

Comparison of mental health in normal and autism family

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ABSTRACT

Introduction:The aim of this study was to compare mental health between autistic and normal families. **Method:** This cross-sectional causal-comparative study was associated with pretest. GHQ-28 test was used to assess mental health. **Results:**Parents are the main educators of the child and family life is the strongest factor in the development of mental health. By teaching the right behavioral management techniques, you can help improve the family health of parents of children with autism.

Keywords

Autism, Mental Healths, Family Autism, GHQ-28

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Introduction

The family is the group of people united by ties of marriage, kinship, or adoption. It is considered as a natural and universal community with an effective base, which influences the formation of the individual and has a social interest. The World Health Organization has identified the family as a major social factor in increasing health and well-being. (1) In all social groups and all stages of civilization, some form of family organization has always been found. The family has changed over time, but it has always existed, that is why it is a universal social group. From a traditional conception, it can be observed that "the family has been the primary place where the social risks of its members are shared and managed" (2). The family is very important as a person's main base. However, appropriate family interventions can reduce the recurrence of symptoms, prolong the duration and effectiveness of the drug, and increase patients' performance up to 24 months (3).

Autism is a developmental disorder diagnosed on the basis of early-emerging social and communication impairments and rigid and repetitive patterns of behavior and interests. The manifestation of these varies greatly with age and ability, and the notion of an autism spectrum has been introduced to recognise this diversity. We begin our discussion of research on the nature and causes of autism spectrum disorders (ASDs) with a single case history that illustrates the range of symptoms seen in this disorder. Autism is a disorder that affects more and more parents and children) 4). Many studies have investigated the factors affecting the incidence of autism and identifying appropriate treatment for this disorder (5). New studies show autism prevalence 3.8 The percentage per 1,000 boys and 0.8% of every 1,000 girls (6). In the DSM-5, due to the difficulties of distinguishing between autism, Asperger's syndrome, rett syndrome, and disability in children, and introduced them all as "autism spectrum disorder" (7).

Asperger syndrome is also grouped with autism, all of which are known as autism. This substantial shift from the 4th edition of the DSM in 1994 was particularly notable for the removal of the diagnostic label Asperger's disorder (8). The World Health Organization has followed a similar approach in its 11th revision of the International Classification of Diseases (ICD-11); (9). In ICD-11 the ICD-10 diagnosis of 'Asperger Syndrome' (10). will be absorbed into 'autism spectrum disorder' (11).

In the meantime, the parents play an important role in the family. Therefore, these parents need professional and extensive support to provide care and adapt to these painful conditions (12). Psychological well-being in parents of children with Autism Spectrum Disorders (ASD) has been around for decades, and they have tried to identify the "stressors" associated with poor outcomes (13). Involvement involves a meaningful relationship with family members and leads to behaviors that are related to the mental health of parents and family and the optimal condition of a child with autism. Reports indicate more negative outcomes in parents of children with ASD compared to parents of typically developing children or those with intellectual disabilities without ASD (14). Parents are the main educators of the child and living in the family is the strongest factor in the development of a person's mental health.

According to the definition of the World Health Organization, health includes the complete physical, social, and mental health of a person and not just the absence of disease or disability. In other words, health is not the absence of disease or physical disability, but factors such as self-satisfaction, life expectancy, and social health (15). According to the Gallup Institute in 2018, Iranians are the fifth saddest people in the world. In fact, separately, Iran is ranked 3rd in terms of anger, 5th in terms of sadness, 5th in terms of stress, and 4th in terms of anxiety among 140 countries (16).

Method

Procedure

Subjects were selected using cluster random sampling in natural autism schools. After explaining the objectives of the research and how to complete the questionnaires to the research unit, written consent was obtained. The GHQ-28 test was given to parents of these children as well as parents of healthy children. After reviewing the data by computer, in the next step, SPSS 20 software was used to analyze the findings.

Participants

Initially, the total data was 130 cases, including 60 children with autism and 70 regular students aged 12 to 16 years. Children with autism were selected in two autism schools. Normal children in girls 'and boys' schools were placed in the same group with the same admission criteria. Out of 70 families of normal children, 30 were invited. The study began with a total of 60 autistic and normal families. In this study, the parents of children with autism who participated in this study were between 28 and 52 years old. It should be noted that all schools were in Iran.

