



## **Mental Health in Ukrainian Orphanage Children**

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### **Introduction**

In 1991, the social and political turmoil associated with the fall of communism in Ukraine saw many unintended consequences for the Ukrainian people. One of these consequences was the abandonment and orphaning of tens of thousands of children who are left to fend for themselves in the streets or who are institutionalized in orphanages. Those who are fortunate enough to be placed in an orphanage still end up with only the very basics of life and lack many necessities (Bobko, 2002; Kerfoot, Koshyl, Roganov, Mikhailichenko, Gorbova, & Pottage, 2007; Predborska, 2005; Yakushko, 2005).

There are several factors that have affected the increase of orphanage children in Ukraine, whether it is because of abandonment or parent death. Some of these factors include a rise in HIV/AIDS, an increase in sex trafficking among women in Ukraine, substance abuse, and the aftermath of the 1986 Chernobyl accident (Norman, 2008; Yakushko, 2005). Today, according to Yakushko (2005), Ukraine has been found to have one of the highest mortality rates in the world, as well as a negative population trend. This contributes to the further abandonment, orphaning, and institutionalization of children in Ukraine.

The downfall of communism has also affected young adults transitioning from school into the career field. During the reign of communism, children were guided through this transition in a highly structured way. This is no longer the case (Roberts, 2006). Since the fall of communism, employment rates have decreased, and according to Perdoska, 56% of women claim being unemployed at some point in time (Predborska, 2005).

Within a few years of its independence, Ukraine officials began to address the various needs of abandoned and orphaned children throughout the country (Kerfoot et al, 2007; Norman, 2008). In the mid-1990s, a program entitled Children of Ukraine was developed. This program stated that children had the right to “be born healthy, to survive and to have conditions for comprehensive development as well as to enjoy reliable social and psychological protection” (Norman, 2008).

While the development of Children of Ukraine, as well as the development of other children’s rights movements were well-intentioned, they were not carried out as planned. This was primarily due to lack of funding on both a local and national level throughout Ukraine. Hence, the problem of street children and institutionalized children throughout Ukraine remains today (Norman, 2008; Kerfoot et al, 2007).

Ukraine is not the only country in which children are in need of assistance, and social workers have noticed. There has been a significant amount of international social work taking place in other



countries of the former USSR. One such example is found in the work of Dickens and Groza (2004) in Romania. In Dickens and Groza's research article, they explain the problems faced in Romania, similar to the problems in Ukraine, and the empowerment model they have put into place there. They explain the concept of empowerment, which is to give professionals in their own country the tools they need to run successful social work programs.

Dickens and Groza focus on several principles of empowerment. One of the principles they discuss, which is pertinent to our study in Ukraine, is that of assessing "strengths and resources" as well as "problems and deficits" (Dickens and Groza, 2004). It is essential for countries to realize what resources they have available as well as what they need to improve for an empowerment model to be successful.

It can be difficult to measure a country's resources and deficiencies, especially if there are no measures developed in the countries to do so. Because many countries do lack measures which have been normed on their own populations, researchers have used US measures, and have typically been successful in doing so (Zeanah, 2005). One such measure is the Conners' Rating Scale. While the Conners' Rating Scale isn't a perfect fit for international studies, it is useful in countries where there are not comparable tests normed on the children there. It is currently widely used in several countries and has thus far been found to have good validity and reliability (Rosenberg & Jani, 1995).

Our current study is a continuation of ongoing research in Uzhgorod, Ukraine looking at mental health in orphanage children. In our previous study, the Conners' Teacher's Rating Scale-Revised was administered to children at both a public school in Uzhgorod, Ukraine and to children at the Chaslivitsi Orphanage in the same city. Statistically significant differences were found between the two groups. However, it could not be shown whether the correlation was due to institutionalization, as there were possible confounding variables—primarily that many of the children at the orphanage were Roma children. Romas, or Gypsies, are known to have their own unique culture which carries across varying groups of Gypsies across the world, and this could have affected the outcome on the given measure (Blasco, 2002). There were also several disabled children at the first orphanage tested, which could also have been a confounding variable.

