonymised with pseudonyms (Onwuegbuzie, Dickinson, Leech & Zoran, 2009).

Research information and consent forms were sent to volunteer participants and recruited via the head teachers from 2 secondary schools. The schools are both rural with comparable populations. Only n=3 out of 41 (7%) potential participants (members of staff that were experienced in PSE delivery) took part in FG2. Comparatively n=5 out of 6 (83%) teachers delivering PSE participated in FG1. Semi-structured interviews were audio-recorded. Open questions elicited qualitative, narrative responses.

Data from each group was analysed separately, then commonalities and differences explored (Ryan & Bernard, 2003). Steven's (1996) provided a credible model for data analysis, exploring interactions as well as data content (Duggleby, 2005). Findings were divided into two key headings; Teachers' Roles and Group Processes.

Teachers' Roles

In data analysis, some roles were identified that emulated previous research e.g. 'Judge' (Ben-Perez, Mendelson, & Kron, 2002). However, alternative roles also emerged, e.g. Protector.

Protector

Participants in FG1 all initially agreed that their role was to prevent pregnancy rather than to promote parenting; (Neil, 43) "*stop them becoming pregnant rather than actually teach them how to become parents*".

FG2 were also protective, expressing disbelief and shock about primary school age students being sexually active.

Judge

Ben-Perez et al (2002, p280) describe some teacher's as having, "authority... and a judgmental attitude". In FG1 there were judgements about the undesirable "constraints" of being a young parent, citing intergenerational patterns of poor parenting; (Neil, 62) "*second and third generation families...the way they have been parented is wrong... just the same cycle and passed on as before*". FG2 made judgements about families briefly, but in the context of support, e.g. responses to bullying.

Resource Provider & Critic

Harrison & Killion (2007) identify that teachers provide resources, however it emerged that participants placed value on resources' quality. Both groups agreed about the benefits of media and "real life" parenting experiences.

FG1 commented positively regarding resources that targeted boys. Both groups acknowledged the educative benefits Real Care Baby programmes (Roberts & McGowan, 2004). Participants' experience of such programmes varied and neither school was delivering it at the time of the research.

Facilitator

Harrison & Killion (2007) identified roles of Mentor, Learning Facilitator and Data Coaches. During data analysis similar roles were elicited and combined under the sub-heading of Facilitator.

Curriculum Specialist

Teachers are specialists in curriculum topics (Harrison & Killion, 2007). FG2 agreed that some teachers were reluctant to teach PSE as their role was to deliver their curriculum subject; (Di, 104) "*people who just don't want to do it... you are never trained in PSE delivery as part of teacher training*". Both groups suggested that it was the responsibility of "outside speakers" e.g. school nurses, for parenting education.

Learner (Harrison & Killion, 2007)

Both groups established that teachers had roles as Learners; training needs regarding parenting/IMH promotion.

Health Promoter

Green & Thurston (2002) identified that teachers have a role in promoting health. Although this was a key focus for the research, the role of Health

Promoter was one of the latter to emerge and was more implicit than explicit in both groups.

Leader & Catalyst for Change (Harrison & Killion, 2007)

Both groups agreed that parenting promotion needed to be part of an organisational PSE plan. Participants in FG1 agreed they had a Leader role in developing parenting/IMH promotion in their school, whereas FG2 doubted having autonomy to lead change. (Sue, 142) *“Who takes responsibility for it?...these are the things that the school will need to address”*.

Group Processes

Stevens (1996, p175) suggests that focus groups “gauge collective experiences and beliefs”.

Adherence to Issues

FG1 largely adhered to the issues presented for discussion. FG2 were rarely answered the interview questions directly, often returning to the topic of sexual health despite no questions on this.

Contradictions, Conflict & Disagreements

Perhaps the most significant research finding was interaction related; the shift in attitude of participants from not promoting parenting to seeing this as their role.

Interests & Alliances

All participants contributed to discussions. Interests of school staff were initially represented in both groups but this changed in FG1 to the interests of students and future families. Two male participants appeared to form an alliance within FG1. This generated a change in the group’s attitude to parenting promotion, raising the question of gender power (Mkandawire-Valhmu & Stevens, 2010).

