STRATEGIES OF COPING WITH THE DIFFICULTIES OF YOUNG PEOPLE WITH MENTAL DISORDERS WHO HAVE LEFT INSTITUTIONAL CARE FOR CHILDREN AND YOUTH

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Abstract

Coping with the difficulties according to the model of coping process created by Moos and Schaefer (Bagdonas (managing editor), 2007, p. 198) depends on personal features, social resources, ability to evaluate the situation. If there are no resources required, a person cannot employ suitable coping strategies. The more person's mental health is disordered the more his/her coping is directed towards emotions and less adaptive behaviour. It is also reflected in coping with the difficulties among persons with mental disorders who grew up under institutional care.

The article generalizes the researches on how persons with mental disorders who have left institutional care for children and youth cope with their difficulties, what coping strategies they use.

Key words: *institutional care, strategies of coping with the difficulties, young people with mental disorders.*

Introduction

Coping with difficulties is interpreted by the Lithuanian scientists in different ways. Javtokas (2007) calls this concept coping with difficulties, Kutkienė (2006), Pikūnas, Palujanskienė (2005), Vaičekauskaitė (2007) – coping with problems, Suslavičius (2006), Kalpokienė, Gudaitė (2007), Suslavičius (2000) – resistance. The meaning is essentially the same because there is a common English equivalent – *coping. Coping* is perceived not as a result but as a process during which a person tries to cope with the difficulties he/she faces. In social sciences coping and its strategies in broad sense is an "adaptive" defence mechanism, in narrow sense is the techniques of coping with stress (Bagdonas (managing editor), 2007).

Folkman and Lazarus treat coping as cognitive and behavioural attempts that are used to

overcome, tolerate or reduce external and internal requirements, needs, and the conflict between them (Suslavičius, 2006; Pikūnas, Palujanskienė, 2005). The Lithuanian term *įveikimas* is described by Jovaiša (1993) as an activity by which difficulties are facilitated, obstacles and inner weaknesses are overcome, mistakes are eliminated.

Coping and its strategies have been described in the works of Bagdonas (managing editor) (2007), Carver, Connor – Smith (2010), Hajkova (2007), Suslavičius (2000; 2006). Kalpokienė, Gudaitė, (2004; 2007). Kutkienė (2006) investigated the peculiarities of coping strategies among teenagers, Sullivan (2002) – coping strategies of parents raising children with Down syndrome, Pikūnas, Palujanskienė (2005) – strategies of coping with stress. Similar research with people with mental disorders in scientific literature has not been encountered.

Moos and Schaefer created the model of coping process that consists of: social resources (social environment, system of education, social status, etc); personal features (individual demographical and psychological peculiarities, values and attitudes); peculiarities of stress situation; peculiarities of subjective evaluation of stress situation; coping actions (strategies) that are performed by the individual in order to adapt to an actual situation (Bagdonas (managing editor), 2007, p. 198).

Consequently, coping with the difficulties depends on personal features, social resources, ability to evaluate the situation. If there are no resources required, a person cannot employ suitable coping strategies. The more person's mental health is disordered the more his/her coping is directed towards emotions and less adaptive behaviour. It is also reflected in coping with the difficulties among persons with mental disorders who grew up under institutional care. Such a person apart from already possessed disorders characteristic to a person with developmental disorders also experiences lack of positive social factors – attention, love from close people, warmth, stability. Therefore, they react to the world and people around them differently from children growing in a family. Sinycina (2000) states that everyone wants to be noticed and accepted the way he/she is with his/her advantages and shortcomings. In contrary case young people under institutional care lose the ability to love and be loved. They early have lost relations with their biological parents and do not feel love for them, only soreness that turns to hatred and anger (Žukauskienė, Leiputė, 2002).

The results of the research by Pakalniškienė (2001), Samašonok, Gudonis (2006), Jurevičienė, Kaffemanienė (2009) have revealed that young people under institutional care (including those having mental disorders) experience many problems in communication both with peers and adults. They are characterized by rudeness, impulsiveness, inability to constructively solve conflicts. Behavioural strategies they apply are rather interfering than helping in solving tasks. Because of inability to regulate behaviour the motivations of their moral behaviour have not been formed. Young people having problems in communication are characterized either by big emotional coldness or exceptional attachment that sometimes could turn to aggression.

