



Considering child care and parenting needs in Veterans Affairs mental health services



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ABSTRACT

Child care and parenting needs of adults with mental illness are of growing concern, especially among those seeking Department of Veterans Affairs (VA) mental health services. One area of interest concerns the possible benefits that on-site child care could have for improving veterans' access to VA mental health care. Child care programs are currently being piloted at the VA for the first time, although the need for them has not been evaluated. We conducted a brief survey of a convenience sample of 147 veterans (132 men, 15 women) seeking mental health care at outpatient clinics and/or at a psychiatric rehabilitation center at one VA. Participants were asked about their attitudes and experiences regarding child care and parenting support at the VA. Of the 52 (35.4%) participants who responded and had children under 18, the majority of both men and women surveyed agreed that the VA should offer child care services and that they would use child care services at the VA if it were available. These results are based on a small sample of participants, but they may contribute to ongoing discussion and efforts to develop "family-friendly" mental health services.

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1. Introduction

Parenting and child care options for adults with mental illness are both relatively new areas that have begun to receive widespread attention (Belle, 1990; Mayberry & Reupert, 2009; Nicholson, Albert, Gershenson, Williams, & Biebel, 2009). While there has been more focus on child care for adults with severe mental illness (Blanch, Nicholson, & Purcell, 1994; Oyserman, Mowbray, Meares, & Firminger, 2000), adults with mental illness, in general, often need regular outpatient mental health treatment and their children can hinder their access and ability to take care of their own health needs (Alvidrez & Azocar, 1999; Gelberg, Gallagher, Andersen, & Koegel, 1997). Child care options or the lack thereof among adults with mental illness and its potential to be a barrier to mental health services is a rather unexplored area.

In addition to their needs for child care, adults with mental illness often experience psychosocial and functioning impairments, which can lead to difficulties with parenting (Mullick, Miller, & Jacobsen, 2001; Stallard, Norman, Huline-Dickens, Salter, & Cribb, 2004). Numerous psychological and genetic studies have also pointed to the higher risk for behavioral problems among

children of parents with mental illness (Downey & Coyne, 1990; Goodman & Gotlib, 1999; Jaffee & Price, 2007), which in turn, can increase parenting difficulties. While this can be a sensitive topic (Aldridge & Becker, 2003; Hinshaw, 2004), certainly some adults with mental illness can benefit from parenting support and education.

One of the largest, integrated healthcare networks in the U.S. operated by the Department of Veterans Affairs (VA) is beginning to explore the possibility of supporting patients who are parents by offering child care on-site at VA facilities. The recent passage of the "Caregivers and Veterans Omnibus Health Services Act of 2010" ("Caregivers and Veterans Omnibus Health Services Act of 2010," 2010) has allowed the VA to pilot child care for the first time and is intended to help veterans seek mental health treatment at VA facilities. In 2011, the VA initiated a 2-year pilot program to offer free drop-in child care services at three VA medical centers (U.S. Department of Veterans Affairs, 2011). It is unknown whether this will lead to expansion of child care services at other VAs nationwide and legislative changes would need to be made before that can happen.

Offering child care services on-site at health care facilities may represent a dramatic system change and may be especially important for the VA as female veterans have become a high priority population and one of the fastest growing groups using VA health care (Meehan, 2006; Yano et al., 2010). Women constitute 8% of all veterans (Yano et al., 2010) and 11% of veterans who have

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served in Iraq and Afghanistan (*Women Veterans Health Strategic Health Care Group, 2008*), but utilize VA health services at lower rates than their male counterparts, constituting less than 6% of service utilizers at VA facilities (*Goldzweig, Balekian, Rolon, Yano, & Shekelle, 2006*). The low utilization of VA mental health services among female veterans may be due to a number of factors, one of which may be that the VA serves a predominantly male patient population and so is not always an inviting or comfortable setting for female veterans. For example, a 2009 report by the Government Accountability Office found that none of the 19 VA facilities they visited were fully compliant with VA policy requirements related to privacy for women veterans (*Williamson, 2009*). Nonetheless, there is high medical and mental health comorbidity among female veterans and those who do use VA health services use outpatient services more heavily than male veterans, suggesting their need for services (*Frayne et al., 2007*).

The majority of female veterans currently accessing VA care are of child-bearing age (*Women Veterans Health Strategic Health Care Group, 2008*) and female veterans often serve as the primary caregivers for their children (*Mattocks et al., 2011; Street, Vogt, & Dutra, 2009*). Aside from child care issues, female veterans may also experience unique parenting challenges post-deployment as many often return home to children exhibiting behavioral problems due to their absence (*Kelley et al., 2001; Pierce, Vinokur, & Buck, 1998*), which can be particularly stressful for veteran mothers struggling with their own mental health issues.

