

The Effects of Financial Instability on the Mental Health of  
Lone and Adolescent Parent Headed Families

Nurses have the moral and ethical obligation to include the health care of families in their scope of responsibility (Wright & Leahey, 2009). As been evidenced by nursing theory, practise and research, families have an essential impact on health and well-being on its family members and can also have influence on the members' illnesses (Wright & Leahey, 2009). The consideration of family-centred care and the participation of the family in client care has been emphasized in nursing after the transition of nursing practise from homes to hospitals during the Great Depression and World War II where families were excluded in patient care and major family events such as birth and death (Wright & Leahey, 2009).

In the current era, where people change and families have broader visions, the complexity problems of families arise and the need of nursing intervention is crucial to fit the shape of modern families in difficult life situations in order to reach effectiveness (Wright & Leahey, 2009). In Australia itself, there has been an overtime change in the composition of Australian families as reported by the Australian Government: Department of Prime Minister and Cabinet (AGDPMC), and this bring about challenges in supporting the families of different forms (AGDPMC, 2008).

Two of the predicaments that come about to families of today are the increase cases of single parent and teenage families in Australia (Australian Bureau of Statistics [ABS], 2011a; [ABS], 2011b). In studies by Bouma, Ormel, Verhulst and Oldehinkel (2008) and Furniss, Beyer, and Mu'ller (2009), the increase of these changes creates stressful experiences that can leave a potential threat to the health and development of children and psychological

distress to parents if proper support and parental coping abilities are not implemented in these families. This essay will focus on the effects of financial instability on the mental health of lone and adolescent parent headed families and the implementation of nursing services in resolving this problem. The order of this essay will start from the argument involving lone parent headed families then to the discussion of adolescent headed families.

From 1997 to 2010, the increase of lone parent headed families had a 7.5% increase on all types families in Australia (ABS, 2011a). The number of individuals parenting in this type of family increased from 740,000 to 879,000 according to the ABS Family Characteristics Survey of 2009 to 2010 (ABS, 2011a). These families have either come from parents that have divorced, a parent that has died or parents that have not married at all and separated. There are many possible issues that can arise in this kind of family (Better Health Channel [BHC], 2011). Due to the fact the parents are alone raising the children, they would simultaneously struggle to become the perfect parent for their children and be the breadwinner of the family unit which places a high amount of stress on their part (BHC, 2011). According to a research report by Murphy, Keilthy and Caffrey (2008), lone parents believe that employment participation is an essential part of their parenting role. They understand that parenting is a full time job; however, having a job improves their family's quality of life (Murphy, Keilthy & Caffrey, 2008). In a study by Dennis (2007), it was stated that although employment brings about financial stability and raised self esteem to employed single parents their exposure to life stressors and strains could impose a risk to mental health. These stressors include economic strain, the incapability to access resources for health needs and the fear of losing their home (Dennis, 2007). Unfortunately, Australia has relatively low levels of employment of lone parents (Australian Institute of Family Studies [AIFS], 2004). In 2002, only almost half or 47.9% of lone mothers and only 67.6% of lone fathers in all of

Australia had paid jobs (AIFS, 2004). There are numerous reasons as to why lone parents of Australia have low employment rates (AIFS, 2004). The number one reason is the child rearing responsibilities where lone parents are having difficulty in combining work with these responsibilities (AIFS, 2004). This is most especially difficult in lone mothers and when the children in the families are very young (AIFS, 2004). Others factor include the disincentive effects of the income support system (where there is a loss of benefits in parents when they have paid work), having gap in terms of educational or vocational qualifications and less work experience (AIFS, 2004). Since lone parents with dependent children most commonly have no one in the family to earn income, have no benefit of a second income earner, and rely mostly on the government to for everyday expenses, it can be easily recognized that lone parents in Australia are time and again financially struggling (AIFS, 2004). The state of poverty and prolonged stress amongst single parents with low income place them at high risk for poor mental health, particularly for depression, which can also have a harmful weight on their children (Peden, Rayens, Hall, & Grant, 2004). Not only lone parents are put up with pressure in their life circumstances, but there is also an effect on the children. The children of single parent headed families are already burdened of deciding with their parents in running the household (BHC, 2011). There is a need for children to give extra assistance around the house because there are no other adults to help their parents with chores (BHC, 2011). These children have more duties and responsibilities brought up to them in an early age instead of engaging in typical children activities such as playing and 'hanging out' with their friends (BHC, 2011). Another issue with these children is that tend to have conflicts with their teacher and other superiorities, who expect children to obey them without questioning, because these children grew up in a home where they are used to have their 'equal-say' (BHC, 2011). Lastly they may feel torn between their parents if they are divorced and with a pressure to 'pick sides' between them (BHC, 2011).