The current study administered the Conners' Teacher's Rating Scale-Revised to a group of children in a different orphanage, Perechin, in Uzhgorod, Ukraine where virtually all factors were comparable to the first orphanage except that there were nearly no Roma or disabled children. We hypothesized that there would still be a significant difference between the institutionalized children and the public school children with such controls in place. The results were then compared to the first two test groups to find if there were any significant differences.

The purpose of this study is to see if there are significant differences on the results of the Conners' Teacher's Rating Scale-Revised between the children at the Uzhgorod, Ukraine Perechin orphanage and the children at the Uzhgorod, Ukraine Chaslivitsi orphanage as well as the children the Uzhgorod, Ukraine public school. By showing differences between children in institutionalized settings



versus children who are not in institutionalized settings it may be possible to demonstrate the need of institutionalized children in various areas.

## **Data and Methods**

### *Sample*

Data for this study was collected in Uzhgorod, Ukraine during 2007. The sample was purposive and included a vulnerable population of 65 children from the Perechin Orphanage in Uzhgorod, Ukraine. The children ranged in age from 10-16 years. This specific sample and age group was chosen to compare against two groups of the same age from a previous data set at another Uzhgorod public school and orphanage. All other ages were excluded from the sample. The sample was 52% male and 48% female. Data collection was conducted under Dr. Judy Norman with Brigham Young University and trained test administrators from Uzhgorod.

### *Measures and procedures*

The Teacher form of the Conners' Rating Scale-Revised (CRS-R) (Conners, 2001) was used to test the orphanage children at the Uzhgorod, Ukraine orphanage, Perechin (The CRS-R also includes a Parent form and an Adolescent form). These results were then compared to the Conners' Teacher Rating Scale-Revised results of children from an Uzhgorod, Ukraine public school as well as to the results of the children from the Chaslivitsi orphanage, also in Uzhgorod. The results will be able to be generalized to orphanage children in Uzhgorod, Ukraine.

The Conners' Teacher Rating Scale-Revised involves a teacher who knows the student well to fill out the rating scale response sheet according to observation of the student. It consists of 59 questions which are grouped into thirteen subscales (each a dependent variable) measuring various disorders. These subscales include (A) Oppositional, (B) Cognitive Problems, (C) Hyperactivity, (D) Anxious-shy, (E) Perfectionism, (F) Social problems, (G) ADHD, (H) Restless-impulsive, (I) Emotion lability, (K) I+J, (L) DSM-IV Symptoms: Inattention, (M) DSM-IV Symptoms: Hyperactive-Impulsive, and (N) DSM-IV Symptoms: L+M.

### *Model Specifications*

The rating scale is a Likert-like scale. Responses include (0) Not True at All (Never, Seldom), (1) Just a Little True (Occasionally), (2) Pretty Much True (Often, Quite a Bit) (3) Very Much True (Very Often, Very Frequent). Some sample items include "Defiant," "Fails to finish things he/she starts," "Restless or overactive," "Mood changes quickly and drastically," and "Cries often and easily" (Conners, 2001).



The procedures of administering the test to the children in the orphanage included trained testers, who knew the children, to observe the children in the orphanage and rate each of the children in the study on each of the 59 items. After the administration of the tests was finished, the tests were brought back to Provo, Utah where each test was analyzed, which comprised of the questions being grouped into the subscales, the tests being scored, and then converted to a standardized test scale. This allowed the researchers to compare the results against the data from the previous 2006 study.

When scoring, each item falls under one or more of the thirteen subscales. Each subscale is then totaled, resulting in the raw score for each subscale. Each raw score is then converted into a standardized test score. The process of converting raw scores into standardized test scores is provided in *Conners' Rating Scales-Revised Technical Manual*. According to Conners, "In general, higher *T*-scores (and raw scores) are associated with a greater number and/or frequency of reported problems. *T*-scores of 65 and above are usually taken to indicate a clinically significant problem" (Conners, 2001, P. 43).

