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MASTER OF SOCIAL WORK STUDENTS' PERCEIVED PREPAREDNESS TO ADDRESS MENTAL HEALTH NEEDS OF CAREGIVERS WORKING TOWARD REUNIFICATION

Stephanie Ramirez

California State University - San Bernardino, 005106591@coyote.csusb.edu

Vanessa Romero

California State University - San Bernardino, 002818971@coyote.csusb.edu

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MASTER OF SOCIAL WORK STUDENTS' PERCEIVED PREPAREDNESS
TO ADDRESS MENTAL HEALTH NEEDS OF CAREGIVERS:
WORKING TOWARD REUNIFICATION

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Stephanie Ramirez
Vanessa Romero

June 2018

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Approved by:

Dr. James Simon, L.C.S.W. Faculty Supervisor, Social Work

Dr. Janet Chang, M.S.W. Research Coordinator

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ABSTRACT

The purpose of this study is to assess Master of Social Work (MSW) students' perspectives on their preparedness to identify mental health needs of caregivers that are working toward reunification. Research has established that caregivers with mental illness have children removed by the child welfare system at higher rates. In order to reunify successfully, it is critical that any mental health needs are identified to provide appropriate linkage to services. This quantitative study used a self-administered survey questionnaire with a case study vignette. MSW students have some exposure to diagnosing during their MSW program, however, the findings suggest that key factors such as area of specialization, length of experience in a mental health setting, and mental health diagnosing experience, impact how comfortable they are with diagnosing and recognizing the severity of mental health symptoms.

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DEDICATION

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CHAPTER ONE

INTRODUCTION

Problem Statement

The preparedness of social workers to appropriately address the mental health needs of caregivers can be a determinant intervention for a family working toward reunification. For the purpose of this study, caregivers are defined as the parents or legal guardians of minor children and reunification is the process of restoring children to their family of origin from their alternative placement (Child Welfare Information Gateway, 2017).

The child welfare system and the adult mental health system suffer a disjunction that stems from poor systems coordination and lack of access and resources. According to the National Society for the Prevention of Cruelty to Children (NSPCC) National Child Protection Hotline (1999), “the issue of parental mental health and the abuse of children is a recurring theme in child protection” (p.152). It was found that the national psychiatric morbidity (i.e. co-occurring mental health issues and child abuse or neglect events) among parents was 16% of the population and is steadily increasing (Meltzer et al., 1995). When a parent or caregiver suffers from a serious mental illness (SMI), their parenting skills may be impacted. Several attributes are related to harsh and unsupportive parenting styles that negatively impact children’s outcomes (McLoyd, 1990). Some parental attributes include psychological components such as mental health problems

and/or substance abuse (Reid & Eddy, 1997). Oyserman (1992), states that SMI is a risk factor for children's safety and there is an increase probability of the children being placed in an alternative setting (e.g. foster care) when child welfare becomes involved. Providing caregivers appropriate services can be a significant intervention for a family working toward reunification.

Mental illness is highly stigmatized in our society. When there are allegations of parental mental illness, child removals occur at increased rates. Cultural competency is important in providing appropriate mental health care as well as appropriate training for workers to be able to identify mental health needs in an unbiased manner. According to the Child Welfare Information Gateway (2006), Alaska, Arizona, California, and Kentucky currently see mental illness as a justification for not reunifying family.

Child welfare agencies' goals include forming partnerships with caregivers in order to assist them towards establishing safety and reunification. Findings have shown that there is poor coordination between public mental health agencies and the child welfare system (Park et al., 2006). When mental illness is involved, referral and linkage to adult mental health systems is crucial in optimizing the chances for reunification. The provision of appropriate mental health services may increase the probability of reunification (Marsh et al., 2006). A vital component of the treatment plan is to have the participation of the parents and/or caregivers. Lack of participation in treatment stifles improvement of family functioning and can be a detriment to children's safety (Littell, 2017).

Social workers play an important role in identifying mental health needs of caregivers because often they are the first professional contact that can offer services. Caregivers may not access or seek mental health services on their own due to limited resources, lack of knowledge, or inability to navigate health systems. For example, Rosen et al. (2004) found that caregivers without access to health care benefits or transportation were less likely to obtain mental health treatment. The frontline caseworkers become gateways to mental health and other social services. Additionally, parents and other caregivers that suffer from mental illness often have additional barriers in their lives that limit their ability to provide appropriate care for a child and social workers are ideal professionals that can address the multiplicity of their problems. The United States Department of Health and Human Services (2001), found that caregivers involved in the child welfare system have higher rates of unemployment, are financially unstable, and experience the need for multidimensional services. Parents that are mentally ill are overrepresented among unemployed, poor, economically and socially disadvantaged families (Creighton, 1992). However, there is a lack of studies that specifically investigate the importance of social worker preparedness in identifying mental health needs for caregivers.

It is important to note that there is no current standard of practice for assessing mental health issues of caregivers during the investigation process in child welfare. The social worker has to use their individual experience, education, and discretion to identify mental health issues and refer for further assessment.

A recognized barrier in access and availability of mental health services is that psychiatrists, psychologists, and therapists often opt out of contracting for service provision in the child welfare system due to low reimbursement rates (Fedoravicius et al., 2008). The cost of services is the major implication for the lack of treatment available in conjunction with the lack of funding. Policy makers focus on high costs associated with mental health services when funding policy is at hand (Geen et al., 2005). They do not however consider the monetary implications of removing children and the higher costs of foster care and services for that child into adulthood. When preservation initiatives are practiced, including the provision of mental health services, the fiscal impact is far less than it is when a child is placed in alternative care. Additional research, such as this study, can effectively support the need for quality services to address the mental health issues of caregivers.

Purpose of the Study

The purpose of the research study was to investigate Master of Social Work (MSW) students' perceived preparedness to address mental health needs of caregivers working toward reunification. This research seeks to provide an understanding of the perceived preparedness held by future social workers (current MSW students) to assess if their current education experience and training have supplemented their competence to address mental health needs among the caregiver population. Research supports that when appropriate

mental health services are provided, there is an increase probability of family reunification (Marsh et al., 2006). By gauging the students' perceptions on their ability to identify mental health needs of caregivers, this study aims to create knowledge that can influence additional mental health training for social workers, increase access to mental health services, and advocate for additional research.