A survey of over 2000 female veterans found that lack of information about the VA, perceptions of VA quality, and inconvenience of VA care, were deterrents to use of VA facilities (*Washington, Yano, Simon, & Sun, 2006*). Although lack of child care was not specifically examined, it may also have been a barrier to care and one that needs to be more thoroughly examined. The VA Advisory Committee on Women Veterans reported that “women veterans currently accessing VA healthcare services frequently cite the lack of child care as a major barrier to keeping their scheduled appointments” (*Advisory Committee on Women Veterans, 2010, p. 8*) and the Committee has recommended that the VA aim to diminish barriers to accessing VA services by providing child care options.

To better understand child care and parenting needs among veterans with mental illness, we conducted a brief survey using a convenience sample of veterans seeking mental health treatment at one VA hospital. While the sample may not be representative of the veteran population, it may shed light on the child care and parenting needs of female and male veterans currently seeking VA mental health services and highlight the role child care could play in improving services for veterans with mental illness as well as provide suggestions for future research and development.

2. Methods

Veterans seeking outpatient mental health care at the mental hygiene clinic (including the substance abuse firm) or the psychiatric rehabilitation center at the VA Connecticut Healthcare System were invited to complete a two-page survey of their child care and parenting needs. The VA Connecticut Healthcare System is located in the urban, medium-sized city of West Haven and is not one of the pilot sites for the 2-year VA child care program (although it originally expressed interest but lacked physical space).

Veterans were approached either while waiting for their appointments in the mental hygiene clinic or during patient lunches at the psychiatric rehabilitation center. Clinical staff helped distribute the surveys, but surveys were anonymous and envelopes were provided for participants to keep their completed surveys.

A convenience sample of 147 veterans (132 males and 15 females) agreed to participate and completed the survey. The survey was created for this study and was developed by the authors with a focus on using items with face validity. For the survey, veterans were asked to provide information about their sociodemographic characteristics and whether they had any children and the ages of their children. We focused on veterans who had children under the age of 18 due to the fact that children remain under the legal guardianship of their parents until that age. Although there is no standard or legal rule about what age parents would need child care (e.g., Connecticut law does not specify an age in which a child can be left home alone), we focused on parents with children under 18 to include not only those with child care needs, but also those who might be interested in parenting resources for a large range of ages during which parenting difficulties might arise (e.g., including teenage years). Regardless of whether they had children, veterans were also asked whether they knew of other veterans who had difficulty attending appointments because of child care needs.

Veterans who reported they had children under the age of 18 were asked to rate a total of 13 items on a 5-point Likert scale about their attitudes and experiences regarding child care and parenting support at the VA; four of the items asked veterans to rate from 1 (never) to 3 (sometimes) to 5 (always) how often events the statements were describing occurred and eight of the items asked veterans to rate the extent to which they agree with various statements, ranging from 1 (strongly disagree) to 3 (neutral) to 5 (strongly agree). At the end of the survey, veterans were also asked an open-ended question about what child care/parenting supports they would like to see at the VA. The procedures were approved by the institutional review board of the VA Connecticut Healthcare System.

3. Results

Of the total sample of 147 veterans, 52 (35.4%) veterans seeking VA mental health care reported they had children under the age of 18, although only 36 responded to all survey items for analysis. Of the 36 veterans that provided full data, 69.4% were male and 30.6% were female. The majority of respondents were White (52.8%) or African American (30.6%), with a mean age of 42.9 (*sd* = 14.2), and had one (40.0%) or two (37.1%) children with a mean age of 9.2 (*sd* = 5.7).

Table 1 shows the ratings of both male and female ratings on all survey items. Non-parametric tests using the Mann–Whitney *U* test found no significant differences between men and women on any of the ratings. Both male and female veteran ratings indicated they generally had little access to regular child care services in the community, and “agreed” that the VA should offer child care services and that they would use child care services at the VA if it were available, including leaving their children with a VA volunteer. Further, although male and female veterans were somewhat “neutral” about whether lack of child care was a personal barrier to accessing VA services, they mostly “agreed” that it was a barrier for other veterans in accessing VA services. Regardless of whether they had children, 25 (20.3%) of 123 respondents reported they knew of other veterans who had difficulty attending appointments because of child care needs.

Both male and female veterans “agreed” that their children motivate them to attend to their own physical and mental health needs, although they were “neutral” about whether their children negatively affected their health. Male and female veterans reported VA staff rarely asked about their parenting needs or provide support to them as parents, although they were somewhat “neutral” about attending parent education or supports groups at the VA if they were available.

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