



Portland, Oregon



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Children's Mental Health  
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# Families Challenged by Children's Mental Health: Employment and Community Integration

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Making a Difference in the  
Workplace

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# Problem Statement

- A widening gap exists between demands on parents at home and the 24/7 workplace and the supports that are available in the community (Heymann, 2000).
- The gap is particularly pronounced for working parents of children with special needs (Freedman, Litchfield, & Warfield, 1995; Kagan, Lewis, & Heaton, 2001; Kendall, 1998).
- 20% of US households have a child with special health care needs (Child and Adolescent Health Initiative, 2003).



# Children's Mental Health Disabilities

- About 20% of children and adolescents in the U.S. experience the signs and symptoms of a mental health disorder during the course of a year, while 5% of all children have what is called a serious emotional disturbance (US Department of Health & Human Services, 1999).
- Serious emotional disturbances are "diagnosable disorders in children and adolescents that severely disrupt daily functioning in the home, school, or community. Some of these disorders are depression, attention-deficit/hyperactivity, anxiety, conduct, and eating disorders" (Substance Abuse and Mental Health Services Administration, 2004).



# Children's Mental Health Disabilities: Impact on a Parent's Work-Life

A mother employed by a fast-food corporation: *“There was absolutely no flexibility. I moved up to management very quickly and it was simply demanded that I am there. There were no replacements; there were no excuses...I simply had to be there, not only regular hours, but [because I was] on salary, more hours...My family didn't handle things very well while I was gone, so I would get multiple phone calls while trying to handle the restaurant, and 45 miles away my family is having serious issues...Police, fire, or ambulance end up at my house...It actually put me in a position where I am afraid to go to work.”*



# Major Research Questions

- What are the challenges experienced by employed parents with care responsibilities for children with mental health disorders?
- What do these employed parents identify as supports and barriers to obtaining and maintaining adequate employment?
- What strategies do parents use to attain work-life integration?
- How does work-life integration lead to community integration for parents of children with mental health disorders?



# Research Program

- ***Support for Working Caregivers Project (1996-1999)***
  - Secondary analysis of data from the North Carolina Caregivers survey (N = 243)
  - 5 focus groups with parents (N = 41)
  - In-depth interviews with parents (N = 60)
- ***Models of Inclusion in Child Care (1999-2004)***
  - Semi-structured interviews with staff and center directors at nine inclusive centers (N = 49)
  - Intensive interviews with parents of children at nine inclusive centers (N = 40), and observations of children interacting with staff and other children (N = 25).
  - Comprehensive interviews of state administrators of child care (N = 24)