The research method used for this study was a quantitative study design. The study utilized a self-administered survey design questionnaire consisting of a vignette case study with associated questions. This research design was selected because data was collected from a large sample size. Furthermore, there was limited time to conduct this study and this research design was practical. The use of a self-administered survey questionnaire ascertained that the biases of the researchers would not interfere with the responses of the participants nor the data interpretation.

Significance of the Project for Social Work Practice

There is limited research in the area of MSW students' perceived preparedness to address mental health needs of caregivers. This research study will add to the knowledge base and may influence additional training for social workers in the child welfare system to be more competent in identifying mental health needs for caregivers. Furthermore, students entering the workforce can become informed about how mental health services impact reunification and how it is a viable intervention when working with families. The study may also

informed if child welfare policy should be adjusted to ensure that appropriate and quality services are being provided to caregivers (i.e. service provision and mental health competency).

The findings of this research may also contribute to the enhancement of the curriculum on mental health for students in the social work program at California State University, San Bernardino. This study aims to investigate the following research question: What are MSW students' perceived preparedness to address mental health needs of caregivers working toward reunification?

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter two examines relevant literature to this study. The review of the literature contains the following four sections: provisions of mental health services to caregivers, social workers' mental health competency, MSW students' perceived preparedness to address mental health issues, and the theories guiding conceptualization: General Systems Theory and Anderson Behavioral Model.

Provision of Mental Health Services to Caregivers

A recurring theme in the literature was the lack of services available for the parents or caregivers to receive treatment for a serious mental illness. This impairs the ability of caseworkers to link families to appropriate services that could impact the reunification process. In a study by Marsh, Ryan, Choi, and Testa (2006) found that linking caregivers to community-based mental health services increased the chances of reunification for a family. The methods used in this study included a missing data analysis to examine any differences between the control group (families with no services) and the experimental group (families with at least two forms of services). The sample size for this study consisted of 724 substance abusing families attending services at the Illinois Title IV-E

Alcohol and Other Drug Abuse (AODA) Waiver Demonstration. The results show that addressing co-occurring issues within the families positively increases the chances of a successful family reunification (Marsh et al., 2006). Furthermore, the study identified that when there is a disjointed service model, it results in reduced access to essential services (Marsh et al., 2006). There is a service gap between the adult mental health system and the child welfare system. Up to 70% of the parents or caregivers involved with the child welfare system have a minimum of one mental health issue (Marsh et al., 2006). In the same study it was found that increased reunification rates are associated with increased assessment and access to services (Marsh et al., 2006).

Bunger, Chuang, and Mc-Beth (2011) studied the approaches used by caseworkers to facilitate mental health service provision to adult caregivers. This longitudinal study used quantitative data from the National Survey of Child and Adolescent Well-Being (NSCAW) of families who had child abuse or neglect cases or assessments administered by the United States Child Protective Services (CPS) agencies. The study design used was a complex sampling design with two stages of stratification. The analytic sample size resulted in 640 caregivers within 78 agencies. The study demonstrated a relationship between caregiver participation in mental health services and a reduced risk of child maltreatment. This resulted in increased permanency outcomes (Bunger et al., 2011). Additionally, caregivers that had mental health treatment goals in their service plan had to access mental health services as a prerequisite to ensure

timely parent-child reunification (Bunger et al., 2011). This study concluded that linking caregivers to mental health services was an important intervention for caseworkers and child welfare agencies because it improved the family and child's safety, permanency, and well-being (Bunger et al., 2011). A limitation to this study was that the data was from caseworkers' reports and were subject to recall biases.

Lewis and Creighton (1999), indicated that social services involvement was recorded at a higher rate when there was a presence of a mental health problem yet in only 10% of these cases there was a mental health agency involved for appropriate service provision. The sample consisted of 2084 child abuse referrals to the NSPCC Child Protection Helpline that were recorded for the purpose of the study (Lewis & Creighton, 1999). Referrals were gathered for a four-month period and were selected from a pool of 7000 plus referrals (June 1995 - May 1996). A call was coded as "parent has a mental health problem" if they presented with one of the following: signs that a caregiver was suffering from a mental illness (e.g. manic depression, schizophrenia, postnatal depression, paranoia, eating disorder, or anxiety attacks), caregiver was receiving psychiatric treatment and/or behavioral indicators (e.g. volatile moods, depressive symptoms, suicidal thoughts, or threats of harm) (Lewis & Creighton, 1999). Additionally, research demonstrated that adult psychiatric treatment of parents was associated with increased positive outcomes for the children (Lewis & Creighton, 1999). This contributes to the growing recognition that parental

mental health issues impact the whole family and should not be disregarded when working with families (Lewis & Creighton, 1999). A limitation of this study was that the data sample collected was from a child protection helpline and the information that was supplied was based solely on the behaviors of the callers described as indicators of mental health problems.

Park, Solomon, and Mandell (2006) studied the prevalence rates of involvement with the child welfare system by examining a large sample of mothers with SMI. The methodology of this study included data from the Medicaid eligibility and claims databases from the Philadelphia child welfare system (Park et al., 2006). The sample size was of 4,827 female residents between the ages of 15 to 45 who were enrolled in Medicaid through Aid to Families with Dependent Children. Linkage between mother's mental illness and affiliation with the child welfare system was measured by using logistic regression. This study found that mothers with mental illness were three times more likely to come to the attention of child welfare and loose custody of their children, than mothers without serious mental illness (Park et al., 2006). The limitation to this study was that it relied on Medicaid claims to conclude that a mental health problem was present which impacted the validity of the results.

Social Worker's Mental Health Competency

A social worker's competency in conducting a comprehensive assessment of a family and their needs is critical to provide appropriate services. Proper

service linkage impact the probability a family has of reunifying with removed children. However, reunification also depends upon whether the family makes progress in their treatment. Marsh et al. (2006) found that the caseworkers' perspective held that 60% of families had a mental health problem. In the same study, it was established that in the caseworkers' viewpoint, unsatisfactory progress in regards to mental health problems, were occurring in about 43% of the families (Marsh et al., 2006). This was important because researchers found that reunification was significantly associated to a family's progress ratings. (Marsh et al., 2006). Hence, the more progress a family can make in specific problem areas, such as mental health problems, the more likely they were to achieve reunification. It must be noted that progress could not be made in mental health problem areas where it was not the focus of the interventions (Marsh et al., 2006). When the clients received thorough and careful assessments coupled with intensive case management and received appropriate services for their specific problems, there were high rates of reunification (Marsh et al., 2006). A limitation to this study was that the information derived about the existence of the problems and progress thereafter, was taken from service providers' perspectives and subject to bias.