## Results

Descriptive statistics for characteristic and control variables are presented in Table 1. On average, children from both orphanages scored much higher on all of the Connors' subscales. According to Conners, children with scores of 65 or above are at clinical levels, meaning they are in need of treatment. Table 1 shows that while none of the subscales for the public school children were at clinical levels, children from Chaslivitsi Orphanage were at or above clinical levels on nine of the subscales, and children from Perechin Orphanage were near or above clinical levels on eight of the subscales.

**Table 1 Descriptive Statistics, Mental Health in Ukrainian Orphanage Children**

Characteristics	All			Chaslivitsi			Perechin			Public		
	Mean or %	Stdd ev	Range	Mean or %	Stdd ev	Range	Mean or %	Stddev	Range	Mean or %	Stddev	Range
<i>Dependent variables</i>												
Subset A: Oppositional	60.7	(14.1)	45 to 90	62.81	(14.42)	45 to 90	64.72	(13.57)	45 to 90	55.31	(12.76)	45 to 90
Subset B: Cognitive Problems	61.16	(13.57)	41 to 90	68.56	(13.03)	48 to 90	63.58	(12.97)	41 to 90	51.96	(8.43)	41 to 78
Subset C: Hyperactivity	60.0	(13.61)	43 to 90	66.32	(12.7)	45 to 90	64.23	(12.58)	44 to 90	55.55	(13.05)	43 to 90
Subset D: Anxious-shy	67.9	(13.29)	42 to 90	73.9	(12.8)	44 to 90	71.42	(10.91)	50 to 90	59.19	(10.85)	42 to 90
Subset E: Perfectionism	60.52	(10.12)	42 to 90	57.8	(8.96)	43 to 76	66.62	(10.71)	42 to 90	58.21	(8.57)	46 to 90



Subset F: Social Problems	58.39	(10.1 2)	45 to 90	61.97	(12. 74)	46 to 90	60.8	(13.75)	45 to 90	52.94	(9.35)	45 to 90
Subset H: ADHD	62.7	(12.7 5)	42 to 90	69.55	(11. 36)	44 to 90	63.02	(10.54)	44 to 90	55.76	(12.09)	42 to 90
Subset I: Restless- Impulsive	62.52	(12.4 4)	41 to 90	67.78	(11. 15)	41 to 90	64.85	(11.58)	44 to 90	55.49	(11.1)	41 to 90
Subset J: Emotional lability	66.1	(14.7 5)	45 to 90	69.69	(13. 55)	45 to 90	71.05	(13.53)	45 to 90	58.59	(13.92)	45 to 90
Subset K:	66.09	(13.7 7)	42 to 90	71.44	(12. 05)	42 to 90	68.68	(12.16)	47 to 90	58.76	(13.53)	44 to 90
Subset L: DSM-IV Inattention	61.5	(12.9 7)	42 to 90	68.83	(11. 94)	46 to 90	62.45	(12.58)	42 to 90	53.58	(9.4)	42 to 82
Subset M: DSM-IV Symptoms Hyperactive- impulsive	60.73	(13.0 4)	42 to 90	64.32	(12. 46)	44 to 90	63.42	(12.37)	47 to 90	55.04	(12.28)	42 to 90
Subset N: DSM-IV General	62.43	(13.3 5)	42 to 90	69.01	(12. 3)	47 to 90	64.02	(12.23)	44 to 90	54.73	(11.3)	42 to 90

Characteristics	Mean or %	Range
<i>Test Groups</i>		
Chaslivitsi	35%	
Public	35.9%	
Perechin	29.1%	
<i>Control Variables</i>		
Gender (Male)		0=Female and 1=Male
Age	12	10 to 16
[N]	[2,745]	