The development of social skills is mostly influenced by family. For children who are under institutional care the functions of social skills are taken by care institutions and also by educational institutions.

Gaining skills of independent living in care institution is a relevant problem. Children here grow in a different environment, not always have the example of values, traditions, life model. Some of them are unable to achieve complete maturity (Snieškienė, Bumblauskienė, 2005).

Persons with mental disorders in carers' families and family homes learn interpersonal relations observing the communication of carers. The model of this family becomes as an example for children under care. Šedienė, Leminskienė (2007) treat carers' family or family home as an advantage because carers have more time for communication. Thus in caring it is

attempted to correct the character of young people with mental disorders, to develop the sense of responsibility, to create the relations based on trust, to learn how to overcome learning difficulties, to care for the choice of profession. Education of young people with mental disorders in families and family homes is individualized. Here they learn personal hygiene, gain skills of household organization. In care institution young people do not sufficiently form these skills because there is lack of individual work.

Scientific problem and the relevance of the research. It has been aimed to find out what are the strategies of coping with the difficulties among young people living in carers' home, independently and in an institution. Persons who have left institutional care for children and youth are faced with various changes. The ones who change the institution have similar living conditions. The life of those who live in a family has more changes. However, they have carers who teach them various things necessary for life in family, they help them and give them advice. Persons who start living independently face the most difficulties. The assistance is very important for them, but they not always receive it. During the research it will be possible to find out what is the most difficult thing for young people with disabilities, what could be recommended for carers, communities of homes of social care strengthening the powers and abilities of persons with mental disability.

The object of the research: strategies of coping with the difficulties used by young people when they leave social care institution for children and youth.

The aim of the research: to investigate what strategies of coping with the difficulties are used by young people with mental disorders who have left social care institution for children and youth with disabilities.

The methods of the research: theoretical (analysis of scientific literature); empirical (qualitative research – partially structured interview). The questions of the interview have been created referring to the model of coping process by Moos and Schaefer (Bagdonas (managing editor), 2007, p. 198) and the abridged questionnaire COPE by Carver (Carver, 1997).

The sample of the research is non-probability target sampling. It has been formed according to the criteria selection. In the selection of the respondents the following criteria have been determined:

- the group of respondents consists of young people with mental disorders having moderate mental retardation;
- it is less than a year since they have left social care institution for children and youth (except a young person living independently who left the institution more than one year ago);
- young people living with carers, in social care institutions for adults and independently.

Performing qualitative research the participants were two young persons living in carers' home, four young persons (two from one social care institution for adults and two from another) – in social care institution for adults and one independently. Only one young person living independently has been chosen because so far there are no other cases.

The age of six young persons is 29 years, one young person is 26 years old. According to gender there are three females and four males. The criterion according to gender was not applied because it was considered that the respondents should be selected according to the duration of living in a new place. Three females and one male lived in social care institution (two females in one, one female and one male in another), two males lived in the carers' home, one male lived independently. The research was performed in January 2010 in two social care institutions of Šiauliai Region for persons with mental and psychical disability and in the carers' homes.

The results of the research

Demographic characteristics of the respondents

Firstly it has been attempted to collect information about demographical features of the young people.

Four questions have been asked: 1) “What is your name?”; 2) “How old are you?”; 3) “Where do you live now?”; 4) “Where did you live before?”

Seven young people having moderate mental disorders have been interviewed. Out of them three were female and four were male. Everyone when asked said his/her name, one also mentioned the surname.

The age of the respondents – 26 – 29 years. One young person was 26, while the others were 29 years of age. Having been asked how old they were, four correctly indicated their age. Three (two females and one male) stated they did not understand or indicated incorrect age (“I do not know”, “I was 21, but now I do not know”. They are not able to identify their age.

All young people earlier lived in a boarding-house meant for children and youth having intellectual and mental disorders. All of them indicated their previous living place.

Four young people now live in boarding houses (now house of social care), two live with carers. One lives independently, has a one-room flat, works in a house of social care where he lived earlier as an assistant worker (part-time).

Having been asked about current accommodation five gave the name of the locality. Those living in the same care institution indicated only the name of the locality without mentioning the institution. Two other persons living in a care institution said that “in a ward”. They relate accommodation to the room they live in. After specification of the question they answered in which institution.