According to Johner (2007), single parents are more vulnerable to poor health outcomes than other members of the Australian population due to their inequality of income and skills. The parents' link to the negative social conditions makes them more likely to engage in behaviours such as smoking, overeating, and alcohol consumption (Johner, 2007). Moreover, Johner (2007) also suggested that single parents of low socioeconomic status have poor mental health outcomes and may experience depressive symptoms, hopelessness as well as powerlessness. Sadly, the mental health and development of children in lone parent families are also affected. Children show emotional symptoms, conduct problems, hyperactive behaviour, problems in peer relationships and social behaviour (Cook, Davis, Davies, 2007).

This brings us to the second population trend of our essay which involves adolescent headed families. Worldwide, about 16 million women of 15–19 years old give birth each year according to the World Health Organization or WHO (2008). In Australia alone, the total number of births to girls aged fifteen to nineteen is 12,120 which is 4.09% of all births registered in Australia (ABS, 2009). It slightly increased from the number of births in 2005 which was 10744 (ABS, 2009). Teenage parenting is an important issue in Australia due to its association with negative physical and long-term psychosocial outcomes for the teenage parents and the child (Mollborn, 2010). As expected, parents of these children are commonly still attending school and becoming single parents was associated with reduced chances of graduating (Mollborn, 2010). In a study by Mollborn (2010), that parenting responsibilities are expected to take away available time and energy for education. Teenage mothers are affected of being the child's primary caregiver because of the abrupt social expectations of her roles as primary caregiver (Mollborn, 2010). Teenage fathers, however, are affected due to the high social expectations of the male breadwinner role to provide for the family

(Mollborn, 2010) The lack of experience related to young age poses negative consequences for teenage parents (McDonald et al., 2008). These can include impaired educational, employment and economic status, increased risk of homelessness, less optimal parenting (McDonald et al., 2008).

The children given birth by an adolescent mother also poses the risk of having low birth weight, be exposed to poverty, child abuse, neglect or even death (McDonald et al., 2008). They are also observed as being more likely to show emotional and conduct disorders and lower educational attainment as well as increased risk of childhood illnesses and injuries (McDonald et al., 2008).

A significant concern in adolescent parents is when the teenage mother develops Post Partum Depression (PPD) after giving birth (Stunder, 2011). The symptoms of postpartum depression can be devastating and steals the joy and much more from an experience that should be one of the best in a mother's life (Stunder, 2011). Adolescent mothers suffering from PPD can affect how young mothers relate to their infants because they are less verbal and attached with their child (Videbeck, 2010). The mental health effects on the children whose mothers have suffered from PPD are detrimental (Videbeck, 2010). Long term effects on these children are problems in cognitive and social development, they can grow up with behavioural problems and they have a high chance in developing anxiety disorders and depression (Videbeck, 2010). With a great of risk of PPD to the mental health of teenage mothers and her offspring, it is a must that they seek medical help without delay (Stunder, 2011).

The support to single parent and teenage parent headed families is not only the responsibility of the government but also of the health care sector especially the nurse. Generally, all registered nurses in Australia have the duty of care to families, but there are specific nurses who specialize in the health care of child and family, they are called Child and family health nurses or CFHNs (New South Wales Department of Health [NSWDH], 2011). CFHNs work in a range of setting; their services can be provided in the home, community, in health facilities, residential family centres and through communication technologies (NSWDH, 2011). CFHNs can work as individual case managers or with other nurses and members of the healthcare team (NSWDH, 2011). Furthermore, their basis of care revolves on the required family responses to how complex the needs of the families are and they provide care in a continuous rather than sporadic basis (NSWDH, 2011). In the case of lone parent and adolescent parent headed families, CFHNs have an important role to promote the mental health for the parents and children (NSWDH, 2011). CFHN have the obligation to provide support to the families and referral them to proper services while establishing rapport with the family (NSWDH, 2011).

The CFHNs can refer the families headed by single parents and teenage parents to organizations that caters families in need of assistance of raising their children such as Parentline which offers counselling and family support groups for single mothers and fathers (Parentline, 2011). Another organization called the Raising Children Network which is an easy to access website for all parents that have sources they can use for family management, self-care and child care (Raising Children Network Australia, 2011). CFHN can also refer families to organizations such as Beyond Blue and Sane Australia that are foundations that provide individuals and families with resources and information on how to cope with mental

health problems (Beyond Blue; Sane Australia, 2011). The CFHNs can refer financially affected families to the Governments' Department of Human Services to assist them with their finances until such time they are stable and self-sufficient (Australian Government Department of Human Services, 2011).

In conclusion to this is essay, it has been established that the emergence of financial difficulties in the family units headed by single parents and adolescent parents can have tremendously negative impacts to the mental health of the entire family unit. However, these families can still achieve optimum health if they in work in partnership with nurses, and other multi-disciplinary organization to assist the family in stabilizing their financial state and provide support on these families' mental health. Thus keeping and developing the families' capability to nurture their family unit well and raise their children into healthy citizens that will contribute to the welfare of today's society.

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