Children and Youth Services Review 68 (2016) 132–138

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

Residential group care workers' recognition of depression: Assessment of mental health literacy using clinical vignettes

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ARTICLE INFO

Article history:
Received 16 March 2016
Received in revised form 29 June 2016
Accepted 29 June 2016
Available online 1 July 2016

Keywords:
Children in out of home care
Depression
Caregiver
Residential care
Mental health
Internalizing, externalizing

ABSTRACT

Background: Residential group-care workers have a critical role to play in recognizing mental health problems amongst children in their care. However, little is known about the extent to which workers recognize and respond to mental health and behavioral concerns.
Method: A sample of 124 residential group care workers completed an online survey in which vignettes of children experiencing either internalized or externalized symptoms of depression and 'typical' behavior were presented. In order to explore aspects of mental health literacy, workers were asked to rate each vignette for severity of a specific mental health concern (adolescent depression), portrayed as internalized or externalized behavior. Ratings of worker confidence and concern for the young person were also obtained.
Results: Workers were able to recognize the existence of depression in these fictional vignettes. Depression in the presence of externalized behavior was rated as both more severe and more concerning than depression accompanied by internalized behaviors. Furthermore, workers had greater confidence in endorsing the presence of a mental health issue when accompanied by externalized behavior compared to an internalized presentation.
Conclusions: Residential group-care workers are able to recognize the existence of depression amongst children in their care. Externalized presentation of mental health appears to be more easily recognized by workers and they are also more confident in identifying mental health concern when it is accompanied by externalized, compared with internalized behaviors. The implications for training and support of residential group care workers are discussed.

1. Introduction

Children removed from their biological families due to parental mental health issues or substance abuse, neglect, or some form of abuse, are at increased risk of mental health issues compared to their same age peers (Meltzer, Gatward, Corbin, Goodman, & Ford, 2003; Stanley, Riordan, & Alaszewski, 2005). This risk is further compounded if children experience frequent changes of caregiver (Cheung, Goodman, Leckie, & Jenkins, 2011; Nicholas, Roberts, & Wurr, 2003; Rubin, O'Reilly, Luan, & Localio, 2007). While the majority of children removed from their biological families are raised in home-based foster or kinship care, a small proportion of these children are placed in a residential group care setting. Of the 43,400 Australian children in out of home care as of June 30, 2015, approximately 6% (2,604) are in living in some form of residential home (Australian Institute of Health and Welfare, 2016).

In Australia, residential group care tends to be used for a small proportion of children who have complex behavioral and mental health needs and who have a history of foster placement instability (AIHW, 2016). In contrast to many international models, Australian residential facilities do not generally offer integrated education and/or treatment services; rather, they meet a need for supported accommodation and basic care (Ainsworth & Hansen, 2005). This care is provided in small houses or group homes of between 4 and 12 children. It is provided by rostered staff who provide daily care, supervision and support (Australian Institute of Health and Welfare, 2016). Residential care workers are typically involved in tasks such as setting routines, preparing meals, liaising with key social workers, chaperoning children on activities and assisting with other daily living tasks. While these are important aspects of physical care; it is unclear to what extent staff in residential group care settings also recognize and support the emotional needs of children in their care.

There is extensive evidence that children in out-of-home care present with higher levels of emotional, mental health and behavioral disorders compared to children in the general population (Egelund & Lausten, 2009; Lamington, Addo, Towlson, Blower, & Hodgson, 2004; Meltzer et al., 2003; Richardson & Lelliott, 2003; Tarren-Sweeney, 2008) or compared to maltreated children of similar socioeconomic backgrounds (Ford, Vostanis, Meltzer, & Goodman, 2007). Children in residential group homes also have higher rates of mental health

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http://dx.doi.org/10.1016/j.childyouth.2016.06.028
0190-7409/

problems than those who are in foster care (Meltzer et al., 2003; Stanley et al., 2005). Specifically, children in residential homes may be twice as likely as those in foster care to have an anxiety disorder, display sexualized behaviors, or to abscond, and may be up to four times as likely to suffer a depressive illness (Cousins, Taggart, & Milner, 2010; Damnjanovic, Lakic, Stevanovic, & Jovanovic, 2011; Janssens & Deboutte, 2010). Collectively, these findings highlight the salience of mental health concerns in this group of children.

Concerns have also been raised about the capacity of this vulnerable group of children to access mental health services (Nicholas et al., 2003; Beck, 2006; Clark, O'Malley, Woodham, Barrett, & Byford, 2005). One factor influencing this may be the unique nature of caregiving in the residential care environment. Children's caregivers typically play an important 'gatekeeping' role in the detection of mental health concerns and in facilitating mental health service referrals and access (Heim, Smallwood, & Davies, 2005). In the residential environment, the responsibility for detecting and initiating a referral to mental health services initially falls to the residential care worker and their team. As the capacity to recognize a mental health issue is a necessary precursor to initiating a mental health referral, it seems important to better understand workers' capacity to recognize mental health concerns in children (Knorth, Harder, Zanberg, & Kendrick, 2008; Leichtman, Leichtman, Cornsweet Barber, & Neese, 2001; Marsh, Evans, & Williams, 2010; Mount, Bennun, & Lister, 2004).

