



Family Friendliness of Children's Mental Health Services in Psychiatric Hospitals

Sources: Mohr, W.K. (2000). Rethinking professional attitudes in mental health settings. *Qualitative Health Research, 10* (5), 595-611.

Singh, N.N., Wechsler, H.A., & Curtis, W.J. (2000). Family friendliness of inpatient services for children and adolescents with EBD and their families: Observational study of the treatment team process. *Journal of Emotional and Behavioral Disorders, 8* (1), 19-26.

A large body of research shows that including families in all aspects of treatment planning results in more realistic goals and improved outcomes for children with emotional and behavioral disorders. "Family friendly" services are those that "are in alignment with the needs of families and are delivered in a manner that values professionals and shows respect for the families' cultural characteristics" and consist "of three basic elements: family involvement, family empowerment, and respect for the families' cultural characteristics" (Singh, Wechsler, & Curtis, p. 19). Despite the growing realization that family involvement is a critical component in working with children with emotional and behavioral disorders however, the move away from a focus on the treatment of dysfunction to "the empowerment of families in achieving mastery and control over their lives" (Mohr, p. 597) has been slow, perhaps especially in psychiatric hospitals where the predominant paradigm continues to focus on pathology. These two articles offer a quantitative and qualitative evaluation of the current status of family friendliness in inpatient settings.

Mohr:

In this study, the author used a multiple case study design to study the experiences of 26 families with children who had been hospitalized between 1985 and 1991.

Children ranged in age from 3 to 18 at the time of hospitalization and had a variety of diagnoses including major depressive disorder (65%), attention deficit hyperactivity disorder (20%), and an equal number (5% each) of atypical psychosis, substance abuse, and obsessive compulsive disorder. The author conducted in-depth, unstructured interviews of

Themes from Families

- **Feeling Excluded** - families reported that they were not included in treatment planning
- **Pain of Being Isolated From Their Children** - parents were separated from their children from 3 to 10 days at a time and told this was hospital policy
- **Feeling Marginalized, Abnormalized, and "Insanitized"** - many parents felt that they were always on the margins of their children's care because they were considered "dysfunctional"
- **Displaced in the Child's Life** - many parents experienced a gradual supplanting of their roles as primary caregivers by hospital staff
- **Feeling Bewildered by the Jargon** - families felt marginalized by the use of professional language, causing confusion and frustration
- **Feeling Powerless and Coerced** - all but one of the families in this study had been threatened with being reported to Child Protective Services or having parental rights revoked

40 parents and reviewed children's progress notes, treatment plans, and assessments, eventually coding and categorizing responses into six themes using a qualitative analysis (see text box).

Singh, Wechsler, & Curtis:

The authors of this study used the Family Assessment Planning Team (FAPT) Observation Form (Inpatient Version) to assess the family friendliness of the process of admission to a child and adolescent psychiatric hospital for 35 children and adolescents. The FAPT is a structured instrument consisting of 46 items, rated on a 4-point scale, each representing a behavior or event that might occur in a children's mental health services planning meeting and incorporating components of family friendliness; it can be used in meetings where at least one of the child's primary caregivers is present. The FAPT Observation Form is divided into five sections, corresponding to elements of a



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planning meeting: Introduction, Meeting Management, Case Presentation and Discussion, Service Plan, and Tact and Technicalities. Higher percentages on the FAPT indicate a greater level of family friendliness.

The inpatient percentages ranged from a low of 65.7% in the Tact and Technicalities section (which reflects whether the families current needs are being met) to a high of 82.9% for Meeting Management (how the meeting is handled). The Introduction section, which assessed the initial communication in the planning meeting, correlated significantly with Service Plan and Tact and Technicalities, suggesting the possibility that “the first 5 to 10 minutes of initial treatment team meetings are very important, as they provide the setting event for the amount of information disclosed by the family, as well as the family friendliness of the team” (p. 23). The authors also compared percentages on the FAPT from the current study to a previous study in a community setting. Overall scores were actually higher (indicating more family friendliness) in the inpatient setting than in the community setting, although high scores on the five subscales alternated between the two settings. Given the small sample size (35) in this study and an unspecified sample size in the previous study, as well the fact that the current study was limited to a single hospital, the generalizability of these findings is questionable and necessitates more study. In general, however, because scores from both samples tended to range from around 60% to 80% (with a couple of exceptionally high and low scores), the authors conclude that “room for improvement exists in the way services are delivered for both inpatient and community settings to children and adolescents with serious emotional disturbance and their families” (p. 23).

Conclusion:

While it is difficult to generalize from either of these studies, taken together they provide an initial sketch of an inpatient psychiatric system that has moved from the alienating environment experienced by Mohr’s sample in the period between 1985 to 1991, to a more inclusive system in the second study. Additional research is needed to determine the current status of family friendliness of inpatient services, but these findings suggest some promise of progress in the move from a pathology driven focus to a family friendly, strengths based model.