

RESILIENCE, OPTIMISM, AND CHILDREN'S MENTAL HEALTH

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Those of us in the field of children's mental health are at risk for becoming cynical and pessimistic. We spend our working lives with children, adolescents, and parents who are struggling to overcome the effects of obstacles such as poverty, abuse, mental illness, learning disabilities, alcoholism, and separation and divorce. Our clients have often been victimized in many ways and, while we hope they can become 'survivors,' some never attain this goal.

Our moments of self-doubt and pessimism can be reinforced by a more general belief that has been prevalent in our culture - namely, that society is on a downhill path with young people leading the way. The statistics on youth crime are alarming - particularly, the increase in violent offences. We are reminded of drop-out rates, declining educational standards, loss of core values, drug and alcohol abuse, irresponsible sexual behaviour, and the demise of the nuclear family. As Dr. Spock lamented shortly before his death, "You tote it all up and you get a picture of a society rapidly heading downhill."

Yet in spite of all the problems we encounter in children's mental health and in society as a whole, there is room for optimism and hope. In fact, there is a need for both. It is critical that we maintain our confidence that young people and their families can overcome adversity and that we can be helpful to them in this process. It is hard to imagine how we could be of service to others if we believed that efforts offered little hope of success. Such a belief would be communicated to our clients and would become a negative, self-fulfilling prophecy. But as desirable as optimism and hope may be, they have to be grounded in reality. We need evidence that such an outlook is justified.

The Numbers Game

A first step to developing a more optimistic outlook is a quick lesson in statistics. The teacher is Mark Twain, who uttered the seven most important words in the field, "There are lies, damn lies, and statistics." Not that statisticians lie - it is more a question of how others care to use their statistics. This is no trivial matter. To illustrate - children of schizophrenic parents are ten times more likely to develop schizophrenia than children in the general population. There is little optimism and hope to be found in this statistic. But, while this statistic is accurate, it can be misleading. The base rate of schizophrenia is 0.9 percent. That means that ten times greater risk creates an incidence of 9 percent, which, in turn, means that 91 percent or 9 out of 10 children of schizophrenic parents will *not* have this disorder. This way of presenting the statistics creates a far more positive outlook. Similar analyses can be applied to many areas of children's mental health. Children in single parents and stepfamilies are at higher than average risk of having problems with relationships and dropping out of school, and children with learning disabilities are at relatively high risk for academic failure. Abused children are more likely to grow up to be abusive and single teen mothers will have more problems with parenting. But it is also true that many - and often the majority - of young people are able to cope very well with such challenges. This recognition creates optimism and encourages us to identify those

factors that predict success and foster resilience.

Resilience

The concept of 'resilience' reflects one of the most important shifts in the focus of children's mental health. We had traditionally directed our attention on understanding why things went wrong. We looked to the family history for clues and we conducted diagnostic assessments to determine if a disorder is present. I should add that this approach had - and continues to have - an important place in our work. However, it has been augmented by another that is of at least equal value - the search to understand those factors that allow people to cope with adversity. This is at the heart of resilience. Why do some people emerge unscathed from poverty, neglect, and abuse, while others struggle to survive? Why do some children with learning disabilities become successful in their working lives, while others never find stable or meaningful employment? What makes the difference?

The findings from resilience research are anything but glamorous. The three critical factors I will discuss hardly introduce new concepts—problem-solving skills, information, and social support.

One of the keys to resilience is not so much the absence of problems, but the ability to respond to problems in a constructive way. It allows the person think of a problem as an opportunity to do something different, rather than a barrier to success. From this perspective, "I don't know what to do" is replaced with, "What can I do that I haven't tried yet?"

Resilience research supports a model of children's mental health services that is based on utilizing a broad range of resources. Much of what our clients need does not fall under the umbrella of 'therapy' or 'treatment.' One outreach program began with the recreational counsellor going to the local high school to play hacky sack students; delinquent youth in an inner city area were not lining up for anger management training, but did show enthusiasm for a community basketball league. Neither initiative was 'treatment,' but both proved successful in providing support, healthy adult role modelling, and, for some participants, informal counselling. Youth groups can teach social skills and conflict management in practical and relevant ways. I recall listening to leaders of a Boys and Girls Club who had been concerned about the lack of cooperation and respect being shown by the members. The problem did not abate until the staff handed most of the responsibility for a solution to the young people. With guidance, they decided the type of environment they wanted in the club, developed the code of conduct, and established consequences for breaking the rules. Family camping can be a vehicle for building relationships and an experienced parent can give the teen mother the confidence and skills to parent her infant.

Children's mental health will never lose its clinical perspective. Diagnosis and treatment are an integral part of working with the young people who are referred to us. What we have

learned, however, is that resilience, as a commodity, needs the involvement of a range of services that extend beyond the office and into the homes and community in which young people live. Some experts have degrees; others do not, but they have expertise nonetheless.

Does it all work? Not always, by any means. We lose young people to drug addiction, life on the streets, the criminal system and, most sadly, to suicide. But here is where returning to statistics can help. They remind us that high risk does not constitute ‘carved in stone.’ Just as there are young people we seem unable to help, there are many others we can. When I talk with front line workers who are new to the field, I also encourage them to recognize that there may be times when they are, in fact, more helpful than they realize. Resilience as a commodity is acquired gradually and its development may be undetermined for quite some time. This ‘sleeper effect’ is like the seed that is planted and eventually grows without anyone realizing it was there in the first place.

Volunteers are people who are willing to donate rather than sell their expertise. Their role is not minor. They often bring a wealth of experience and an abundance of enthusiasm. They can be the anchor and support needed by a young person. They can help a learning disabled student with her school work and teach older teens the life-skills they will need to become more independent. They can be Big Sisters and Big Brothers. They can organize sport teams to help children learn self-discipline and cooperation, and teach martial arts to abused girls who need to develop a sense of personal power and control. They can be mentors, friends, teachers, and confidants. As such, they have - and deserve - an important role in children’s mental health.

Once we recognize that support and development of practical problem-solving skills are as much a part of fostering resilience as clinical services, volunteerism becomes the biggest untapped resource available in the field of children’s mental health.