

Mental Health Primary Prevention: The Role of Parent Mutual Support Groups

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Abstract: A primary prevention program was developed to provide supportive services for parents of newborns. Ninety-eight parents responded to a survey intended to evaluate what the groups provided and to describe characteristics of parents who attended the groups. Parents evaluated the groups as effective in providing social contact, supporting the parenting role, feeling less alone, understanding children's development, and increasing child-caring skills. The parents did not evaluate the groups as helping to improve a relationship with their spouse. (*Am J Public Health* 1980; 71:165-167.)

A public health view of primary prevention goes beyond protection against specific diseases to emphasize a developmental perspective that fosters healthy growth and development.¹ The program described here can be considered as a primary prevention effort since the intervention occurred prior to any indication of problems.² The chosen mode of intervention was a parent mutual support group. There is evidence that such informal social support can help people negotiate stressful experiences such as child birth and parenting.³ Since initiation of our program in 1975, reports of other successful mothers' support groups have appeared.^{4,5}

Development and Description of Program

The Greater Lynn, Massachusetts Community Mental Health Center's Primary Prevention Team organized a Perinatal Task Force of community groups and agencies that provided perinatal service. The goals of the Task Force were to assess community needs, inventory services, set priorities for new programs and, where necessary, sponsor new services.

The first priority of the Task Force was to develop, in collaboration with the Regional Maternity Center, a pilot support group for new parents. The Task Force recruited a mother to be the volunteer facilitator for the groups. The

volunteer facilitator attended prenatal classes at the Maternity Center; prior to deliveries she became acquainted with the parents on a personal basis. Following the deliveries, the facilitator invited the new parents to join the support group. Because of the success of the first group, the Regional Maternity Center requested more facilitators and groups, and more volunteers were recruited, all of whom were parents. They were trained by the Mental Health Center's staff. Training consisted of eight two-and-a-half hour sessions on the birth experience, which highlighted the stresses associated with parenting. Another two sessions were given on communication and group process.

A service delivery model was developed in which a facilitator met with each prenatal class at the Regional Maternity Center, and approximately three weeks after delivery invited parents to attend a two-session post-partum coffee. At the coffee, the volunteers re-established relationships with the parents and organized support groups for those who were interested.

One of the authors (JV) recruits and screens all facilitators. Recruitment is done informally through contacts in the community and through members of the support groups. The major criteria for selecting facilitators are the ability to relate to group members in a supportive role and the experience as a mother/father similar to the group members. JV supervises the support group facilitators and meets regularly with them in a "facilitator" support group. The support groups consist of five to eight members and have no set format. The direction of the group is determined by its members. While some groups are little more than social gatherings, most groups are actively issue-oriented (e.g., child development, women's issues, and relationships within the family). Typical comments made by the parents are as follows: "I find the groups so helpful when I need to express *my* feelings," "I've learned everyone has problems and by listening to others, my problems seem so much smaller," "The group provided me with helpful information on normal behavior and eating habits."

There are now 28 ongoing groups led by nine volunteer facilitators including a "fathers only" group, a group for mothers of "hard-to-handle infants (i.e., the "colicky" baby), a group for single mothers, group for mothers who have delivered by Caesarean, and a postnatal support group in an underserved, low income section of the community. In addition, we have developed a monthly series of educational programs, and we mail a child development newsletter to all new parents.

Results of a Parent Survey

A survey, conducted two years into the program, was mailed to 270 parents, 98 of whom responded to a single

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TABLE 1—Parents' Ratings of Self-Help Groups (N = 98)

Survey Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	% (N)	% (N)	% (N)	% (N)	% (N)
1. "Attending the support group and getting out of the house for adult social contact was very helpful?"	55 (54)	31 (30)	10 (10)	2 (2)	2 (2)
2. "The support group has helped me feel more positive about my role as a parent?"**	29 (28)	55 (53)	11 (11)	2 (2)	2 (2)
3. "The support group helped me feel less alone in the role of parenting?"	46 (45)	37 (36)	15 (15)	1 (1)	1 (1)
4. "My understanding of children's normal growth and development has been increased by the support group?"*	27 (26)	52 (50)	16 (15)	4 (4)	1 (1)
5. "The parents' support group has increased my skill in caring for my child?"	16 (16)	46 (45)	32 (31)	3 (3)	3 (3)
6. "The support group has helped improve my relationship with my spouse?"**	3 (3)	18 (17)	58 (55)	17 (16)	4 (4)

*Two parents did not complete these questions.

**Question did not apply to three single parents.

mailing. Seventy per cent of the respondents were parenting their first child.

Ninety-four per cent of the parents responded affirmatively when asked if the support group had been helpful to them. Ninety-seven per cent said they would recommend support groups to others.

Response to six statements that the respondents had to rate on a continuum of "strongly agree" to "strongly disagree" are shown in Table 1. For the first four statements there was "agreement" or "strong agreement" from about four out of five respondents. Sixty-two per cent "agreed" or "strongly agreed" that the groups increased their skill in caring for their child. In contrast, only 21 per cent of the respondents agreed ("strongly agree" and "agree") that the support group had helped improve relationships with their spouse.

To determine if the parent ratings for the six questions in Table 1 were related to other variables, responses to each of the six questions were cross-tabulated with: 1) whether this was the parents' first child; 2) the baby's current age; and 3) the number of groups that the parents attended. Results showed consistently positive relationships between the number of meetings attended and the level of agreement with each of the six questions, but no difference in relation to the other two variables.

Another question on the survey asked parents if they "Seek support from group members outside of the scheduled meetings." Thirty-two parents (33%) stated they sought such support.

Discussion

Our experience demonstrates that parent support

groups as a prevention tool in primary mental health can attract and maintain interest. Some of the groups have continued to meet over a period of five years. The groups appear to be most effective in meeting a need for adult social contact in which parents can share common experiences. This opportunity not only helps them feel less alone, but also helps them to feel more positive about their role. Information about child development and skills in child care also appears to be successfully shared in the groups.

The least positive findings of the evaluation were the responses to the statement: "The support group has helped improve my relationship with my spouse." The generally neutral reaction may simply indicate that the subject of "relationship with spouses" was not a major focus of the group discussions. However, it is possible that the support groups had a negative effect on relationships with spouses.

The research reported is a minor effort to evaluate support groups. Future research must be directed toward measuring behavioral change in parenting and evaluating the direct effect parent support groups have on the positive development of children. Owing to the voluntary nature of group recruitment, this will not be an easy task.

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