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Workforce Engagement of Parents of Children and Youth with Mental Health Difficulties: The Impact of Community Services and Supports

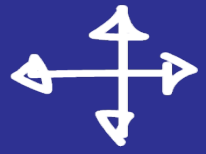
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8th International Community, Work & Family Conference

RESEARCH & TRAINING CENTER FOR PATHWAYS TO POSITIVE FUTURES



Workforce Engagement of Parents of Children and Youth with Mental Health Difficulties: The Impact of Community Services and Supports

May 23, 2019

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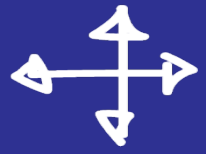
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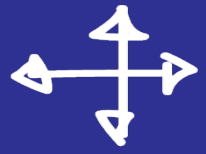
Work-life Issues of Parents Providing Exceptional Care

- Parents of children and youth with mental health difficulties provide **exceptional care** (Roundtree & Lynch, 2007), and struggle with work-life issues (Brannan, Brennan, Sellmaier, & Rosenzweig, 2018).
- Exceptional care heightens physical, emotional, social, and financial demands on families that fluctuate as a function of mental health condition.
- Families providing exceptional care are affected by the **community resource ecology** –the availability of community-based services and supports such as health care, school supports, safe and supportive neighborhoods, and social support (Kagan, Lewis, & Brennan, 2008; Sellmaier, 2019).
- Finding **work-family fit** involves significant coordination with community service providers in health care, schools, and neighborhoods (Brennan et al., 2013).



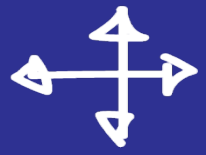
Theory and Research Focus

- **Life course fit** (Moen, 2011) was the theoretical approach we took to analyzing *resources* and *demands* as they affected employment.
- Using the **continuum of dependent care** model (Stewart, Stutz, & Lile, 2018) ranging from typical care to exceptional care we explored work and family fit for these parents.
- Emlen (2010) suggests that work-life fit is obtained through **finding flexibility** through adaptive strategies within family, workplace, and community.
- **Research Focus:** How do child characteristics, family characteristics, and demands relating to caring for school-aged children and youth with mental health difficulties impact parent workforce engagement when community resource ecologies are considered?



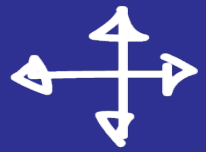
Methodology—Data Source

- Data were obtained for secondary analysis from the **2016 National Survey of Children's Health** (NSCH; US Department of Health and Human Services, 2017)
- An **address based randomly-selected sample of parents of children under 18 years of age** living in their household were screened and then surveyed (Ghandour et al., 2018).
- Survey oversampled **children with special health care needs**.
- Questions included measures of **child health, parent stress, health services availability and use, school supports, neighborhood, and social supports**.



Methodology—Sample Characteristics

- Subsample in the current research of **7,587 children** from 6-17 years of age identified as having **one or more mental/behavioral health conditions**, with **mean age = 12.61 years** ($SD = 3.28$).
- Children's **mental health conditions were rated moderate/severe** by 58.9% of parents.
- Overall, the majority of children were **non-Hispanic White** (73.9%) with smaller groups identifying as Hispanic (10.3%); Multi-racial non-Hispanic (7.7%); Black non-Hispanic (6.1%); and Asian non-Hispanic (2.1%).
- Most parents were **female** (74.0%), had **college degrees** (56.9%), were in **two-parent families** (85.3%), were **employed** (68% of mothers, 84.7% of fathers), and **middle aged** ($M = 45.49$; $SD = 9.01$).

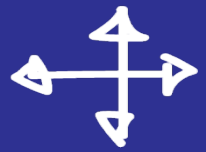


Findings—Significant Predictors of Employment

Binary logistic regression predicting employment for 50 of last 52 weeks; significant health and community predictors shown. Nagelkerke $R^2 = .16$

Variables	<i>B</i>	<i>SE B</i>	e^B
Severity mental health issue	-.275***	.069	.760
Frustrated getting services	-.132**	.057	.877
Time providing health care	-.131***	.038	.877
Days child/youth missed school	-.104***	.026	.901
Times school contacted parent	.098**	.038	1.102
Safe neighborhood	.053*	.053	1.117

Note. $N = 6,191$. * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

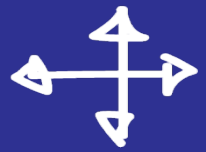


Significant Predictors of Cutting Back Work Hours

Binary logistic regression predicting household member cutting back work hours; significant health and community predictors shown. Nagelkerke $R^2 = .30$

Variables	<i>B</i>	<i>SE B</i>	e^B
Parenting stress	.390***	.106	1.476
Frustrated getting services	.516**	.057	1.676
No shared decision-making	.337*	.140	1.400
Time providing health care	.273***	.043	1.313
Time spent arranging health care	.598***	.064	1.819
Days missed school	.235***	.036	1.264
Times school contacted parent	.297***	.056	1.346

Note. $N = 6,202$. * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

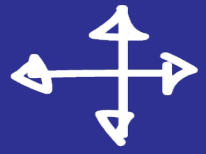


Significant Predictors of Stopped Working

Binary logistic regression predicting household member stopped working; significant health and community predictors shown. Nagelkerke $R^2 = .27$

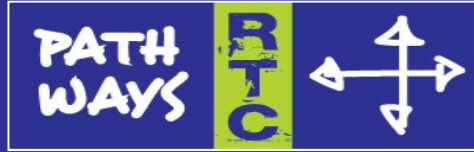
Variables	<i>B</i>	<i>SE B</i>	e^B
Parenting stress	.512**	.162	1.669
Frustrated getting services	.463***	.057	.877
Time providing health care	.379***	.061	1.460
Time arranging health care	.446***	.088	1.561
Days child/youth missed school	.287***	.055	1.333

Note. $N = 6,194$. * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.



Implications of Findings

- When care demands are high, and community resources lacking or inadequate, parents modify employment to improve life course fit (Moen, 2011).
- Results confirm the continuum of dependent care model (Stewart et al, 2018), since severity of disability and complexity of care demands predicted employment disengagement.
- Study findings reveal some care responsibilities required work flexibility, including arranging for and providing health care, interacting with school over child problems and absences.
- More research is needed to assess patterns of community resources that promote workforce engagement for parents providing exceptional care (Brown & Clark, 2017).



Acknowledgments/Funders



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