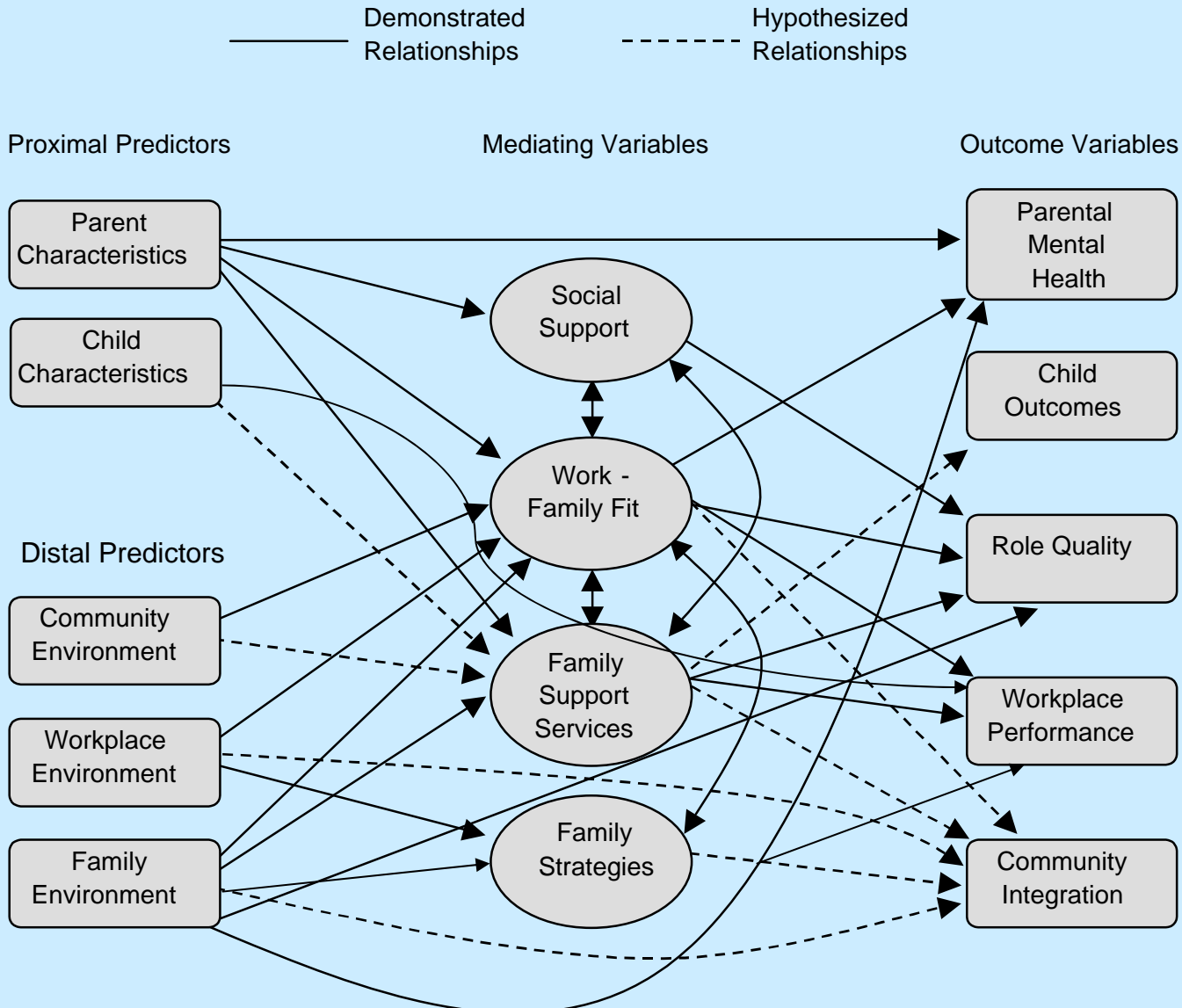


# Research Program

- ***Common Ground? Families & Employers (2000-2004)***
  - Parent Employment Experiences Survey (N = 349).
  - Workplace Support for Parents of Children with Mental Health Disorders Survey: mailed surveys (N = 31) and telephone interviews (N = 27) with supervisors.
- ***Work-Life Integration for Families With Children and Adolescents Who Have Emotional or Behavioral Disorders (2004-2009)***
  - Secondary analysis of data from the National Evaluation of the Comprehensive Community Mental Health Services for Children and their Families Program (N = 2,585).
  - Focus groups: parents employed in large organizations (N = 23), HR professionals located in Fortune 1,000 organizations (N = 17).
  - Survey of members of a human resource professional organization (N = 551).
  - Training for HR professionals to increase capacity to assist parents with work-life integration.



# Work-Life Integration Research Model



# Key Concepts in Today's Presentation

- **Care Responsibilities**
- **Work-Life Integration**
- **Family Strategies**
- **Family Support**
- **Community Integration**



# Care Responsibilities

- Parents of children with mental health disorders have added care responsibilities including:
  - Obtaining mental health assessments, treatment, and follow-up for their children.
  - Negotiating school and child care accommodations needed by their children.
  - Assisting children with difficulties they encounter as they interact with community groups and organizations.
  - Finding sources of funding to meet their children's special needs.



# Work-Life Integration

- Degree to which a person is able to successfully combine paid work with other aspects of personal life (Lewis, Rappaport, & Gambles, 2003).
- Made more difficult by gender-based workplace norms which do not recognize that workers have care responsibilities (Lewis & Haas, 2005).
- May be affected by **barriers** encountered in the community by employed parents of children with disabilities (Rosenzweig, Brennan, & Ogilvie, 2002).



# Family Strategies

- Family members strive to achieve **work-family fit**: the extent to which the worker realizes the various components of her or his work/family adaptive strategy" (Barnett, 1998, p.61).
- Encompass the multiple tasks and decisions executed by the employed parent in key life domains, such as the workplace, family, child care, and mental health services.