Social workers encounter barriers that impact their service provision processes. Fedoravicius, McMillen, Rowe, and Kagotho (2008) conducted a qualitative study design on caseworkers' perceptions of how the link clients to services. The study found that although court mandated psychological

evaluations often initiate the provision of mental health services, it is the child welfare caseworker or supervisor that is primarily responsible for securing services. The caseworkers that were interviewed reported experiencing trouble finding treatment specialists that were trained in working with issues that are commonly found in child welfare (Fedoravicius et al., 2008). Furthermore, child welfare professionals stated that when they choose mental health service providers for referrals, they use discretion so that they can maximize efficacy. According to the child welfare workers, they select mental health providers that will meet the court report deadlines (Fedoravicius et al., 2008). This means that caseworkers may be making referrals to providers that complete documentation prior to deadlines rather than appropriate services for clients' needs. A limitation to this study was that because it was an interview-based qualitative study design, the claims and responses of participants could not be empirically verified (Fedoravicius et al., 2008).

Rinehart, Becker, Buckley, Dailey, and Reichardt et al. (2005) identified the perceptions and competency of social work practitioners in screening mothers for parenting problems and mental health issues. According to the child welfare professionals, screening leads to improved interventions for the family resulting in increased protection of children. Professionals and providers also report that due to the lack of resources, they often are unable to provide parenting skills training or other parental support (Rinehart et al., 2005).

This study revealed the need for further research on the interrelatedness of co-occurring mental health issues, substance abuse, and trauma, with a mother's risk for child abuse. According to this study, participants demonstrated elevated levels of potential child abuse due to their "at risk" mental health severity and trauma (Rinehart et al., 2005). A limitation to this study was that the sample consisted only of women with co-occurring disorders and histories of violence that had already started a treatment program. Another limitation was that all measures were self-reported and subject to reporter bias, due to concerns about social perceptions, personal denial, and/or recall memory issues (Rinehart et al., 2005).

In the article by Hunt, Risley-Curtiss, Stromwall, and Teska (2004), caseworkers are to assess caregiver's ability to parent but may not be trained in such assessments, especially when mental health issues are involved. Furthermore, caseworkers' decisions for client treatment options are influenced by past dominant theories that may be inappropriate for the caregivers on their caseload (Hunt et al., 2004). Child welfare staff competencies in mental health knowledge are lacking. In fact, "many child welfare staff are undereducated and inexperienced" (Hunt et al., 2004, p. 115). According to Jacobsen, Miller, and Kirkwood (as cited in Hunt et al., 2004) workers receive minimal job training in: working with mentally ill caregivers, evaluating adequate parenting, and identifying prior evaluations from other professionals (p. 115). Best treatment models should be implemented in service provider training to ensure that

accurate assessments are being performed thereby accurate services provided to address the mental health needs of caregivers (Hunt et al., 2004).

Master of Social Work Students' Perceived Preparedness to Address Mental Health Issues

A research study conducted by Rainey (2015), explored the perceptions of 39 Title IV-E graduate students on barriers to family reunification. Findings indicated that students perceived substance abuse, mental health, and domestic violence as routine issues in reunification. According to students' responses, mental health was selected as a 'frequent issue' in family reunification by 64.1% (n=25) of the students surveyed (Rainey, 2015). This study also demonstrated that 17 (43.6%) students believed that families often report mental health as a reunification barrier. Having a small sample size from one university was a limitation to this study (Rainey, 2015). Further research could utilize a larger sample of students from various universities.

Through the use of self-administered questionnaires, Phongprasert (2010) collected quantitative data that captured the perceived knowledge and perception of 37 MSW students on the effectiveness of the child welfare system. Per Phongprasert's (2010) findings, 54% of MSW students agreed with the research that families with substance abuse or mental health issues require more time to reunify. A limitation to this study was the small sample size affecting the reliability of the results.

It was difficult to assess data for this section, as there is scarce literature regarding MSW student perceived preparedness on mental health needs of caregivers. Hence, more research should be conducted to add to the literature.

Theories Guiding Conceptualization

Students' perceived preparedness to address the mental health of caregivers working toward reunification could be conceptualized through the General Systems Theory (GST) and Andersen's Behavioral Model (BM).

The General Systems Theory postulates that all systems interact. The systems range from the smallest atomic particle interactions with molecules (microorganisms) all the way to interfaces within society. Through reciprocal relationships the system's equilibrium is maintained (or disrupted) and interactions occur continuously (Turner, 2011). All living systems have inputs and outputs and therefore there is a constant "process of change" (Turner, 2011). GST is applicable to this research study because it considers how the social worker's intervention (e.g. linking to mental health services) impacts the caregiver and the family system. The social worker and their corresponding agency (e.g. Children and Family Services) are a system engaged in a reciprocal relationship with the caregivers (sub-system to family system). Furthermore, the mental health services agency would be another system that would interact with the caregiver and would therefore be influencing the input and output. While services and an open case with child welfare may cause disequilibrium, the

introduction of the mental health system can be a significantly important input that can potentially help restore equilibrium to the family system.

The General System Theory can be applied as a model of treatment within social work context when working with the family. GST is comprised of various interconnected systems that continuously interact. Change can occur in one or multiple areas of a system, which then may trigger changes to occur in other areas (Turner, 2011). For example, a case management social worker that assess the mental health needs of a caregiver and then makes a referral to an agency where that person can acquire said services has created a bridge for two systems to interact (mental health service agency and the caregiver in need of services). When the client receives the services and improves their functioning they are then reunified with their children and the family system is directly impacted. There is always an interaction happening between people as well as with the surrounding environment; in social work it is critical to recognize these connections (Turner, 2011). The identification of the needs of a caregiver and the linkage to services to address those needs is a direct application of the General Systems Theory as a micro level of social work practice.

Andersen's Behavioral Model maps the contributing factors that explain a person's use of health services. The model suggests that in addition to the demographic characteristics of a family (e.g. social and economic factors), there are predisposing factors that "enable or impede use" of health services (e.g. resources and need for care) (Andersen, 1995). In the model, the individual is the

unit of analysis, however, family characteristics are attached to that individual. The model can both predict use or explain use. The Andersen Behavioral Model identifies the following as the determinants of a person's use of health services: predisposing characteristics, enabling resources, and need (Andersen, 1995).