Inner personal features

It has been attempted to find out what features are characteristic to the young people, whether they are able to help the others, what emotions are dominating, whether they have friends, “a close person”.

Assistance and support

The questions have been asked in order to find out whether the young people care for anyone, help them, whether they express compassion or comfort. The following subcategories have become distinct:

Giving emotional support (6 statements, e.g., *I tell not to be sad; I say don’t cry*).

Giving physical support (5 statements, e.g., *I help with household chores; In summer I arrange flowerbeds; I help with wood)*.

Giving social support (4 statements, e.g., *I helped to lift a woman who fell down. She slipped on ice; I help one-legged Aldona – I buy products; Sometimes I help my neighbours – I buy something, I pay taxes*).

Giving emotional support using physical contact (2 statements, e.g., *I give a hug*).

The young people render assistance to the surrounding people. They understand that it is necessary to help other people in misfortune, if a person has difficulties and is unable to perform some actions himself/herself. They use physical contact – give a hug.

Expression of emotions

Concerning the expression of emotions two subcategories have been distinguished:

Expression of positive emotions (5 statements, e.g., *I do not feel sad; I do not quarrel; I do not fight)*.

Expression of negative emotions (5 statements, e.g., *Sometimes I am angry; I shout; Yes, I feel sad)*.

Both positive and negative emotions are dominating. Some respondents feel sad and some do not. They express negative emotions by shouting and anger but do not fight. Persons with mental disorders usually are unable to constructively solve conflicts, they tend to use force. In this case the respondents do not tend to use physical violence. It is also proved by the results of the research by Pakalniškienė (2001), Samašonok, Gudonis (2006), Jurevičienė, Kaffemanienė (2009).

Maintaining social contacts

In order to find out with whom the respondents communicate the most, whether they have a friend, "a close person", the following subcategories have been distinguished:

Having a close person, friend (7 statements, e.g., *I talk with friends; I talk with the nurse Roma; My friend Sandra*).

Undefined having a friend (2 statements, e.g., *I do not know, maybe Andrius; I communicate with everyone*). The results have been presented in Figure 3.

All the respondents state that they have a close person. For some of them friends, for the others employees are closer. It is possible to state that the data presented in scientific literature (Bagdonas (Ats. red.), 2007) that persons living under institutional care more tend to communicate with adults are verified. Two young persons do not indicate exactly whether they have a friend. One of them doubts, the other states that he communicates with everyone. It shows that there is no strong social contact with a person who could be called a friend.

Abilities

It has been attempted to find out what social and independent life skills are characteristic to the young people with mental disorders. The categories of abilities have been presented.

Objective communication in searching information and assistance

In this category three subcategories have been distinguished:

Active search (6 statements, e.g., *I myself asked the principal to help to repair the flat; I ask myself if I need; I ask in a shop what I want to buy)*. The statements of this category witness that some young persons are able to ask for assistance with motivation.

Influence of close people (3 statements, e.g., *I do not ask, the nurse asks; Romas helps, he asks)*.

Absence of the need (1 statement, e.g., *I do not know, I did not need to ask)*.

Not all the young people are able to independently ask for help, to get information. It witnesses about the lack of social skills.

Mobility

In order to identify the young persons' abilities to go out to various events, to go shopping, etc., the following subcategories have been distinguished:

Need for help in trips (4 statements, e.g., *Romas or social worker helps; I go with the nurse*).

Independence (4 statements, e.g., *I go to Venta, Mažeikiai, Naujoji Akmenė, to my sister's in Vilnius; I do my shopping myself, I go to Darius, to the club, go to Venta)*. The results have been presented in Figure 5.

Persons living with the carers and on their own are characterized with bigger independence. Those who live in a care institution need help. They are independent in their living space.

Planning

The answers on how the young people plan their activity have distributed in the following subcategories:

Work (4 statements, e.g., *I will make food, I will clean up; Tomorrow it is a sauna day, we will need to change bedclothes*).

Leisure time, favourite occupation (4 statements, e.g., *I will watch TV; I will go to the recreation centre, to the rehearsal*).

Meeting with close people (2 statements, e.g., *I will meet with Andrius, he has the internet; Next week I will meet with Arvydas*).

Lack of planning skills (2 statements, e.g., *I will not do anything, I will stay here; Next week – I do not know*).