Tools

GHQ-28 Test

Among the mental health assessment tools, the General Health Questionnaire is one of the most widely used tools in the world. Extensive research has been done on the quality of psychometrics and there are significant results. The General Health Questionnaire (G.H.Q) is a test designed to assess non-psychiatric disorders that are multiple in nature and run spontaneously. This questionnaire can be used for all ages from teenagers to adults. The main purpose of this questionnaire is not a specific diagnosis in the hierarchy of mental illness but its main purpose is the difference between mental illness and health (17). The General Health Questionnaire was first developed by Goldberg in 1972 at the London Institute of Psychiatry to distinguish healthy people from unhealthy ones for family physicians. This tool examines the unfavorable physical condition and includes symptoms such as abnormal thoughts and feelings and aspects of observable behavior (18). This questionnaire has different forms. The main form of this questionnaire is 60 questions. This questionnaire has been revised many times and has been used as a short form of 12, 28 and 30 questions in various studies. In various forms and to date, this test is more and has been translated from 38 languages in the world, including Persian, Chinese and French. However, it should be noted that confirmation of the psychometric properties of this questionnaire in different countries does not mean that this questionnaire is the same after translation in every culture. Shows psychometric properties. According to studies, the validation of the 28-item general health questionnaire in Iran was performed by Palahang, Nasr and Shah Mohammadi in 1996, Najafi Solati Dehkordi and Forubakhsh in 2000, and Noorbala et al. In

1999 (19). The GHQ-28 requests participants to indicate how their health, in general, has been over the past few weeks, using behavioral items with a 4-point scale indicating the following frequencies of experience: "not at all", "no more than usual", "rather more than usual" and "much more than usual". The scoring system applied in this study was the same as the original scoring system. This scaled version was intended for studies in which the investigators seek more information than that provided by a single severity score. In the construction of the GHQ-28, items were selected to cover four main areas: somatic symptoms, anxiety and insomnia, social dysfunction and severe depression (20). There are several methods for scoring this questionnaire, the simple Likert method is usually used. Accordingly, each answer is scored: by no means = 0, normal = 1, very normal = 2 and much more than usual 3, the scores of the people in each of the subscales are added and then the scores of the four subscales Scale is added. To get an overall score. The total score of this test varies from 0 to 84 and a higher score indicates less general health. The general cut-off point for diagnosing people with the disorder is 23 and above, and 14 and above in each sub-scale (21) to assess the validity of the 28-GHQ questionnaire, from three retest methods, Cronbach's composition and alpha. The results of this study show that the validity coefficients based on the three tests were 0.70, 0.93 and 0.90, respectively. (22).

Interview

One of the most important counseling tools is face-to-face interviews with all 30 of our participants. This interview was conducted based on the criteria of systematic counseling to assess the mental health and medical and family history of individuals. Clinical interviews may be unstructured, semi-structured, or structured. Each method has advantages and disadvantages, but the main purpose of all three types is to obtain accurate information about the construction of DSM-IV-TR (23). According to Adler, interviewing is a way to help the patient understand their lifestyle, to record important points in the meeting to prepare a regular schedule that can affect the person.

Statistical population

We examined the relative frequency of variables such as education, marital status, and with the help of tables, tried to summarize the data, the information contained in them faster, easier and more clearly observed, and the parents of children with autism in future studies.

Education distribution

As can be seen in Table (1), there is no significant difference in terms of education between the two groups of parents of autistic children and parents of normal children ($p < 0.05$). In both groups, most people have a master's degree. (i.e. "Insert Table 1 here")

Marital Distribution

As can be seen in table 2, there was no significant difference in marital status in the parent groups of autistic children and parents of normal children ($p > 0.05$). (i.e. "Insert Table 2 here")

Results

In this section, it is dealt with the considered hypotheses.

According to Table 3, there is a significant difference between the mean mental health of parents in the two groups of healthy children with autism ($p = 0.0$ and t -value equal to 7.33). The average mental health of parents of healthy children is fewer 17.7 ± 5.4 , which is a significant difference with the mental health of parents of children with autism, which is equal to 29.36 ± 6.84 . (i.e. "Insert Table 3 here")

According to Table 4, there is a significant difference between the mean physical symptoms of parents in the two groups of healthy children with autism ($p = 0.0$ and the value of t -value

is 3.711). The average physical symptom in parents of healthy children is fewer 4.06 ± 3.5 which is a significant difference with the physical symptoms of parents of children with autism which is equal to 6.33 ± 2.49 . (i.e. "Insert Table 4 here")

According to Table 5, there is a significant difference between the mean of parental social dysfunction in the two groups of healthy children with autism ($p = 0.001$ and t -value equal to 3.416). The mean of social dysfunction in parents of healthy children is fewer 3.1 ± 2.006 , which is a significant difference with the social dysfunction of parents of children with autism, which is equal to 5.1 ± 2.56 . (i.e. "Insert Table 5 here")

According to Table 6, there is a significant difference between the mean anxiety of parents in the two groups of healthy children with autism ($p = 0.0$ and the value of t -value is 5.72). The average anxiety in parents of healthy children is fewer 8.4 ± 2.09 , which is a significant difference with the anxiety of parents of children with autism, which is equal to 13.43 ± 4.3 . (i.e. "Insert Table 6 here")

According to Table 7, there is a significant difference between the mean of parental depression in the two groups of healthy children with autism ($p = 0.0$ and the value of t -value is 4.077). The mean of depression in parents of healthy children is fewer 2.13 ± 2.02 , which is a significant difference with the depression of parents of children with autism, which is equal to 4.46 ± 2.38 . (i.e. "Insert Table 7 here")

Discussion

According to world population review, it examines the statistics of autism. Reported cases of autism have increased in recent years. It is difficult to determine the exact rate of autism in the world. Developed countries intend to provide accurate statistics on autism. Hong Kong tops the list of most autistic children with 372 out of 10,000 children. In other words, one in 27 children in Hong Kong has a disorder. In Iran, this statistic is estimated at about one in every 150 people.