The recognition of children's mental health concerns has been examined in parents, foster caregivers and teachers. These studies of related populations consistently show that it easier for responsible adults to recognize and respond to externalized mental health problems than those that are internalized (Clopton, Pearcy, & Pope, 1993; Loades & Mastroyannopoulou, 2010; Mount et al., 2004). There may be many reasons for this, including exposure to training, confidence, and perception of risk, amongst others. It may also be that internalized mental health difficulties are more easily hidden from caregivers (Mount et al., 2004). Others have argued that externalized disorders are more concerning and easier to recognize because they impact on others, whereas internalized behavior usually affects only the individual (Loades & Mastroyannopoulou, 2010; Clopton et al., 1993). Irrespective of the reason, it appears that the behavioral presentation of mental health has bearing on how easily it is recognized. Externalized behavior appears to be more easily recognized and to cause more concern (Loades & Mastroyannopoulou, 2010). Since the first step to referral is recognition of a problem, it seems that whether distress is expressed as "outward negative behavior" or in terms of "negative inner emotions" (Harris & Thackerey, 2003, p. 433) may have important implications for how likely it is that young people will be encouraged to access mental health services. While this issue has been explored in other caregiving groups, it does not yet appear to have been examined in the residential care workforce.

Depression is one of the main mental health issues facing young people (Burns & Rapee, 2006). Although research on depression amongst children in residential care is minimal, it appears that on average 60% of young people in residential group homes experience some form of depression (Cousins et al., 2010; Damnjanovic et al., 2011; Janssens & Deboutte, 2010). Amongst young people generally, the presence of depression is associated with significant risk for both attempted and completed suicides, and for the development of long term poor adult mental health (Burns & Rapee, 2006). The high prevalence of depression amongst children in residential care is unsurprising, given the history of many of these young people; and it is therefore important to better understand how well residential care workers recognize and react to depression amongst the children in their care.

The majority of young people in Australian residential homes are young males (Australian Institute of Health and Welfare, 2016). It may be particularly difficult to recognize depression in young men. The way that many mental health issues manifest is complex, but gender is an important influence on the presentation of many mental health issues (Dekker et al., 2007). Depressed males are more likely than depressed females to present with externalizing behaviors including hostility, irritability and aggression (Breland & Park, 2008; Crowe, Ward, Dunnachie, & Roberts, 2006; Möller Leimkühler, Heller, & Paulus, 2007). Symptoms such as social withdrawal, loneliness, concentration problems and indecisiveness may be less prominent in young men (Crowe et al., 2006). The prominence of irritability and aggression in depressed young men may mean that the significance of these behaviors is missed; especially amongst workers without advanced mental health training (Crowe et al., 2006; Möller Leimkühler et al., 2007), raising the possibility that depression in many young men in residential group care could go unrecognized. Given this, it seems important to understand how workers recognize and react to the full range of behaviors that may reflect depression in young men in residential group care.

There is great potential for residential care workers to enhance young peoples' life by recognizing young men's depression and connecting them with appropriate services. Despite the apparent prevalence of mental health problems amongst young people in care, residential care workers' confidence in recognizing and responding to these concerns does not yet appear to have been explored. The current study examines whether residential care workers can recognize the existence of one serious and significant mental health issue; the presence of a major depressive episode in young men; where the presentation can be complex. It explores how residential care workers interpreted two different ways of expressing the emotional distress of depression; by having them respond to written descriptions of young men with depression accompanied either by externalized behaviors or withdrawn, internalized behavior.

Mental health literacy research explores knowledge, recognition and beliefs about mental health disorders as factors that affect help seeking and other behaviors. Research in this area frequently uses hypothetical scenarios (vignettes) to determine attitudes and beliefs about mental health disorders. In keeping with previous mental health literacy research on caregivers and teachers, we hypothesized that reactions to scenarios depicting young men with depression would differ, according to whether the young person's depression was accompanied by internalized or externalized behaviors. We anticipated that compared to a scenario describing depression accompanied by internalized presentation, an equivalent externalized presentation would attract higher ratings of mental health severity, higher levels of concern for the young person depicted in the scenario; and that workers would be more confident in their 'diagnosis' as a result.

2. Method

2.1. Procedure

Ethics approval was obtained from University of South Australia's Human Research Ethics committee and ethics committees of the organizations involved in the research. Managers from Australian government and non-government organizations, representing the large providers of residential care services to children ($N = 14$) were contacted, advised of the study and asked to allow their workers to participate. Once an organization agreed to participate, managers distributed an introductory email to their workers. This email contained an embedded web link to the research homepage of the Australian Centre for Child Protection. The Centre's webpage provided information about the study and statement of consent, together with a link to the online survey. The process of recruitment ensured that individual agencies and workers were not identifiable, but meant that a survey response rate could not be established.

2.2. Participants

Current statutory residential care workers from both government and non-government agencies were invited to participate. Workers