The predisposing characteristics consist of demographics (age, gender and other biological imperatives that suggest need of health services), social structure (the individual's status in community including education, occupation and ethnicity, ability to cope with the presenting problem, command of resources, and the physical environment), and the health beliefs (attitudes or values and knowledge about health and associated services).

Andersen (1995) states, "both community and enabling resources must be present for use to take place" (p. 3). Facilities must be accessible and available to people near their home or place of work and people must know how to access said services. Resources also encompass a family's income and health insurance, the travel and wait time required to attain health services, and whether a family has a "regular source of care" (Andersen, 1995).

The 'need' for health services is determined from an individual's *perceived need* and an *evaluated need*. It has been found that the need of an individual is a major determinant for services use and may trump predisposing characteristics including health beliefs and social structures (Andersen, 1995). The *perceived need* of an individual is their own perception of their general health and functioning influenced by their experience of associated symptoms, pain, and

worries or concerns in regards to their health. Additionally, the perceived “magnitude” of the health concern is important to whether an individual will seek out professional help (Andersen, 1995). *Perceived need* is associated with explaining help-seeking behaviors and compliance to treatment (Andersen, 1995). The *evaluated needs* of an individual are the professional’s judgments about a person’s health status and recommendation to access services. According to Andersen (1995), the evaluated need is a “social component” because it is continuously changing as advancements are made in science impacting professionals training and competencies. *Evaluated need* is associated with the type of treatment to be received by the patient upon seeking a health service provider (Andersen, 1995).

Andersen’s Behavioral Model is applicable to an individual’s use of mental health services. All of the BM components: predisposing characteristics, enabling resources, and need are influencing factors for caregivers with mental health needs. Often, if the mental health needs go unidentified or undetected the individuals will not engage in the process and therefore a social worker may function as a catalyst to an adult initiating in the BM.

Summary

The literature informs the importance of mental health services for caregivers and the impacts on reunification. There is limited research on the preparedness of MSW students to address mental health needs. Additional

research is important in order to determine where improvements and/or changes need to be made to appropriately address mental health needs commonly found among the caregiver population. The General Systems Theory in conjunction with Andersen's Behavioral Model demonstrates the fundamental interactions between individuals, family systems, professionals, and health service systems.

CHAPTER THREE

METHODS

Introduction

This section includes a description of the research methods and procedures that were implemented in this study. Specifically, this section addresses the study design, sampling methods, data collection and instruments, procedures, protection of human subjects, and data analysis methods.

Study Design

The purpose of this research study was to assess MSW students' perceived preparedness to address the mental health needs of caregivers working toward reunification. Furthermore, it allowed us to survey and identify if the students feel prepared in recognizing or identifying symptoms that would require a referral to mental health services. This research also examined the level of education and personal or professional experience, to analyze how it related to their perceived preparedness of addressing mental health needs.

This research study used quantitative survey methods, using self-administered questionnaires that were completed by MSW students. Through self-administered questionnaires, information was gathered to identify participants' perceived preparedness to identify mental health needs for caregivers. The survey included a letter of introduction, informed consent, self-

administered questionnaire, and debriefing statement. The sampling criteria for the study consisted of students from a State University. It was anticipated at least 50% of MSW students that were surveyed would respond by completing the survey questionnaire.

The rationale for using a quantitative survey design was due to the study's limited time frame, low cost, confidentiality, and practicability. Additionally, the quantitative research design ensures that the researchers' biases and values do not interfere with participants' responses or the evaluation of data (Cabrera, 1998). Furthermore, this survey questionnaire design was intended to collect data from a large group of people at once.

In contrast to the strengths of this quantitative research design, there are methodological limitations that follow. The first limitation was that survey questionnaires are known to have low response rates. In order to have more respondents, researchers went into participants' classrooms to introduce the study and ask for their voluntary participation. The questionnaire's link with access to the survey was provided to the students via email. Another limitation was the probability that participants' responses may have been biased, untruthful, or questions may have been left unanswered. Finally, a surveyed design limits the researchers' ability to observe non-verbal behavior and understand their reasons for their responses (Cabrera, 1998).

The research question that was analyzed in this study was: What are MSW students' perceived preparedness to identify mental health needs of

caregivers working toward reunification? Some factors that may have impacted their perceived preparedness included experience and education.

Sampling

The sample consisted of students in the School of Social Work program at a State University. Convenient sampling was used to increase access to participants and ensure a larger sample size. The sample included MSW students in foundation year and advanced year (full-time, part-time, Pathway, and Title IV-E). The only criteria for participants was that they had to be enrolled in the MSW program from the selected State University where the sample was derived from. The sample size was 68 students. Making the survey available to all the MSW students allowed the researcher to compare the perceived preparedness of students with different areas of specialization and experience.

Data Collection and Instruments

The instrument used for data collection was a self-administered questionnaire created by the researchers. The questionnaire was divided into two sections: demographics, educational and/or experience background; and preparedness to identify and address mental health needs of caregivers. Participants responded to multiple-choice questions and scaling questions. The demographics section included age, gender, and ethnicity. The educational and experience background section included questions on the participants' year in

the program: full-time, part-time or Pathway status, Title IV-E stipend recipient, Mental Health Stipend recipient, area of specialization, field placement experience, approximate amount of experience in a mental health setting (in months), diagnosing experience, and personal experience with mental health. The survey used a case study vignette to assess preparedness to address mental health needs. Definitions of the terms caregiver and reunification, as it pertained to the study, were included at beginning of the questionnaire. The case study vignette that follows was developed by the researchers, Stephanie Ramirez and Vanessa Romero.

Case study vignette:

Connie is a 36-year-old woman. She is a stay-at-home mom of three children ages 10, 6, and 3. Her children are currently placed in an out-of-home placement with relatives and have supervised visits. Connie was recently approved unsupervised day visits to prepare for possible reunification. The 10-year-old reported to you, the carrying social worker, that “Mommy has been tired during the last few visits” and “sometimes we are hungry but she is sad and locked up in her room.” You conduct a home visit to Connie’s home. Upon your arrival, you find her cleaning her house fervently. Connie is talking really fast and laughs loudly. You proceed to inform Connie that you spoke to her child and that there were concerns about her being tired and locking herself in her room. Connie replies, “No that was last week, sometimes I just feel really down and cry a

lot and need to be left alone but it passes.” You ask Connie if this week has been better and Connie replies, “Yeah. I feel good! I have so much energy that I haven’t slept!” Connie goes on to share she just got off the Internet where she purchased \$250 worth of shoes, “I love shoes!”