They are better at planning the activity of the following day. Although in this case there also were answers where the ability to plan is not reflected. To plan the further activity (next week) it is even more complicated. Speaking about the features of the young people with mental disorders it is pointed out (Bagdonas (Ats. red.), 2007) that it is difficult for them to plan their activity. Planning is most often related to the events of the daily rhythm.

Household skills

In evaluating the household skills the following subcategories have been distinguished:

Independence in performing ordinary household chores (7 statements, e.g., *I clean the dust, wash the floor; I wash my clothes myself; I tidy up my clothes*).

Lack of independence in performing ordinary household chores (7 statements, e.g., *I do not know how to iron; The clothes are washed in the laundry and I do not need to iron; I help to tidy up – I clean the dust*).

Ability to use the appliances (7 statements, e.g., *I can use a computer, a telephone, a camera, a TV set, a microwave oven, a vacuum cleaner, to take money from the cashpoint, I know how to connect musical equipment*).

Inability to use appliances because they do not have them (4 statements, e.g., *Social workers switch on the TV; I do not switch on the TV set, it is not mine*).

The young persons' household skills are sufficiently formed. The attention should be paid to the last subcategory. The young persons do not know how to use certain appliances because there are not enough resources. If there were resources, there also would be conditions for the formation of necessary skills.

Finances and planning of purchases

The skills of finances and planning of purchases have been divided into the following subcategories:

Need for help (6 statements, e.g., *I do not know how to count, the social worker helps me; Ginta helps me*).

Ability (5 statements, e.g., *I dispose of my money, I decide what I need, what I lack, and I buy it*; *I decide myself what to buy*).

The persons who know how to count money are able to manage finances. For them it is also easier to plan purchases when they know their value. Those who do not know how to count money need help both managing finances and planning purchases. The young people can only express the wish what they want to buy. The people who care for them have to decide whether the financial resources will be sufficient.

Values and attitudes

The following subcategories have been distinguished:

Favourite occupation (7 statements, e.g., *I go in for sports to the club, watch TV, listen to music; To watch TV, to glue, to draw in the occupation room*).

Material welfare (6 statements, e.g., *To have a job; To live well)*.

Need for social relations (5 statements, e.g., *People who help; To have friends*).

Unmotivated wishes (4 statements, e.g., *Nothing; I would like something, but I do not know what)*.

Inability to name their favourite activity (4 statements, e.g., *I can do everything*).

Dreams about their favourite activity (3 statements, e.g., *I want to help the nurses but they do not let me; I would like to play computer games as earlier*).

Motivated wish to change the life (2 statements, e.g., *I would like to have the internet*).

Unreasoned dreams (1 statement, e.g., *When I grow up I want to be clever*).

For the young people it is important to get involved into their favourite activity, to maintain social contacts with close people, material welfare is important but it is not expressed in financial expression, they simply want to have home, a job, good life, which is important for most people.

Social resources

To identify social resources six subcategories have been distinguished:

Satisfactory situation with the flat (7 statements, e.g., *I am satisfied with my flat, I have enough space, I have everything what I need; We put clothes to the wardrobe, this is my bed, cupboard, TV set)*.

Positive attitude of the surrounding people (7 statements, e.g., *The neighbours behaved well, they were glad that not some drunkard moved in; Good, nobody hurt me*).

Presence of a person who can help (7 statements, e.g., *Rima; Social workers*).

Presence of a person who introduces with a new place (7 statements, e.g., *Reda; When I first came here I met the paramedic Strakšienė*; *social worker Vida*).

Lack of the relations with family, other relatives (4 statements, e.g., *I have a sister, a brother, a mother, but they do not visit me; I do not have anyone, I missed Daiva, Erika*).

Maintaining relations with family, close people (3 statements, e.g., *I maintain relations with my sister in Vilnius, my brother is abroad, so we do not meet; I communicate with my brother, with Arvydas, Egidijus, Darius, I talk with the nurses*).

All the respondents are satisfied with their living conditions. The attitude of the surrounding people is positive. A painful problem is when there is lack of relations with family, the workers and inhabitants of the institution where they lived earlier. Lack of the relations with family influences the quality of the whole life. It hinders the formation of values, self-value, empathy, because according to Bokhan, Galazhinsky, Mescherekova (2005), family in this case has a big importance.