# Family Support

- Federation of Families for Children's Mental Health (1992) defines family support as a constellation of formal and informal services and tangible goods that are determined by families.
- The design and delivery of these services is intended to support family members to lead healthy, balanced lives that are not burdened by the child with a disability or the requirements of services designed to help (Friesen, 1996).
- Family support should be family-defined, family driven, and individualized to the unique needs of the family.



# Community Integration

- Encompasses full participation in community life, including access to community-based resources and fulfilling social relationships that contribute to a family's quality of life (National Center for the Dissemination of Disability Research, 2004).
- Family members are not just physically located in a community, but they take on key roles and participate in community activities.
- Full integration and participation of families in community life is not limited to the role of consumer, but includes decision-maker in the domains of policy and practice.



# Major Research Findings

- **Work-Life Integration- Challenges and Supports**
- **Employment– Barriers, Strategies, and Supports**
- **Community– Barriers, Strategies, and Supports.**



# Work-Life Integration: Challenges

- Major challenges to work-life integration for parents of children with emotional or behavioral disorders include:
  - unsatisfactory employment adjustments
  - unstable childcare arrangements
  - inadequate educational resources
  - inadequate transportation
  - few resources to help with home management
  - lack of community-based supports and services(Rosenzweig, Brennan, & Ogilvie, 2002).



# Work-Life Integration: Supports and Strategies

- Structural arrangements of parenting and work (full-time vs. part-time) are related to job stress, relationship and work rewards and satisfaction with handling family responsibilities (Brennan & Poertner, 1997).
- Work-family fit is significantly related to family flexibility and family support (Brennan, Rosenzweig, Ogilvie, Wuest, & Shindo, in press).
- Family flexibility, family support, and work-family fit were predictive of job rewards and family concerns. (Brennan et al., in press).



# Employment Barriers

- Barriers to adequate employment include:
  - insufficient workplace support
  - lack of relevant community-based resources
  - limited access to flexibility arrangements
  - personal stress
  - stigma encountered in the workplace(Rosenzweig & Huffstutter, 2004; Brennan & Brannan, in press).
- Despite high levels of work-based flexibility and workplace support, the majority of parents were dissatisfied with their level of work-family fit (Rosenzweig & Huffstutter, 2004).



# Employment Strategies and Supports

- Work strategies for securing employment to fit with care include:
  - seeking jobs in family-friendly organizations
  - restructuring career and employment
  - disclosure about child's mental health status
  - reciprocity negotiation with supervisors and co-workers (Rosenzweig & Huffstutter, 2004).
- Supervisor and co-worker relationships were critical to flexibility (Brennan, Penn, Huffstutter, Bradley, & Rosenzweig, 2005).



# Community Barriers

- Parents have difficulty finding adequate child care for children with emotional or behavioral challenges.
  - Arrangements are complex and varied
  - Rarely provided outside the home or school, or by extended family members
  - Costly when available
  - Childcare difficulties=limits on work hours=stress in families (Rosenzweig, Brennan, Huffstutter, & Bradley, 2005)
- School resources are inadequate to handle children in crisis.
  - Parents experience work interruptions for school matters
  - Child absence from school related to workforce participation (Brennan et al, 2005; Brennan & Brannan, in press)



# Community Strategies and Supports

- Communities with inclusive child care centers helped parents maintain employment.
  - Directors and staff demonstrated continuing commitment to working with children and families to promote success.
  - Close relationships with local specialists to provide staff with additional services and consultation in support of their inclusive efforts.
  - Parents reported that inclusive centers supported their ability to work and maintain access to economic resources upon which they depended.

(Brennan, Bradley, Ama, & Cawood, 2003)

- Family support organizations provide assistance that helps parents navigate complex systems that they encounter in communities (Brennan et al, 2005).



# Conclusions

- Parents of children with mental health disorders report significant difficulties in their efforts to combine their workplace and care responsibilities.
- Formal and informal supports in the workplace can make it possible for parents to participate in the workforce.
- Community-based supports, such as inclusive child care, and educational systems with provisions for care of children in crisis are desirable for parents to maintain employment.
- Overcoming barriers through effective strategies allows family members to achieve some measure of work-life integration.



# Key Research Implications

- For many parents attaining work-life integration means that they can participate in community life in a meaningful way and improve their family's quality of life.
- Research is needed to further explore employment-based strategies and family-defined services which can help parents attain greater work-life integration and find fulfillment through community integration.
- Theoretical models which include work-life integration and community integration need to be further developed and tested with families having children with disabilities.





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