In general, the results show that parents of children with autism are significantly less mentally healthy than parents of healthy children. The average mental health of parents of healthy children is 17.7 ± 5.4 , which is a significant difference with the mental health of parents of children with autism which is equal to 29.36 ± 6.84 .

This research will be consistent with the research of Khorramabadi (24) and others. As well as research by Khoshabi et al (25), In Iran and other countries.

If the importance of other supportive people is considered for the first time, it would be reasonable to conclude that depression is predicted by accepting external sources. For example, Horlbott and Chalmers (26) claim that families play an important role in helping people with autism develop the skills needed to become successful adults in society. In addition, for adults and adolescents with Asperger syndrome, Tantam (27) argued that caring for and supporting family members who accept anxiety can protect against depression. Lasgard et al. (28) also noted that perceived social support for family and peers is negatively related to loneliness in adolescents with autism.

Because most children with autism are unable to behave appropriately to the environment at the moment and their behavior is unpredictable or unpredictable and can not predict or assess the consequences of their behavior, they need constant care, so the behavior of children It affects their performance in the family, community and school and causes negative reactions from others, family, school staff and peers, and in addition to reducing self-esteem and feelings of inadequacy in these children, on the other hand, anxiety and stress. Involvement of the parents of these children can have negative and irreparable effects on their mental health in the long run, including the correct attitude of parents in the treatment of their child and so on. Parent education programs improve and enhance the parental adjustment mechanism by providing appropriate information about the child's condition and how to deal with him or her

Conclusion

By teaching the correct methods of behavioral management and according to different counseling approaches and appropriate methods during treatment, with the help of counseling courses, parents' mental health can be improved.

Limitations

Limitations such as coordination with autism centers and funding for research.

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Table 1: Distribution of education frequency

p Value	Parents of normal children		Parents of children autism		
	Frequency Percentage	Frequency	Frequency Percentage	Frequency	
13/3	4	16/7	5		DIPLOMA
30	9	26/7	8		Associate Degree
40	12	33/3	10		Bachelor
16/7	5	23/3	7		MA
100	30	100	30		TOTAL

Table 2: Frequency Distribution of Marital Status

Parents of normal children		Parents of children autism		
Frequency Percentage	Frequency	Frequency Percentage	Frequency	
90	27	86.67	26	Married

10	3	13.33	4	Single
100	30	100	30	Total

Table 3: Mental health t-value results in parent groups of autistic and normal children

%95confidence interval					Mental Health	Statistics	
MIN	MAX	p Value	t-value	df			
8/48	14/85	0/0	7/33	58	17/7	average	Parents of Normal Children
					5/4	The standard deviation	
					0/98	Standard error	
					29/36	average	Parents of Autism Children
					6/84	The standard deviation	
					1/24	Standard error	

Table 4: Results of physical symptom t-value in parent groups of autistic and normal children

%95confidence interval					physical symptoms	Statistics	
MIN	MAX	p Value	t-value	df			
1/04	3/48	0/0	3/711	58	4/06	average	Parents of Normal Children
					3/5	The standard deviation	
					0/40	Standard error	
					6/33	average	Parents of Autism Children
					2/49	The standard deviation	
					0/45	Standard error	

Table 5: Results of t-value of social dysfunction in groups of parents of autistic and normal children

%95confidence interval					social dysfunction	Statistics	
MIN	MAX	p Value	t-value	df			
0/84	3/22	0/001	3/416	58	3/1	average	Parents of Normal Children
					2/006	The standard deviation	
					0/36	Standard error	
					5/1	average	Parents of Autism Children
					2/56	The standard deviation	
					0/46	Standard error	

Table 6: Anxiety and insomnia t value results in parent groups of autistic and normal children

%95confidence interval					Anxiety and insomnia	Statistics	
MIN	MAX	p Value	t-value	df			
3/25	6/80	0/0	5/72	58	8/4	average	Parents of Normal
					2/09	The standard deviation	

	0/38	Standard error	Children
	13/43	average	Parents of
	4/3	The standard deviation	Autism
	0/79	Standard error	Children

Table 7: Results of parental depression t-value in parent groups of autistic and normal children

%95confidence interval					depression	Statistics	
MIN	MAX	p Value	t-value	df			
					2/13	average	Parents of Normal Children
					2/02	The standard deviation	
					0/37	Standard error	
1/18	3/47	0/0	4/077	58	4/46	average	Parents of Autism Children
					2/38	The standard deviation	
					0/43	Standard error	