



## The Mental Health of Rural Grandparents Rearing their Grandchildren

Grandparent-headed households, in which grandparents take on the surrogate parental role for their grandchildren without a parent present, have increased dramatically across the United States. In many of these families, grandparents are not rearing grandchildren by choice or tradition but rather because of family crises that necessitate grandparent intervention.<sup>1</sup> These family crises may have resulted from parental substance abuse, chronic physical or mental health problems, abandonment, death, incarceration, or teen pregnancy.

Grandparents who intervene during a crisis in their families are often unprepared for their new role as primary caregiver of their grandchildren and face considerable challenges. Many grandparents struggle to make the psychic shift (or are ambivalent about making the shift) from the grandparent role to the parent role.<sup>3</sup> Many grandparents are ill-equipped to cope with the socio-emotional, cognitive and behavior problems of grandchildren who have experienced

parental abuse and neglect. Many grandparents find it difficult to navigate the educational, legal, social, and health care systems to meet the needs of their grandchildren. Caregiving grandparents may also struggle with their relationships and maintaining healthy boundaries with the adult children who are unable or unwilling to perform their parental duties. Yet many grandparents remain hopeful that their adult children will “get their act together” and resume parenting, leaving the family system in limbo until parental crises are resolved.

It is not surprising, given the complex, stressful, and often tragic circumstances surrounding grandparent caregiving, that grandparent caregivers experience more symptoms of depression and other negative emotional sequelae than do their noncaregiving counterparts.<sup>5</sup> Grandparent caregivers also experience poorer physical health and more activity limitations than their peers who are not caregivers. However, the toll of taking on the parental role a second time around

and coping with familial crises does not only affect grandparent caregivers. As one might expect, many grandchildren in these family systems must cope with feelings of parental abandonment while also feeling like a burden on their grandparents. Many grandchildren must also deal with past traumas, the uncertainty of their futures, and who will be caring for them.

While most researchers and social workers agree that grandparents are often the preferred caregivers of children in these situations because the children remain within their family systems and are less stigmatized than children placed in foster care, it is critical that social service and other systems of care support grandparent caregiver well-being. As is well-documented in the research literature, when caregivers are functioning well, children often reap significant benefits. When caregivers suffer from depression and other negative emotions, children are at significant risk for many difficulties including ele-

vated stress responses, poor cognitive development, poor affect regulation, and aggression.

In this article, we review our research on grandparent caregiver well-being and examine the stressors related to caregiver depression. Our work takes place in Montana, a rural frontier state with a total population of less than 1,000,000. Between 1990 and 2000, Montana experienced a 54% growth in grandparent-headed households. To date, there are approximately 9,526 children being reared by grandparents in the state, more than 4% of all children in Montana. Many of these children would likely have ended up in the foster care system without grandparent intervention. However, because many grandparents take their grandchildren in to avoid foster care, they are not eligible for many state-based services and fi-

special needs resulting from parental abuse and neglect. In Montana, the average age of grandparent caregivers is about 60 years. Thus, many of the grandparents we have met are retired or nearing retirement and have limited incomes. In our research, we found that grandparent caregivers with less household income have more symptoms of depression than those with more income. Retired grandparent caregivers may return to work to make financial ends meet. Conversely, we have seen employed grandparent caregivers leave their paid jobs in order to meet the needs of their grandchildren. This places an additional burden on the household as now there is less income with more family members to house, feed, and clothe.<sup>4</sup>

The scope and severity of depression may be exacerbated for rural

be challenging and thereby contribute to caregiver mental health problems because rural communities generally lack public transportation and have fewer readily available services for families when compared to those who live in more urban areas. For example, rural areas often lack mental health services, specialized medical care, child care, support groups, and food banks. In recent years, many rural areas have also experienced job loss and significant reductions in population because their economies have suffered in the changing global marketplace. As the population decreases, there are fewer resources and informal networks for families to draw upon in times of need. Many rural communities in the West are also combating a methamphetamine drug problem (in addition to high rates of alcohol abuse) that is impacting families, depleting limited social service resources, and leading to increased criminal activity that rural communities have not previously faced.