The questions associated with the vignette consisted of multiple-choice and scaling questions and was developed by the researchers, Stephanie Ramirez and Vanessa Romero (see Appendix B).

Procedures

The research study was approved by the California State University, San Bernardino School of Social Work and its director Dr. Laurie Smith provided a letter of support. Second, a proposal and application was submitted to the Institutional Review Board (IRB). Upon approval from the IRB (Appendix C), the self-administered from the IRB the self-administered questionnaires were distributed via email. The researchers contacted professors for permission to come in to the social work classrooms to invite the students to complete the survey. When the professors granted permission, the researchers went into the classrooms and introduced themselves and the research topic. Students that agreed to participate were provided with a survey link via email. Before the survey began, a letter of introduction was displayed to be reviewed by the students. The letter provided background information on the nature of the study, its purpose, and instructions for completing the questionnaire. The consent form

(Appendix A) was provided to participants prior to initiating the self-administered questionnaire. The students that agreed to participate marked a “yes” as consent to voluntarily participate in the study.

To maintain confidentiality no identifying information was requested from the students. The self-administered questionnaire (Appendix B) included 27 questions that took approximately 10-15 minutes to complete. After the questionnaire was completed, participants were instructed to read a debriefing statement.

Protection of Human Subjects

The research study investigators made every effort to protect the confidentiality and anonymity of every participant. The process and procedures chosen for this study safeguarded the participants’ identity and well-being. A letter of introduction was provided to the participants in which both the research project and confidentiality measures were explained. Also, the participants were provided with an informed consent form that disclosed the procedures, risks and benefits, voluntary participation, and the right to withdrawal their participation at any time during the questionnaire. The participants marked a “yes” to provide their consent so that their name was not used. Lastly, a debriefing statement was provided at the end of the questionnaire with the researchers’ contact information if they had questions or concerns, the supervising faculty advisor for the project, and a statement of where the results and findings of the study could be found.

The findings of the study maintained anonymity as aggregated data was used and the survey were destroyed at the conclusion of the study.

Data Analysis

The data gathered in this study utilized quantitative data analysis techniques to assess the preparedness among the variables under study. A combination of inferential statistics were employed using the program Statistical Package for the Social Sciences (SPSS) version 24 and Stata SE version 15.

Descriptive statistics were used to summarize demographics, level of education and experience, and data's frequency distribution measures of central tendency (e.g. mean) and measures of variability (e.g. standard deviation).

Furthermore, inferential statistics including Chi-Square Tests and Pearson's Correlation Coefficient were used to investigate the survey questions. The questions assessed relationships between personal, professional and educational experience, decision-making and self-identified perceptions and the preparedness to identify mental health needs. In addition, completed data analysis determined whether MSW students are sufficiently trained and/or prepared to recognize, assess, and address caregiver's mental health needs.

Summary

The research method employed in this study was a quantitative survey design, using self-administered questionnaires. Participants for this study were

recruited from the College of Social and Behavioral Sciences from a State University, specifically, from the Master of Social Work program. The sample consisted of full-time, part-time, Pathway, Title IV-E, and Mental Health Stipend MSW students of varying ages, ethnicities, and levels of experience and education. The questionnaire was made up of two sections pertaining to the various independent variables (personal, professional, and education experience, and decision making), the dependent variable (preparedness to identify mental health needs), and demographic information. Descriptive and inferential statistics were used to analyze the data collected.

CHAPTER FOUR

RESULTS

Introduction

The purpose of this chapter is to present the results of the research study. This chapter will include a report on the sample and a summary of the descriptive statistics. Frequency distributions were conducted for age, gender, racial/ethnic identity, undergraduate degree, part-time/full-time status, Pathways (on-line) status, class standing, Title IV-E (child welfare stipend) or Mental Health Stipend recipient status. Additionally, an outline will be provided of the key factors identified as contributing to students' perceived preparedness to address the mental health needs of caregivers. The key factors include: area of specialization, length of experience in mental health setting, mental health diagnosing experience, level of comfort with diagnosing clients and the most helpful contributor to students' perceived preparedness. Lastly, a summary of the overall findings will be provided.

Presentation of Findings

The student demographics of the data and key factors are presented below and in Table 1.

Demographics

This study consisted of 68 student participants that completed the survey (see Table 1). The students had a mean age of 28.87 years ($SD=6.35$). The majority of the participating students identified as female ($n=64, 94.12\%$) and only four (5.88%) identified as male. The data collected was from a diverse body of students and the largest ethnic group was Latino(a)/Hispanic with 67.65% ($n=46$). Caucasian students made up 8.82% ($n=6$), three (4.41%) students identified as African American, and six (8.82%) marked other.

The students had various educational backgrounds as demonstrated by their undergraduate degree majors, which were as follows: criminal justice ($n=3, 4.41\%$), human services ($n=4, 5.88\%$), psychology ($n=24, 35.29\%$), social work ($n=18, 26.47\%$), sociology ($n=13, 19.12\%$), and other ($n=6, 8.82\%$).

When asked to identify their educational status, the sample was almost evenly split in thirds. One third of students ($n=23, 33.82\%$) were in their second year full-time program. Another third of students ($n=20, 29.41\%$) were in their first year of the full-time program. The other third was made up of first, second, and third year part-time/Pathway students. Additionally, students were asked to identify if they were stipend recipients (Title IV-E or Mental Health). About one third of the students in the sample were stipend recipients. Twenty-one (80.77%) students were Title IV-E recipients while five (19.23%) were mental health stipend recipients. Students provided their area of specialization and the majority were in the child welfare sector with twenty-three (33.82%) students. Mental

health was the second largest specialization with twenty (29.41%) students. Only ten (14.71%) students were specializing in medical social work and fifteen (22.05%) students were in other areas of social work.

The researchers wanted to assess the students' mental health experience by having them report how many months of experience they had working or interning within a mental health setting. Of the students that participated in the study, twenty-two (32.35%) had no experience in a mental health setting, twenty-nine (42.65%) had between one to six months of experience, and seventeen (25%) had over seven months experience in a mental health setting.