In FG2, (all females) there was a remarkable conformity of beliefs and attitudes. It was unclear whether the participants had similar views or conformed due to peer pressure, “yea sayers” (Polit & Beck, 2012 p313).

Responses to Other Participants

Interruptions in both groups elaborated on, rather than silenced, opinions.

Emotions seemed contained, although one FG1 participant became excited when proposing his ideas for parenting promotion. This apparently motivated the group, generating other creative ideas.

DISCUSSION

Findings from the study challenge the recommendation that all professionals working with children understand and promote good parenting principles (Deacon, 2011). Participating teachers believed that they *should* have a role promoting parenting/ infant mental health but do not practice this.

No papers were found that supported FG1 view that teachers are reluctant to deliver PSE, although Ford & Nikapota (2000) identified problematic, inter-professional language differences regarding mental health in schools. Both groups acknowledged the benefit of Real Care Babies programmes (Roberts & McGowan, 2004). Despite positive comments, such programmes in local schools are currently prohibited, perhaps due to financial constraints or disempowerment, as identified by FG2.

Despite male alliances, there was no evidence of females being controlled or intimidated in FG1 but they were *influenced* (Siegel, 1999).

In this study, the intention was to establish current health promotion provision. An unintended finding was the creation of a forum to develop parenting/IMH promotion (Webb & Keverne, 2001). Also, in FG2 concerns regarding pupils’ experiences and knowledge of sexual health were expressed.

A quote from a student highlighted how exposed teachers are to disclosure; (FG2 Di, 93) *“It doesn’t constitute rape if they keep their socks on!”*

Although Child Protection training is mandatory, teachers are not always given supervision or specific training in PSE, perhaps explaining the perceived reluctance of teachers in its delivery reported by FG2.

Transcriptions were completed by an objective expert and sent to participants for verification (National Institute of Mental Health, 2007).

Parallels with previous research findings and analysis using an established model further ensured trustworthiness, transferability and dependability (Gruba & Lincoln, 1994; Jourdan et al, 2010; Stevens, 1996).

Critically, this was small-scale study and the sample may not be representative of all teachers. There was also limited breadth of knowledge and experience and potential peer pressure from participants working within the same organisation (Polit & Beck, 2012).

IMPLICATIONS & RECOMMENDATIONS

This study highlighted the need for further research and support and training for teachers in infant mental health and parenting promotion in schools.

Recommendations aligned with findings in terms of further research and potential influence to practice and policy (Cuddihy & Waugh, 2015). As a consequence of this study, in conjunction with the Solihull programme designers, the researcher has begun a pilot programme, introducing an adapted version of the Solihull parenting programme into two local schools.

Although in its early stages, feedback from staff and pupils has been positive. The pilot is being reported to the Scottish Government.

CONCLUSION

The significance of parenting and IMH is well evidenced by theory, practice and policies (Bowlby, 1997; Perry, 2005; Scottish Government, 2010). The dearth of research and findings from this small-scale study suggests that there is little parenting and IMH promotion in schools. Teachers currently have varying roles in PSE delivery (Jourdan et al, 2010). Interaction within focus groups can generate changes of opinions (Stevens, 1996). Teachers in this study do not promote parenting and IMH but are keen for support and training to do so to enable them to benefit future parents: "Prevention is always better than cure" (Deacon, 2011 p16)

REFERENCES

Ben-Perez, M., Mendelson, N. & Kron, F. (2002) How teachers in different educational contexts view their roles. *Teaching and Education* Vol. 19 pp277-290

Bowlby, J. (1997) *Attachment and Loss*. Pimlico, London. First published by (1969) Hogarth Press, London

Cuddihy, L. & Waugh, A. (2015) Bonding for Brilliant Babies: Promoting Infant Mental Health Through Social Marketing. *Primary Health Care* Vol. 25 (4) pp24-28

Deacon, S. (2011) *Joining the Dots: a better start for Scotland's children: Independent report for the Scottish Government*, Edinburgh

