Teacher Mental Health Literacy

Health Promotion for Children of Mentally ill Parents.
Assessment and Promotion of Teacher-specific Mental Health Literacy

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Structure

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5) Objectives and Methods
6) Current status and first results
7) Expected Outcome
Overview

- Municipal social services / child & youth services
- Children of mentally ill parents
  - Families with at least one mentally ill parent & not yet affected children
  - Mental health & psychiatric care services
- Teacher-MHL: Health promotion for children of mentally ill parents. Assessment and promotion of teacher-specific mental health literacy
Children of Mentally-ill Parents

- One of the populations at highest risk for developing mental disorders [Beardslee et al 1998; England & Sim 2009]
  - E.g. offspring of depressed parents: up to 4-fold higher risk of developing depressive disorders than other children [Weissman et al. 2005]
- In Germany, >3 million children/adolescents experience at least one parent with a mental disorder every year [Mattejat 2008]

➤ About one quarter of students in German schools
Mental Health Literacy

• Term coined in the mid-1990s by Anthony F. Jorm

• Objective: To draw attention on the public as target for better identification/management of mental disorders [Jorm 2012]

• Definition:

  ➢ Knowledge and beliefs about mental disorders which aid their recognition, management or prevention [Jorm et al. 1997]
Mental Health Literacy

• Emphasis on knowledge that is linked to the possibility of action to benefit one’s own mental health or that of others [Jorm 2012]

• Components of MHL
  • E.g.: knowledge of prevention and recognition, help-seeking options, self-help strategies, first aid skills [Jorm 2012]
The complexity of MHL

**Parentification**
- Inverted role relationships
- Children at risk assume the tasks of providing care for parents and put own needs aside

- Parentification
- Networks
- Environment
- School
- Parents
- Siblings
- Care deficits
- Overstressing
- Isolation/Stigmatization
- Disorientation
- Lack of information
- Feelings of guilt

- Parentification
- Inverted role relationships
- Children at risk assume the tasks of providing care for parents and put own needs aside
Children of Mentally-ill Parents and Schooling

- Burden patterns / attempts at coping also become manifest in children's school lives [Beardslee et al. 2010; Griepenstroh et al. 2011]
  - Lack of sleep, poor concentration, learning lags, absence from school
  - Social isolation and shame resulting from self-perceived deviation from “typical” family arrangement
  - Withdrawal and drop in achievement (internalization)
  - Engaging in aggression, angry outbursts, law-breaking or hyperactivity (externalization)
Children of Mentally-ill Parents and Schooling

Burden patterns / attempts at coping also become manifest in *children's school lives* [Beardslee et al. 2010; Griepenstroh et al. 2011]

**Impact on school life and academic achievement** [Powell 2007; 2009]

- Higher risk of experiencing a *"school handicap"*, i.e., of being excluded from regular schools once a special need of support has been diagnosed
- Increased probability of having a *problematic educational biography*

- ... new and long term problems occur
Children of Mentally-Ill Parents and Schooling

Social environment can also act protectively:

- Children at risk: only 1/3 permanent disorder but: 1/3 no mental disorder, another 1/3 transient disorder

- Children cope well with a parental mental disorder when they have individual, familial and community resources to accomplish developmental tasks, engage in relationships, and understand their and their family’s situation [Beardslee & Podorefsky 1988; Hammen 1991; Beardslee 2002]
Children of Mentally-Ill Parents and Schooling

School

- protective function
- create risk potentials
Schools & Children of Mentally-ill Parents

- **Untried possibilities of support: Poor use of attachment to pupils and families**

- **In Schools:** *At best, informal awareness* of this problem
  

  - **Teachers** not prepared to adequately respond to this situation
  
    - **Rarely able to decode** phenomena as symptoms of a risk situation

    (awareness not to diagnose!!!)

Poor School Mental Health Promoting
Objectives

- Measure the extent of pupil-related mental health literacy in teachers at primary schools (years 1-4) and secondary schools (years 5 – 6)
- Focus on knowledge regarding the children's living conditions and psychosocial strains
- Foundation for the development of a structured teacher training programme
Module 0: structured literature review

Module 1: exploratory quality teacher survey

n = 24 Teachers

- Recruiting by direct approaching
- Mixed school-types
- Different areas
- under 45 years/over 45 years

results: December 2015
Methods

Module 0: structured literature review

Module 1: exploratory quality teacher survey
december 2016

Module 2: quantitative teacher survey
conducted by external institute
n = 2,070
1,860 women, 210 men
open interviewing, standardised written survey
of a 5% sample and group interviews

Module 3: structured teacher training programme
March 2018

results: december 2016
### Current Status Sample

**Structured Literature Review in April/May 2015**

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**Research Gaps**
- Literacy
- Mental Health Literacy
- Mental Health Promotion
- Mental Health Education
- Critical Life Event
- Mental Health Education
- Critical Life Event

**Sample**

- Research gap for teacher-MHL and their skills especially to handle a high-risk-group like children of mentally ill parents.
First Results

• Difficult for teacher to identify children with a mentally ill parent in everyday school-life
  e.g. 40% of teachers said, they would not be able to easily identify a child living with a mentally ill parent [Bibou-Nakou 2004]

• No common knowledge of mental health problems
  Participants’ knowledge about mental health was informed through various informal means such as media, personal experience, connections to personal experience or experience as a teacher [Trudgen and Lawn 2011]
First Results

- Dealing with the situation is perceived as difficult
  e.g. homework situation and school marks [Reupert and Mayberry 2007]

- Insecure teacher role [Brockmann 2014]

  Reasons: lack of -
  training, time
  and common school structures/values

Next step:
Teachers will be interviewed to assess
the current status of pupil-related mental health literacy
Expected Outcome

• Test a promising health promotion approach to improve the health of children and adolescents by enhancing profession-specific mental health literacy.

• For the first time, schools will be addressed as a setting where children and adolescents are especially "accessible" for measures of health promotion.

• The occupational group of professional pedagogues and their professional ethos are made the focus of health promotion in middle and late childhood.

• Gives reason to expect a high degree of effectiveness of the aimed programme.
Thank you for your attention