REVIEW OF LITERATURE

Breslau et al. (1982) Most studies investigating the mental health of parents with children with disabilities have found higher scores for maternal depression compared to norms or to control groups.

Breslau et al. (1982) found that depression scores declined as education and income levels rose.

Bristol et al. (1988) Maternal reports of depression have usually been generalized to parental depression, and the very few studies that have included fathers have usually found normal depression scores or reduced symptoms of depression in fathers of children with disabilities than in mothers.

Wolf et al. (1989) Even though the prevalence of parental depression varies between studies, it is clear that most parents of children with disabilities do not suffer from depression. Differences in child characteristics have been shown to be related to the prevalence of parental depression.

Dumas et al. (1991) Several studies dividing families into groups based on the child’s diagnosis have found that parents of autistic children report higher stress and more adjustment problems than parents of children with DS.

Beckman (1991) Few studies have reported the relation between family characteristics, such as socio-economic or marital status, and parental depression in families with children with ID. For example, single parents have been excluded from several studies.

Scott et al. (1997) Some studies involving the parents of children with Down’s syndrome (DS) have not found differences in depression scores.

Mumford, et al. (1997) Fathers have lower rates of anxiety and depression as compared to mother, but higher rates of psychological morbidity than males in the general population stated.

Blacher and Lopez (1997) found single mothers to have more depressive symptoms.
**Hoare et al. (1998)**, did not find parental depression to be related to either marital or socio-economic status.

**Veisson (1999)** Studies of parents with children with disabilities suggest that 35–53% of mothers with children with disabilities pass cut-off scores for depression.

**Clarke & Beck (1999)** However, many of these studies rely on small samples which still makes inferences about the prevalence of depression uncertain. Depending on how depression is defined and assessed, lifetime prevalence rates for diagnosable depressive disorders in large population studies range from 2.6% to 12.7% in men, and 7% to 21% in women.

**Chandorkar and Chakraborty; (2000)** A study conducted on Psychological morbidity of parents of mentally retarded children conclusively proved that parents of mentally retarded children had higher presence of psychological morbidity than the parents of normal children.

**World Health Organisation, (2001)** Studies performed in developing countries have shown reasonably consistently high rates of depressive and anxiety disorders; where 10 – 44% of people suffer from depression and anxiety.

**Avci, & Seydaoghe, (2002)** In a study conducted in Turkey, researchers reported high rate of depression in mothers of children with Autism (72.6%),

**Majumdar, Da Silva, Fernandes, (2005)** The high level of stress or mental health problems experienced by parents of children with Intellectual Deficits could be related to subjective factors such as feeling of social isolation and life dissatisfactions.

**Gallagher, et al (2008)** Another study conducted in England on psychological morbidity in parents of children with intellectual disabilities concluded that caregiver’s burden and
its quilt component, in particular predicted symptoms of depression and anxiety in parents of children with intellectual disabilities.

**Gupta and Kaur, (2010)** In a study in India, both mother and father of children with Intellectual deficit reported high rates of mental stress as compared to physical stress especially Women.

**Dabrowska&Pistula, (2010)** Another research established that parental coping style and presence of social support in relationship with developmental disabilities can impact the level of parental distress.

**Cxamm&Nieboes, (2011)** Recent overview of literature suggests that there is an association between parental distress and caretaking of children with developmental cognitive delay.

**Yamaoka Yui et al(2006 to 2011),** conducted study on Mental Health of Parents as Caregivers of Children with Disabilities: Based on Japanese Nationwide Survey stated that over five years, from 2006 to 2011, the percentage of children with disabilities rose by 7%, whereas the total population of persons under 18 years of age decreased by 4% in Japan. Furthermore, pervasive developmental disability has gained increasing attention recently. Teachers reported that 6.5% of children in primary schools experience strong difficulties in learning and behavior (i.e., hyperactive or impulsive tendency) despite the absence of an intellectual disability. The possible reason for increasing the number of children with disability varies depends on each disease or disability.

**Naveen Mehrotra (2012)** Conducted study on parents of special children concluded higher parenting stress in parents of girls raises the possibility of abuse and neglect. Little support from informal family resources underscores the need for developing formal resources for supporting the parents. The specific resources of parenting stress among parents of different socioeconomic status should be explored in future studies so that appropriate interventions can be planned.
Kuldeep Singh et al. (2014) study of burden in parents of children with mental retardation. Growing evidence suggests that care giving to these children leads burden to the caregivers that are the reason that prevailing stress or burden is reported by these individuals. Understanding how to manage the negative consequences of caregiving is critical to developing and implementing realistic, appropriate response strategies. There is no doubt that psychological evaluation and intervention programs should be considered as vital adjuncts to the management of MR; particularly among inaccessible segments of the population. The present findings have practical implications for assessing the health needs of caregivers who are taking responsibilities of a child with mental retardation or intellectual disability. In our country where we have limited resources and it is high time that we should realize that we may not develop holistic health of the patient if the caregivers are overburdened.