Peculiarities of the stress situation

Five subcategories have been distinguished:

Knowing about the change of the living place (6 statements, e.g., *Roma told me that there is a possibility to leave the boarding house. For about three years she was preparing for the news that there was a possibility to settle independently; I knew myself that I would have to leave the boarding house; I knew, the authorities told me*).

Knowing future prospects (4 statements, e.g., *I knew that I would live independently and then a vacant flat appeared; I knew that I would go to another boarding house*).

Attempt to change the future (2 statements, e.g., *I did not want to another boarding house, I asked someone to take me under care. Dainius agreed*).

Not knowing about the change of the living place 1 statement, e.g., *No one told me until I had to leave*).

Not knowing future prospects (1 statement, e.g. *I did not know, no one told me*).

Almost all the respondents knew about the change of the living place. On the one hand, it makes the situation easier, on the other hand – more complicated. It is painful for the young people to leave the institution where they spent many years, on the other hand, knowing in advance may help for easier adaptation having changed the living place. Attempt to change the future can be named as a successful category. The aim that someone will take a young person under care is achieved. The dream of everyone who grows under institutional care is to have their own home but not live in an institution. Such positive turn of life may strengthen the feeling of self-confidence and confidence in others for young people with mental disorders.

Peculiarities of subjective evaluation of the stress situation

The following subcategories have been distinguished:

Difficulties of adaptation in new environment (5 statements, e.g., *I was crying, everything was unknown; On the first day I was sad, I did not know anything*).

Unwillingness to leave the boarding house (5 statements, e.g., *I was crying, I wanted to stay; I did not want very much to go to the other boarding house*).

Negative evaluation of the situation (4 statements, e.g., *I was sad, I wanted to live elsewhere, but no one took me*).

All the evaluations of these subcategories are related to the expression of negative emotions.

Positive evaluation of the situation (3 statements, e.g., *I was happy, it is good to live in my own flat*).

Easy adaptation in a new place (3 statements, e.g., *I had already had my holidays at Reda's*).

Wish to leave the boarding house (2 statements, e.g., *I was glad that I would be able to live independently*).

Current problems (1 statement, e.g., *I have problems with my health*).

Those who start living with the carers and independently are glad with such changes of life. It is obvious that the emotions are different if they go to the boarding house for adults. In any case, the young persons with disabilities prefer living in a family to living in an institution.

Coping actions (strategies) the individual performs in order to adapt to the situation

In order to identify the use of coping strategies these responses have been collected which the respondents answered positively, if some feature manifested sometimes, often, etc.

Three categories have been distinguished:

Problem-oriented coping;

Strategies of emotion-oriented coping;

Less adaptive coping;

Problem-oriented coping

The subcategories have been distinguished:

Search for social instrumental support (6 statements, e.g., *from Aušra, the principal of the boarding house; From social workers*).

Concentration towards coping behaviour (2 statements, e.g., *Yes, but there were not many problems; Sometimes*).

Planning (1 statement, e.g., *I was planning how to settle in the flat*).

Active coping (1 statement, e.g., *I was quarrelling with Romas*). The data have been presented in Figure 1.

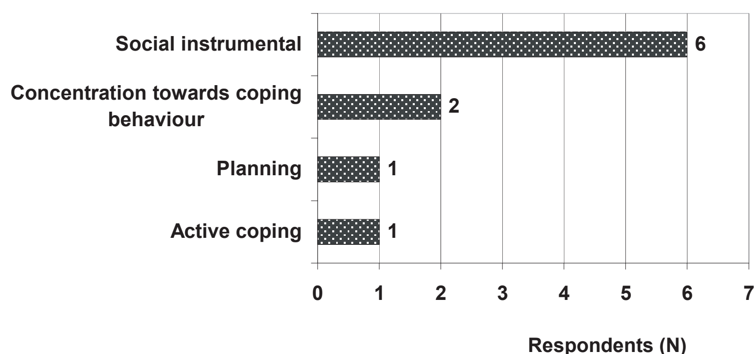

Figure 1. Problem-oriented coping

The most used strategy is search for social instrumental support. Almost all the young persons searched for advice in a difficult situation.

Strategies of emotion-oriented coping

The following subcategories have been distinguished:

Search for social emotional support (6 statements, e.g., *If I need I tell everything to Aušra, sister; The nurse consoled me*).

