



Short Note on Health Risks of Parents of Children with Developmental Disabilities

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DESCRIPTION

Caring for a child with a developmental disability can have a negative impact on parents' mental health. There have been few longitudinal or nationally representative studies, and none on new mental health issues. There are few young children and even fewer adult children in the studies. Three types of inequity were identified: knowledge gaps, communication difficulties, and poor quality of care. Knowledge gaps and communication difficulties can result in frustration, errors, and unmet needs. Poor quality of care includes decreased service availability and access, limited health promotion participation, and higher rates of hospitalizations and complications for adults with developmental disabilities. The Panel Study of Income Dynamics (1997–2017) and its Child Development Supplements were used, with developmental disability defined by diagnoses such as autism spectrum disorder or intellectual disability, and additional evidence of long-term disability required. We linked 20 years of data from children and parents, including 44,264 mental health measurements from 4024 parents of 7030 children. The child and parent characteristics were controlled for in the discrete-time hazard analysis. Approximately 9.4% of children had a developmental disability. Parents of children with developmental disabilities were more likely than other parents to develop mental health problems. Women with intellectual and developmental disabilities (IDD) face stigma and inequity when it comes to pregnancy opportunities and care. There has been little research into fertility rates among women with IDD, which prevents proper care allocation. We collected anonymous data on demographic and disability characteristics, childhood and adult abuse experiences, and physical and psychological health from 350 women and men with developmental disabilities using an accessible audio computer-assisted self-interview. Abuse experience was represented by five factor scores, three of which were child abuse factors

(childhood sexual abuse, physical abuse, and disability-related abuse) and two adult abuse factors (adult sexual abuse, adult mixed abuse). We looked at each of the four health outcomes separately (depression, post-traumatic stress disorder, physical health symptoms, and secondary health conditions) to see how much childhood and adult abuse experiences predicted psychological and physical health outcomes above and beyond demographic and disability-related factors. When an adult child with a developmental disability lived independently, the odds of developing anxiety or depression were nearly three times higher for mothers and more than twice as high for fathers. Growing up with brothers and sisters who have intellectual and developmental disabilities provides siblings with unique experiences (IDD). Although the disability field has paid more attention to sibling relationships or adjustments among individuals with IDD, there has been less attention paid to how cultural identities (e.g., race, ethnicity) may influence the experiences of siblings of individuals with IDD. A partnership between parents and health care professionals monitors a child's growth and development. During each well-child visit, the doctor looks for developmental delays or problems and discusses any concerns the parents may have. This is referred to as developmental monitoring. Any issues that arise during developmental monitoring should be followed up on with developmental screening. A developmental screening is a short test that determines whether a child is learning basic skills at the appropriate time or if there are delays. The majority of developmental disabilities are thought to be caused by a complex combination of factors. Genetics; parental health and behaviours (such as smoking and drinking) during pregnancy; complications during birth; infections the mother may have during pregnancy or the baby may have very early in life; and exposure to high levels of environmental toxins, such as lead, are among these factors. We know what causes some developmental disabilities, such as foetal alcohol syndrome, which is caused by drinking alcohol

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during pregnancy. But for the most part, we don't. Increased emotional support, respite, and interventions addressing challenging behaviours may benefit parents of children with developmental disabilities. Healthcare inequities can be reduced by focusing on patient and provider education. Incorporating developmental disability content and clinical experiences into nursing education may improve care and reduce disparities for this underserved population.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.