Predictors of Workforce Attitudes to Including a Child Perspective in the Treatment of Mentally Ill Parents

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BACKGROUND

Children of parents with a mental illness are at risk of developing mental health problems themselves (Beardslee, Versage & Gladstone, 1998; Hosman, van Doesum, & van Santvoort, 2009; Reupert & Maybery, 2007). In order to prevent children of mentally ill parents from developing serious problems, it is therefore beneficial to include a child perspective in the treatment of mentally ill parents by identifying the children of patients, and supporting patients in their parenting role.

Norwegian authorities have in 2010 made several changes to existing health legislation (the Health Personnel Act) in order to increase early identification of children who have parents with a mental illness including making it mandatory to assess whether or not patients have children.

Negative attitudes to including a child perspective in adult mental health care is regarded as an important barrier in the work of establishing routines to identify and support children of mentally ill parents, and the key to achieving change may be the professionals in the workforce (Mayberry & Reupert, 2007).

AIM

The purpose of the present study was to investigate to what extent the workforce in the adult mental health care identifies children of patients. Furthermore, to examine differences between professionals who do identify these children and those who do not in terms of worker attitudes about a child perspective, expectations of positive effects of identification for the children and worker knowledge about children and the new legislation. Finally, we aimed to study which factors predicted workforce attitudes, by examining the following predictors; age, gender, education, knowledge, and expectations.

METHODS

The participants (N = 219) in this study were staff and leaders a large university hospital in Norway. The respondents were 76% women, and 51% was between 30 to 50 years old. The total workforce included 436 participants, resulting in a response rate of 50%. Data was collected via a web-based questionnaire, which included the following topics: Background information such as age, sex, level of education, in addition to six scales measuring attitudes, knowledge, and expectations. Attitudes were measured by two scales; general positive attitudes (Positive Attitudes, 8 items) towards a child perspective within adult mental health care and in terms of concerns regarding consequences of including a child perspective on the patient-therapist relation (Concerns Patient-Therapist, 3 items) . Additionally, we included knowledge about children in general (Knowledge Children, 7 items), and knowledge about obligations to children due to the new legislation (Knowledge Legislation, 3 items), and finally one scale to measure expectations toward the outcome of implementing new routines to safeguard children (Expectations Intervention, 4 items). The alpha value for the scale was .93. This study was part of a longitudinal (pre-post-one year follow-up) study, which monitors the implementation of new routines in a large university hospital in Norway (Reedtz, Lauritzen and van Doesum, 2012; Lauritzen, Reedtz, van Doesum, & Martinussen, 2012).

RESULTS

Of the total sample of 219 who reported that they worked directly with patients, 56% reported that they did not register whether patients had children or not. Independent samples t-tests were conducted to compare the group who does identify patients with children and workers who do not identify (Table 1). There were no significant differences between the groups except for the two scales measuring aspects of knowledge, i.e., Knowledge Children and Knowledge Legislation where workers who identified children had higher scores. The difference in terms of Cohen's d was 0.50 and 0.42 which represent medium effects.

To examine which variables predicted attitudes two multiple regression analyses were conducted with the two different attitude variables as dependent variables (Table 2). Our first regression analysis explained at total of 34% of the variance in Positive Attitudes, and included three significant predictors: Age, Education medium and Expectations Intervention. The findings showed that younger workers with a low level of education compared to high education scored higher on Positive Attitudes. Furthermore, Expectations Intervention was also a significant predictor of Positive Attitudes. Our second regression analysis for predicting the other attitude scale (Concerns Patient-Therapist) explained a total of 14% of the variance. Three predictors were significant, i.e., Knowledge Children, Education low and Expectations Intervention, indicating that people who reported to have more knowledge about children were less concerned about the child perspective interfering with the patient-therapist relation.

Table 1: Independent Samples t-tests of Differences between Identifiers and Non-Identifiers in terms of Attitudes, Knowledge, and Expectations

	Workers who do identify $N = 93$		Workers who do not identify $N = 126$			
	M	*SD*	*M*	*SD*	*t*	Cohen's d
Positive Attitudes	4.39	0.52	4.47	0.61	-0.97	-0.17
Concerns Patient-Therapist	2.27	0.72	2.46	0.76	-1.79	-0.27
Knowledge Children	3.61	0.57	3.29	0.63	3.91***	0.50
Knowledge Legislation	3.13	0.79	2.75	0.64	3.81***	0.42
Expectation Intervention	4.27	0.53	4.24	0.66	0.36	0.03

Note. *p < .05. **p < .01. ***p < .001 (two-tailed test).

Table 2: Multiple Regression Analysis Results for Predicting Attitudes towards a Child Perspective

Variable Therapist	Positive Attitudes	Concerns Patient-
	β	β
Age	-0.23**	-0.03
Gender	-0.06	0.09
Education Dmedium	0.14*	0.04
Education Dlow	0.06	0.14*
Knowledge Legislation	-0.02	0.04
Knowledge Children	0.09	-0.26**
Expectations Intervention	0.47*	-0.16*
R^2	0.34	0.14
F	14.97***	4.83***

Note. $N = 219$. CI = Confidence interval. Gender was coded 0 = female, 1 = male. Educational levels (high, medium and low) were coded by means of two dummy variables. The reference category was high education and the two dummy variables were coded: Dmedium = 1 if medium education and 0 otherwise, and Dlow = 1 if low education and 0 otherwise. *p < .05. **p < .01. ***p < .001.

DISCUSSION

The results showed that many mental health care workers (56%) do not register whether patients have children even though they now are obligated by new legislation. The health care workers who did identify children of patients who are parents, reported to have more knowledge about the new legislation and about children in general. Contrary to our predictions, the groups did not differ on attitudes towards including a child perspective. Therefore, increasing knowledge and skills may contribute to more workers identifying patient's children and thus referring the family to adequate additional services. Knowledge was also a significant predictor of concerns and may therefore be a key to reducing concerns regarding possible negative aspects of including a child perspective in the treatment of mentally ill parents.

References

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