Table 1

Demographic Characteristics of Study Sample (n=68)

	<i>n</i>	Valid %	<i>M</i>	<i>SD</i>
Age ^a			28.87	6.35
18-25	23	34.86		
26-35	34	51.53		
36-75	9	13.66		
Gender				
Male	4	5.88		
Female	64	94.12		
Racial/Ethnic Identity				
Latino(a)/Hispanic	46	67.65		
Caucasian	13	19.12		
African American	3	4.41		
Other	6	8.82		
Undergraduate Degree				
Criminal Justice	3	4.41		
Human Services	4	5.88		
Psychology	24	35.29		
Social Work	18	26.47		

Sociology	13	19.12
Other	6	8.82
MSW Program Status		
1st Year Full-Time	20	29.41
2nd Year Full-Time	23	33.82
1st Year Part-Time/Pathway	12	17.65
2nd Year Part-Time/Pathway	9	13.24
3rd Year Part-Time/Pathway	4	5.88
Stipend Program		
Title IV-E	21	80.77
Mental Health	5	19.23
Area of Specialization		
Child Welfare	23	33.82
Mental Health	20	29.41
Medical Social Work	10	14.71
Other	15	22.05
Months of Experience in MH Setting		
0	22	32.35
1-3 Months	12	17.65
4-6 Months	17	25
7-9 Months	4	5.88
10-12 Months	3	4.41
13+ Months	10	14.71

Note. ^a=sample did not add up to 68 due to missing data

Table 2 below lists the various survey responses. The students were asked to report what they believed was the most helpful contributor to their perceived preparedness to identify mental health needs of caregivers. The survey posed the question: *What do you feel has been the most helpful to prepare you to identify caregivers' mental health needs?* The students were able to select from the following multiple-choice options: (1) *classes*, (2) *field placement/internship*, (3) *work experience*, (4) *personal experience*, and (5) *other*. The majority of students (n=28, 41.18%) determined that the most helpful

contributor was their field placement/internship followed by classes (n=22, 32.35%), work experience (n=12, 17.65%), personal experience (n=2, 2.94%). Four (5.88%) students selected other (see Table 2).

The survey consisted of a case vignette that students were asked to read in order to answer questions based on the scenario depicted. The vignette centered around a mother named Connie who presented with mental health symptoms. The students were asked to critically think and answer the questions as if they were the carrier social worker managing Connie's family reunification case. The survey included a question that asked students to diagnose Connie based on the presenting symptoms: *Select the most appropriate diagnosis for Connie based on the information in the vignette.* The following answers were offered in multiple-choice format: (1) *Major Depressive Disorder*, (2) *Panic Disorder*, (3) *Bipolar Disorder*, (4) *Schizophrenia*. Although there were symptoms of depression the vignette presented symptoms of mania as well making the correct diagnosis Bipolar Disorder. The majority of students (n=56, 82.35%) correctly diagnosed Bipolar Disorder while the remainder of the sample (n=12, 17.65%) diagnosed Connie with Major Depressive Disorder. No students selected Panic Disorder or Schizophrenia (see Table 2).

The survey presented a scaling question asking students to rate the perceived severity of the mental health of the client in the vignette, the researchers asked: *How would you rate Connie's mental health?*, which was measured with the following five-point Likert scale: (1) *very severe*, (2) *severe*,

(3) *moderately severe*, (4) *slightly severe*, and (5) *not at all severe*. Thirteen (19.12%) students rated it as *not severe* or *slightly severe*, while thirty-three (48.53%) students rated it as *moderately severe* and twenty-two (32.35%) said it was *severe* or *very severe*.

The students were asked to rate the importance of linking Connie to mental health services in order to reunify the family. This was measured by asking: *How important is linking Connie to mental health services in order to reunify with her children?* The following five-point Likert scale was used to rate the importance: (1) *very important*, (2) *important*, (3) *moderately important*, (4) *slightly important*, and (5) *not at all important*. No students rated *not at all important*. Ten (14.7%) students rated the importance to be between *slightly important* to *important*. The majority of students (n=58, 85.29%) elected *very important*. MSW students acknowledge the importance of linking a caregiver to mental health services in order to increase the chances of reunification.

For the purpose of this study, students were asked to assess their self-perceived preparedness to identify mental health issues. To measure their comfort diagnosing, the researchers asked: *How comfortable do you feel diagnosing a client?*, which was measured on the following six-point Likert scale: (1) *very comfortable*, (2) *comfortable*, (3) *somewhat comfortable*, (4) *uncomfortable*, (5) *very uncomfortable*, and (6) *not comfortable at all* (see Appendix C to review entire survey). Most of the students (n=43, 63%) that completed the survey rated their comfort level as *comfortable* to *somewhat comfortable* and the

remainder of the sample (n=25, 37%) rated between *somewhat uncomfortable* to *very uncomfortable*.

Table 2

Student Survey Responses (n=68)

	<i>n</i>	<i>Valid %</i>	<i>M</i>	<i>SD</i>
Diagnosis				
Bipolar Disorder	56	82.35		
Major Depressive Disorder	12	17.65		
Most helpful contributor to preparedness				
Classes	22	32.35		
Field Placement/Internship	28	41.18		
Work Experience	12	17.65		
Personal Experience	2	2.94		
Other	4	5.88		
Comfort Diagnosing			3.21	1.20
Not comfortable at all	10	14.71		
Very uncomfortable	6	8.82		
Uncomfortable	18	26.47		
Somewhat Comfortable	29	42.65		
Comfortable	4	5.88		
Very comfortable	1	1.47		
Mental Health Severity			3.13	0.83
Not at all severe	2	2.94		
Slightly severe	11	16.18		
Moderately severe	33	48.53		
Severe	20	29.41		
Very severe	2	2.94		
Importance of Linking to Services			3.8	0.56
Not at all important	0	0		
Slightly important	1	1.47		
Moderately important	2	2.94		
Important	7	10.29		
Very important	58	85.29		

Note. ^a=sample did not add up to 68 due to missing data

Bivariate analyses for categorical variables were conducted using chi-square analyses. As indicated in Table 3 by the superscript^a, several categories were collapsed due to the small sample size in some cells. Chi-square analyses were conducted to compare the participants' comfort level diagnosing and their backgrounds (i.e. area of specialization), experience (months in mental health setting), and questions associated with the vignette (diagnosis of client severity of mental health symptoms and importance of providing services to reunify).

Comfort Diagnosing Clients and Months of Experience in Mental Health Setting

When comparing the comfort in diagnosing and the students' experience (in months) in a mental health setting, the students that had any (1-7 or more months) experience scored higher in their comfort with diagnosing than those that had no experience in a mental health setting. There was a significant association between months of experience and comfort diagnosing ($\chi^2=10.78$, $df=2$, $p<0.01$) (see Table 3).