Duggleby, W. (2005) What About Focus Group Interaction Data? *Qualitative Health Research* Vol. 15 (6) pp832-840

Ford, T. & Nikapota, A. (2000) Teachers' Attitudes Towards Child Mental Health Services *The Psychiatrist* Vol. 24 pp 457-461

Green, K & Thurston, M. (2002) Physical education and health promotion: a qualitative study of teachers' perceptions *Health Education* Vol. 102 (3) pp113-123

Gruba, E. & Lincoln, Y. (1994). *Competing paradigms in qualitative research*. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* Thousand Oaks, CA: Sage.

Harrison, C. & Killion, J. (2007) Ten Roles for Teachers. *Teachers as Leaders* Vol. 65 (1) pp74-77

HeadsUpScotland (2007) *Infant Mental Health: A Guide for Practitioners*. HeadsUpScotland, Edinburgh

Hughes, D. (2009) *Attachment-Focused Parenting* Norton, London

- Jourdin, D., Mannix McNamara, P., Simar, C., Geary, T. & Pommier, J. (2010) Factors influencing the contribution of staff to health education in schools *Health Education Research* Vol.25 (4) pp519–530
- Mkandawire-Valhmu, L & Stevens, P (2010) The Critical Value of Focus Group Discussions in Research With Women Living With HIV in Malawi *Qualitative Health Research* Vol. 20 (5) pp684–696
- National Institute of Mental Health (NIMH) (2007) Internet-based Research Interventions: Suggestions for Minimizing Risk
<http://www.nimh.nih.gov/research-funding/grants/internet-based-rsch-interventions-chart-may2007.pdf>
- Onwuegbuzie A., Dickinson, W. Leech & N. Zoran, A. (2009) A Qualitative Framework for Collecting and Analyzing Focus Group Research *Journal of Qualitative methods* Vol. 8 (3) pp1-21
- Orb, A., Eisenhauer, L. & Wynaden, D. (2001) Ethics in qualitative research *Journal of Nursing Scholarship* Vol. 33 (1) pp93-96.
- Perry, B. (2005) Maltreatment and the Developing Child: How early childhood experience shapes child and culture. The Margaret McCain Lecture Series, The Centre for Children and Families in the Justice System, London
http://jibc.bc.ca/cccs/SpecialEvents/BrucePerry/McCainLecture_2005.pdf
- Polit, D. & Beck, C. (2012) (9th Edition) *Nursing Research: generating and assessing evidence for nursing practice* Lippincott, Williams & Wilkins, Philadelphia
- Roberts, S. & McGowan, R. (2004) The Effectiveness of Infant Simulators. *Adolescence* Vol. 39 (155) pp 475-487
- Ryan, G. & Bernard, H. (2003) *Applied Thematic Analysis*. Sage Publications, London
- Scottish Government (2009) *The Early Years Framework (EYF)* Scottish Government Publications, Edinburgh
- Scottish Government (2010) *Curriculum for Excellence: Experiences and Outcomes*. Scottish Government Publications, Edinburgh.
- Siegel, D. (1999) *The Developing Mind: How relationships and the brain interact to shape who we are*. Chapter 8. Guilford Press, London
- Stevens, P (1996) Focus Groups: Collecting Aggregate-Level Data to Understand Community Health Phenomena *Public Health Nursing* Vol. 13 (3) pp170-176
- Trueland, J. (2008) No Such Thing as Too Early. *Young Minds* Vol. 96 pp 26-27

University of the West of Scotland (UWS) Research Ethics Group. (2004) Guidelines for Ethical Research with Human Subjects [Online]. Available: www.uws.ac.uk/research/documents/UWSEthicalGuidelines.doc

Vaughn, S., Shay Schumm, J. & Singagub, J. (1996) *Focus Group Interviews in Education and Psychology* Sage, London

Webb, C. & Kevern, J. (2001) Focus groups as a research method: a critique of some aspects of their use in nursing research. Journal of Advanced Nursing Vol. 33 (6) pp 798-805