### Native American Grandparents

In Montana, Native Americans make up the largest minority group, representing approximately 6% of the population. In our research, we have found that Native American grandparent caregivers have higher levels of depressive symptoms than those of their European American counterparts. In our study of 55 grandparent caregivers, more than 58% of the Native American grandparents were found to have depressive symptoms at a level that suggests clinical concern. Native American grandparents who reported feeling depressed also reported high levels of parenting stress and limited social support. Native American grandparents have traditionally been very involved in raising their grandchildren, particularly the first-born grandchild, and likely derived a sense of pride and pleasure in teaching their grandchildren about their culture, traditions, and language. In contrast, we find that today's Native American grandparents are providing care due to family crises similar to those experienced by their European American counterparts. In



nancial assistance programs offered to support the well-being and healthy functioning of foster care families.

### The Impact of Limited Incomes and Rural Living

The lack of access to support services and financial assistance is a significant issue and a source of great stress for grandparent caregivers in Montana (and in the U.S.), given the financial impact of rearing grandchildren—especially those children with

grandparent caregivers, whose lives are typically characterized by a number of stressful conditions. For example, research on the health of elderly individuals in general suggests that those living in rural areas are at risk of poor mental health, social isolation, and low social network involvement due to limited finances, poor physical health, and transportation challenges, including the high cost of gas and far distances to travel to reach support groups.

Rural living in particular can also

native cultures, elders are respected, revered, and expected to play a role in grandchildren's socialization; however, with the changes in familial roles and cultural and social norms, along with pressures from the majority culture to assimilate, these grandparent caregivers may be experiencing an increased sense of grief and loss.

Depression among Native American grandparent caregivers is complex and must be understood through historical and cultural lenses. Native American grandparent caregiv-

ers may be experiencing depressive symptoms as a result of a complex web of factors including cultural genocide and the legacy of boarding schools where children were taken from their communities and placed in schools often very far from home in order to assimilate them into the majority culture.<sup>2</sup> Anecdotally, we have been told that there is a generation of Native Americans who do not feel a sense of competency or efficacy in their parenting abilities because they were not reared by their biological parents and were not taught the traditional ways of their culture and families of origin. The historical traumas associated with cultural genocide and boarding schools likely remain in the psyches of many Native American people, impacting their psychological well-being. Native American grandparents may also experience great sadness because of the current hardships experienced by their communities and the ways in which their families are affected. For example, in our research, grandparent caregivers lamented about their adult children's struggles with unemployment/underemployment, the lack of educational opportunities, substance abuse, and/or the inability of their children to care for their own offspring.

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In our work we have also exam-

ined how degree of rurality was related to symptoms of depression in grandparent caregivers. Although not a powerful predictor of depression, we did find a relationship between rurality, race, and mental well-being. Most highly rural Native American grandparents experienced higher levels of depressive symptoms than their similarly-situated European American counterparts. Among the European American grandparents, those who lived in the more rural areas had been raising their grandchildren lon-

### Depression: Individual and Family Factors

ger and had less parental stress than those living in less rural areas. Certainly individual and family factors have an impact on depression. We found that the best predictor of grandparent caregivers' depression was grandparental stress. Grandparent caregivers who reported experiencing more stressors in raising their grandchildren had higher depression levels than did their less stressed peers. It is possible that grandparent caregivers felt overwhelmed by the responsibilities of taking care of their grandchildren, especially those on limited incomes. Many children raised by grandparents have experienced significant traumas such as family violence or abandonment. These children come to their grandparents with significant emotional needs, which may place additional burdens on grandparents who are stepping in to provide care in the absence of biological parents. Many grandparents experience fulfillment of being there for their grandchildren during this time of need yet they may also experience emotional stressors of caregiving with few available supports. Support groups where grand-

parent caregivers can meet with other grandparents in similar circumstances can help develop social networks and provide educational opportunities to help alleviate parenting stress.<sup>4</sup>

Many grandparent caregivers struggle with the change in their roles in the family. Prior to parenting a second time around they were able to be grandparents and now they must take on the role of being a fulltime parent again. Grandparents talk about how even what their grandchildren call them—grandma/grandpa or mom/dad—can be distressing. There is a sense of loss of who they were and a loss of how life was supposed to be as they entered their later years. Additionally, there is ambiguity about the roles they are now trying to fulfill. Some grandpar-