The multivariate results are presented in Table 2. As we hypothesized, there were statistically significant differences between the public school children in Uzhgorod, Ukraine and those in orphanages. While there were no significant differences found in test scores on the Conners' Teacher's Rating Scale-Revised between the children at the Perechin and Chivislitsi orphanages, statistically significant differences were found on all thirteen test subscales between the public school and Perechin Orphanage as well as statistically significant differences on twelve of the thirteen test subscales between the public school and Chivislitsi Orphanage. Whereas the public school children scored close to the mean on all thirteen test subscales, the children at both orphanages scored significantly higher, with a high percentage of scores being above 65, which is considered a clinical level requiring treatment. Such results lead the researchers to believe that the differences in mental health levels may be due to institutionalization and cannot be attributed to one specific institution or to the children's cultural background.



Additionally, age proved to be a statistically significant control factor. For every year older a child was, they scored between 1.44 and 3.23 points higher on the respective subscales. It therefore appears that mental health continues to decline as the children get older. It is unclear if this is due to length of time institutionalized.

**Table 2: A Comparison of Orphanages and Public School Children in Uzhgorod, Ukraine**

<i>Characteristics</i>	Subset A: Oppositional	Subset B: Cognitive Problems	Subset C: Hyperactivity	Subset D: Anxious-shy	Subset E: Perfectionism	Subset F: Social Problems	Subset H: ADHD	Subset I: Restless-Impulsive	Subset J: Emotional lability	Subset K	Subset L: DSM-IV Inattention	Subset M: DSM Symptoms Hyperactive-Impulsive	Subset N: DSM-IV General
<b>School Type</b>													
<b>Public</b>	---	---	---	---	---	---	---	---	---	---	---	---	---
<b>Chavilvitsi</b>	7.5***	16.60**	10.77***	14.71**	-.42	9.04***	13.8***	12.3**	11.12**	12.67*	15.26**	9.28***	14.29**
<b>Perechyn</b>	9.41***	11.62**	8.68***	12.23**	8.40***	7.86***	7.25***	9.36**	12.46**	9.91**	8.87***	8.38***	9.29**
<b>Controls</b>													
<b>Male</b>	1.5	-2.66	-4.14*	-.53	1.97	-2.07	-2.39	-4.83**	.345	-1.23	-3.46*	-3.65*	-3.60*
<b>Age</b>	2.7***	1.59**	3.05***	1.44*	.80	1.53*	3.09***	2.05**	2.09**	2.39**	2.34***	3.23***	2.93**

Test scores measured with Connors' Teacher Rating Scale-Revised (CTRS-R)

\*p<.05 \*\*p<.01 \*\*\*p<.001

## Discussion

As we hypothesized, the follow-up study was consistent with the results of our first study in Uzhgorod. That is, the institutionalized children exhibit much poorer mental health scores than public school children from family settings. In addition, we found that the severity increased with children's age.

These results have major implications for Ukraine, and we hope to accomplish multiple goals by showing mental health differences between children in institutionalized settings versus children who are not in institutionalized settings. First, with such results, we plan to implement an empowerment model similar to the empowerment work Zeanah (2005) has done in Romania, which will enable the citizens of Ukraine to more independently take better care of their own institutionalized children. Second, we hope to show the great need for social work education in Ukraine and hope to strengthen the current undergraduate social work program at the university in Uzhgorod, Ukraine as well as eventually implement a master's program in social work there so there can be better trained clinicians to care for



orphanage children. Lastly, we hope to show the importance of children needing to be in a permanent family setting to have optimal mental health development.

There are limitations associated with our current study. While the Conners' Rating Scales-Revised have been found to have both good reliability and validity (consistency coefficients range around .75 to .90), it has only normed in the United States and Canada (Conners, 2001). However, to our knowledge, there are currently no comparable mental health scales that are normed for Ukrainian children. In addition, reliability for our current study has not yet been determined.

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