Humour (6 statements, e.g., *Sometimes I joke; I like joking*).

Acceptance (5 statements, e.g., *Yes; I accepted*).

Positive reinterpretation and growth (5 statements, e.g., *I met Romas. How good it was, he helped me*).

Turning to religion (2 statements, e.g., *I trust in God, but I do not go to church*).

Negation (1 statement, e.g., *Yes, I took on trust*). The results have been presented in Figure 2.

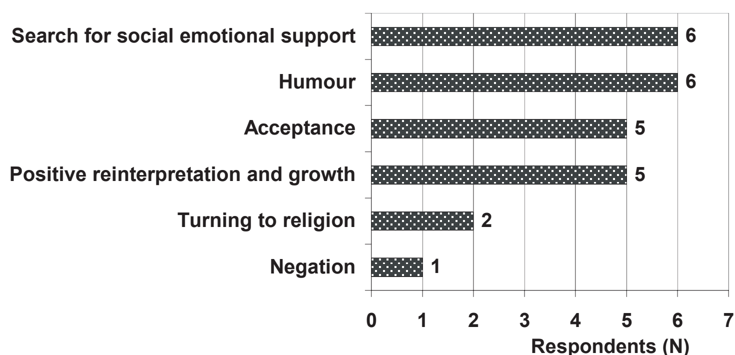

Figure 2. Strategies of emotion-oriented coping

Many emotion-oriented strategies are used. The respondents look for comfort from the surrounding people, accept the present situation, try to find something good in this situation, also like joking. Joking can be related to optimism. Optimistic person overcomes difficulties more easily. It has been accentuated by Carver, Connor – Smith (2010).

Less adaptive coping

The subcategories have been distinguished:

Concentration on feelings and their expression (5 statements, e.g., *I was often sad; yes; I was angry with Daiva because I needed to go to the other boarding house*).

Change of thinking (3 statements, e.g., *I was sleeping a lot, I had injections; I was working – I was cleaning the snow*).

Alcohol abuse (2 statements, e.g., *At first I was drinking, but then the workers did not let anymore*).

Blaming oneself (1 statement, e.g., *I am guilty a little because I did not want to go to the other boarding house*). The data have been presented in Figure 3.

Figure 3. Less adaptive coping

Using less adaptive coping the young persons concentrate on negative feelings and express them. Mostly the feeling of sadness is expressed. They also change thinking by involving in other activities and not thinking about the difficulties.

The results of the researches of various authors (Kalpokienė, Gudaitė (2004), Sullivan (2002), Bokhan, Galazhinsky, Mescherekova (2005) show that persons having emotional and behavioural disorders, having experienced big stress most often choose emotion-oriented strategies and less adaptive coping. The same coping strategies dominate in the present research, too. Emotion-oriented strategies are most frequently used. Less adaptive coping is used more rarely. The young persons use problem-oriented coping the least frequently.

Theoretical-hypothetical model of coping with difficulties and recommendations on its implementation

Having analyzed the results of the research theoretical-hypothetical model of coping with difficulties for young people with mental disorders has been prepared.