Comfort Diagnosing Clients and Area of Specialization

Chi-square analyses were run to compare the means of the students' area of specialization and their comfort level with diagnosing. Students with an area of specialization in mental health rated their comfort with diagnosing higher than students in any other area. There was a significant association between a student's area of specialization and the level of comfort they felt when diagnosing clients ($\chi^2=8.73$, $df=3$, $p<0.05$)(see Table 3). For example, child welfare students felt less comfortable but mental health students felt more comfortable.

Comfort Diagnosing and Correct Vignette Diagnosis

The survey had a question that asked students to diagnose Connie, the client in the vignette. When comparing students' comfort level with diagnosing with the students' ability to correctly diagnose, the results approached significance ($\chi^2=3.64$, $df=1$, $p=.06$) (see Table 3).

Table 3
Key Factors Associated with Comfort Diagnosing

	Comfort diagnosing ^a		chi-square test $\chi^2(df)$
	Comfortable (n=34)	Uncomfortable (n=34)	
Months of Experience in MH Setting ^a			
0	5	17	
1-6 Months	20	9	$\chi^2(2)=10.78^{**}$
7+ Months	9	8	
Area of Specialization ^a			
Mental Health	13	7	$\chi^2(3)=8.73^*$
Child Welfare	6	17	
Medical Social Work	7	3	
Other	8	7	
Correct vignette diagnosis ^a			
Yes	31	25	$\chi^2(1)=3.64$
No	3	9	
Mental Illness Severity ^a			
Not Severe & Slightly Severe	3	10	$\chi^2(2)=4.71$
Moderately Severe	19	14	
Severe & Very Severe	12	10	

Note. ^a=These categories were collapsed due to the small sample size in some cells
* $p<.05$. ** $p<.01$. *** $p<.001$

Comfort Diagnosing and Mental Health Severity

The comfort level of students was significantly correlated with the identified severity of the mental illness ($r = .27, p \leq 0.05$) (see Table 4). As their comfort level increased so did the students' rating of the severity of the mental health symptoms which approached significance ($\chi^2=4.71, df=2$). In order to conduct the correlation one variable (rate of severity) was reverse coded (see Table 3).

Comfort Diagnosing and Importance of Linking Caregivers to Services to Reunify

There was a positive correlation ($r = .35, p \leq 0.05$) between a student's comfort level diagnosing and whether they believed that linking Connie to mental health services was important to the process of successfully reunifying the family (see Table 4).

Table 4

Correlation among Comfort Diagnosing, Mental Health Severity Rating, and Importance of Linking to Services

	1	2	3
1. Comfort Diagnosing	1.00		
2. Mental Health Severity Rating	.27*	1.00	
3. Importance of Linking to Services	0.04	.35**	1.00

Note. * $p < .05$. ** $p < .01$. *** $p < .001$. Pearson Correlations.

Summary

A total of ninety-eight surveys were gathered, of which thirty were not utilized due to missing data. Data were analyzed using Statistical Package for the

Social Sciences (SPSS) version 24 and Stata SE version 15. Research results yielded that half of the students had a self-perceived preparedness to identify mental illness among caregivers and the other half were uncomfortable with their preparedness level.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will present the conclusions gathered from the study's findings. Included in this discussion are the quantitative answers given for the research question: What is the relationship between demographic characteristics, levels of experience in a mental health setting, experience diagnosing, and MSW students' perceived preparedness to address mental health needs of caregivers that are working toward reunification? In addition, the data collected from the surveys will also evaluate students' preparedness to link caregivers to the appropriate mental health services. Lastly, this chapter will discuss the limitations of this research study, recommendations and implications for social work practice, and the conclusions gained from the research study.

Discussion

The purpose of this study was to explore the influences that impact MSW students' perceived preparedness to address the mental health needs of caregivers. By assessing what factors contribute to a students' perceived preparedness, we can identify where competency can be improved upon and whether students need supplemental training in concepts of mental health provision processes. The data collected provided understanding of what MSW

students found most helpful in preparing them to be able to identify the mental health needs of caregivers. By understanding how clients access mental health services, as discussed in the theories guiding research section, and the critical role social workers play in connecting caregivers to systems, students can further advance their preparedness in working with caregivers who may have mental health needs present.

The findings demonstrated that experience in a mental health setting and experience diagnosing have significant influence on MSW students' perceived preparedness. The findings show a correlation between MSW students who reported they felt comfortable diagnosing and their ability to identify signs of mental health symptoms. These findings also suggest that a high level of perceived preparedness was associated with MSW students who have experience in a mental health setting. Additionally, the findings showed a relationship between MSW students' comfort diagnosing with accurately identifying the severity of mental health needs/symptoms of caregivers. Although they rated some level of discomfort making a diagnosis, they correctly diagnosed the case study in the research survey although this was only marginally significant. Based on our findings, it appears that some MSW students will underestimate their ability to correctly diagnose and that students with some areas of specialization will feel more comfortable diagnosing.

Limitations

The limitations that were encountered during the process of this research study include the underrepresentation of students that identify as male and ethnicities such as Native American, Middle Eastern, and Asian American. The sample lacked diversity because the sample involved mostly child welfare and mental health participants and not many from other areas of specialization. Another important limitation was that although we originally had 98 students participate in the survey, 30 students did not complete the survey and had to be excluded bringing the sample size down to 68. Had researchers included a paper questionnaire delivered in person, it could have resulted in an increased number of completed responses.

Another area in which the research study could be improved is in the creation of a more complex case study vignette in which the students feel challenged to use their critical thinking, knowledge and experience to address the mental health issues of caregivers. The vignette used for the purpose of this study could have been more difficult to complete. Consequently, the research study's questionnaire could be improved by making the symptoms in the case study more subtle and harder to identify. Another limitation was that in the survey questionnaire, there was no question that specifically asked how prepared the students felt to identify the mental health needs of caregivers (survey only assessed their comfort level). Another area that could be improved upon is to include more scaling questions to assess for MSW students' perceived

preparedness. The research study only had three scaling questions and since the study measured students' perceived preparedness, it is vital to include more questions that are self-rated.

Recommendations for Social Work Practice, Policy, and Research

In this study, students identified the most helpful factors in preparing to diagnose and identify mental health needs. The top two responses were classes they had taken during their academic career and field or internship placement where they were able to implement diagnosing skills. In addition, social work students can increase their knowledge and self-perceived preparedness by: doing their own research on mental health topics, seeking out training opportunities, refer to the DSM-5, and/or consult with a supervisor or colleagues. Social work students may also attend community or county events that include mental health awareness and resources.