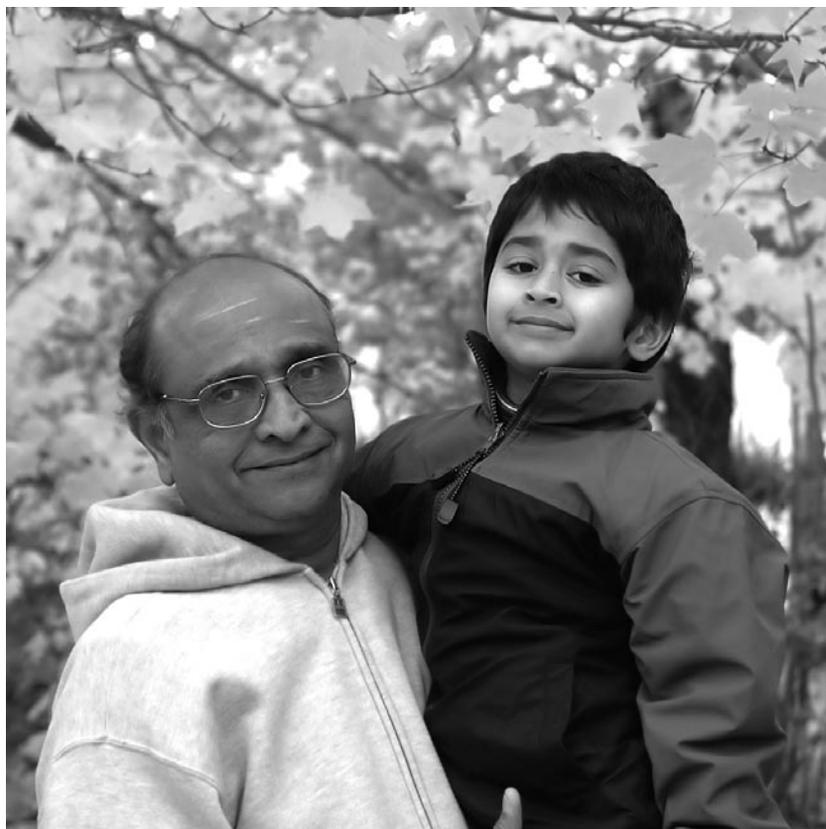
ents strive to keep the family roles as they were prior to being a fulltime caregiver hoping that their adult children will get their lives in order and be able to parent again. Other grandparent caregivers see that the family reconfiguration will be long term or even permanent and adapt by becoming mom and dad.<sup>3</sup>

We have found that grandparents who had spent less time caring for their grandchildren showed higher depression levels than did those who had been caregiving for longer periods of time. This most likely is because many grandparents begin rearing their grandchildren during a time of family crisis. It may take months if not years for the family to grapple with the situation and to stabilize in the new family configuration. Additionally, because so many of these arrangements are informal with no court approved custodial arrangements, grandparents and the grandchildren under their care are often unsure about the permanency of the situation. The initial period of custody unknowns may dissipate as time goes by and it becomes clear that the biological parents are not going to come back and reclaim the children. Some grandparent caregivers and biological parents may reach an informal understanding of their respective roles as caregivers and

the family may remedy the emotional fallout resulting from the earlier crises and transitions.<sup>4</sup>

### Supports for Grandparents and their Grandchildren

Given the often tragic circumstances in



the and ing time around. Grandparent caregivers could benefit from mental health services, especially in rural areas where mental health professionals are sparse. The high rates of Native American depressive symptoms are cause for concern. These grandparent caregivers may be grappling with numerous emotions—not only those pertaining to rearing their grandchildren due to family crises, but also those related to historical traumas experienced over generations. Dealing with grief and loss would seem an important component of interventions for both

rural Native American and European American grandparent caregivers. Grandchildren may also benefit from mental health intervention, given the circumstances by which they came to live with their grandparents such as parental substance abuse, neglect, and domestic violence.

In Montana, the Montana Grand-

second time around. For information on the project, go to <http://www.montana.edu/wwwhd/grg/grg>.

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