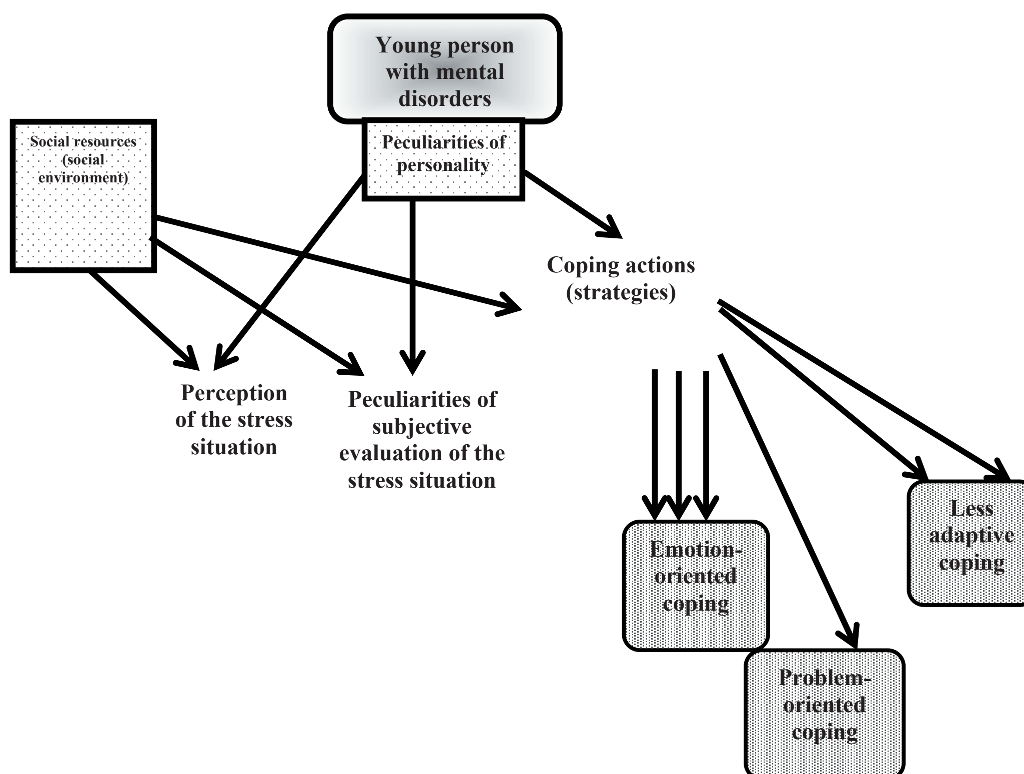

Figure 4. Theoretical-hypothetical model of coping with difficulties for young people with mental disorders

It depends on the peculiarities of the personality of a young person with mental disorders (psychological features, abilities, values and attitudes) how he/she will understand and evaluate the situation of stress (difficulties). The more stable is a young person's mental health, positive features of character dominate, the more optimistic will be his/her attitude towards difficulties. Many-sided education of personality is important, regardless the disability. Various ways and forms should be employed to achieve it.

Equally, the understanding and evaluation of the situation depends on social resources. In case of lack of resources the situation may be evaluated inadequately. It may make the coping behaviour change. There might be situation that cannot be changed. Then the only way out is to accept it. The young people do not have any possibilities to stay in the care institution for children and youth when they become 29 years of age. They should be prepared in advance for this information so that they would not evaluate the situation as too difficult. For coping with the difficulties the support from close people, having "a close person" is very important. Close social relations condition more easier process of coping. It is very important for a young person who settled in a new place to have this kind of support. The relations with the community of the institution where a young person lived should not be broken but further developed.

Peculiarities of personality and social resources influence the choice of coping strategies. Young people with mental disorders more tend to use the strategies of emotion-oriented coping. There are cases when they are suitable, when it is not possible to choose other strategies. Less adaptive coping is also used. The choice of problem-oriented strategies is the least expressed. It shows that the young people are not sufficiently strong personalities, mental disorder also

has big influence. Changing the resources and developing the personality it should be aimed at the use of the strategies of problem-oriented coping.

Conclusions

1. The choice of coping strategies of young people with mental disorders proves the structure of the model of coping process that it depends on the peculiarities of personality, social resources, the stress situation and the peculiarities of its evaluation.
2. From the obtained data it can be stated that the young people lack communication skills, ability to constructively solve conflicts, expression of positive emotions. There is a need to develop positive features of personality.
3. The results of the research show that the network of social relations of young people with mental disorders is heterogeneous. It is strong enough in the present living place of the young people but there are insufficient relations with the family, the people from the environment of the institution they previously lived.
4. The quality of social and independent life skills of young people with mental disorders is not sufficient, it is especially noticed among the young people who live under institutional care. If is determined by the institutional living conditions.
5. The stress situation is perceived as inevitable, having minimal possibilities of changing, dependent on social resources. The evaluation of the situation is characterized by emotional expression and the expression of less adaptive actions.
6. Young people with mental disorders overcoming difficulties less frequently use the strategies that require adaptation abilities. Emotion-oriented strategies (search for social emotional support, negation, acceptance, humour) and the strategies of less adaptive coping (concentration on feeling and their expression, concentration on coping behaviour) are dominating.
7. The peculiarities of the life quality of young people depend on the attitude of the surrounding people towards people with mental disorders, willingness to help them refusing patronage but using the aspects of active participation.

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