It is important that this research study found that students identified classes as an important component of their mental health diagnosing experience. Educational institutions should continue to educate students in their classes to ensure that their levels of comfort are adequate for working with clients who might need their mental health needs to be identified. This may be done through the development of additional educational training courses regarding diagnosing clients.

To further research in this area, more research can be dedicated toward identifying what contributes to MSW students feeling prepared to address the mental health needs of caregivers. Last, additional research can identify other factors that contribute to a student's ability to service families who are working toward reunification when mental health needs are present.

Conclusion

This study explored the MSW students' perceived preparedness to identify the mental health needs of caregivers working toward reunification. Half of the students felt prepared to address mental health needs while the other half did not. There are factors that influence student's feelings of preparedness which included: level of experience in a mental health setting, area of specialization and education background. With increased education, training, experience with mental health practices, theories and direct work with clients, social work students will be able to increase their competence when working with caregivers that have mental health needs and that are trying to achieve reunification.

APPENDIX A
INFORMED CONSENT

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to assess MSW student's preparedness to address mental health needs of caregivers working towards reunification. The study is being conducted by Vanessa Romero and Stephanie Ramirez, MSW students, under the supervision of Dr. James Simon, Assistant Professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-Committee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to assess MSW student's preparedness to address mental health needs for caregivers working towards reunification.

DESCRIPTION: Participants will be asked a few questions on demographics, experience, educational background, and survey questions covering various topics including mental health needs and reunification (multiple choice).

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to participate in the study or withdraw your participation at any time without any consequences. This study is not a requirement of California State University, San Bernardino.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in aggregated form only.

DURATION: It will take approximately 10 to 15 minutes to complete the survey.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Janet Chang, IRB Member and IRB Chair of the Social Work Sub-Committee, at 909-537-5183 (email: jchang@csusb.edu).

RESULTS: Results of the study can be obtained from the Pfau Library Scholarworks (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after December 2018.

This is to certify that I read the above and I am 18 years or older.

_____ Place an X mark here

_____ Date

909.537.5501 · 909.537.7029

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University · Bakersfield · Channel Islands · Chico · Dominguez Hills · East Bay · Fresno · Fullerton · Humboldt · Long Beach · Los Angeles Maritime Academy · Monterey Bay · Northridge · Pomona · Sacramento · San Bernardino · San Diego · San Francisco · San Jose · San Luis Obispo · San Marcos · Sonoma · Stanislaus

APPENDIX B
STUDY QUESTIONNAIRE

MSW Student's Preparedness to Address Mental Health Needs of Caregivers Working Toward Reunification

Survey Questionnaire

Vignette Case Study Questionnaire

Please read the following statement about Connie.

Connie is a 36 year-old woman. She is a stay-at-home mom of 3 children ages 10, 6, and 3. Her children are currently placed in an out-of-home placement with relatives and have supervised visits. Connie was recently approved for unsupervised day visits to prepare for possible reunification. The 10-year-old reported to you, the carrying social worker, that "Mommy has been tired during the last few visits" and "sometimes we are hungry but she is sad and locked up in her room." You conduct a home visit to Connie's home. Upon your arrival, you find her cleaning her house fervently. Connie is talking really fast and laughs loudly. You proceed to inform Connie that you spoke to her child and that there were concerns about her being tired and locking herself in her room. Connie replies, "No that was last week, sometimes I just feel really down and cry a lot and need to be left alone but it passes." You ask Connie if this week has been better and Connie replies, "Yeah, I feel good! I have so much energy that I haven't slept!" Connie goes on to share that she just got off the internet where she purchased \$250 worth of shoes, "I love shoes!"

*****Please answer the following questions as if you were the social worker working with Connie and her family, and select the best answer for each question:**

1. Connie appears to be fine and I can close the case:
 - a. Yes
 - b. No
 - c. I don't know
2. It appears that neglect is occurring:
 - a. Yes
 - b. No
 - c. Need more information
3. There appear to be identifiable red flags or behaviors of concern to consider:
 - a. Yes
 - b. No
 - c. I don't know
4. The 10-year old statements about Connie are signs of a mental health problem:
 - a. Yes
 - b. No
 - c. Need more information
5. Connie's *behaviors* are a sign of a mental health problem:
 - a. Yes
 - b. No
 - c. I don't know

6. Which of the following, if any, would you consider as an indication of a mental health concern?
- Connie's responses
 - Connie's spending
 - A and B
 - None of the above
7. Connie is presenting with symptoms of Depression:
- Yes
 - No
 - I don't know
8. Connie is presenting with symptoms of Anxiety:
- Yes
 - No
 - I don't know
9. Connie is presenting with symptoms of Mania:
- Yes
 - No
 - I don't know
10. After this encounter with Connie and her family what would be your course of action?
- I will provide financial assistance services
 - I will refer to mental health services
 - I will provide food bank resources
 - No course of action is needed at this time
11. Select the most appropriate diagnosis for Connie based on the information in the vignette:
- Major Depressive Disorder
 - Panic Disorder
 - Bipolar Disorder
 - Schizophrenia
12. On a scale of 1-5, how severe is Connie's mental health?
- Very Severe
Severe
Moderately Severe
Slightly Severe
Not At All Severe
13. On a scale of 1-5, if Connie's children were removed, how important is linking Connie to mental health services in to order to reunify?
- Very Important
Important

Moderately Important
Slightly Important
Not At All Important

DEMOGRAPHICS: In this section, please complete or check the appropriate response next to the information that best describes you.

1. How old are you?

____(1)

2. Gender:

____(1) Male

____(2) Female

____(3) Other (Please specify: _____)

3. Racial/Ethnic Identity:

____(1) African American

____(2) Asian/Pacific Islander

____(3) Caucasian/European American

____(4) Latino(a)/Hispanic

____(5) Native American

____(6) Other (Please specify: _____)

5. Bachelor's Degree:

____(1) Human Services

____(2) Psychology

____(3) Sociology

____(4) Social Work

____(5) Criminal Justice

____(6) Other (Please specify: _____)

6. MSW Program:

____(1) 2-Year Full-time

____(2) 3-Year Part-time

____(3) 3-Year Pathway

7. Current MSW Status:

____(1) 1st Year Full-time

____(2) 2nd Year Full-time

____(3) 1st Year Part-time

____(4) 2nd Year Part-time

____(5) 3rd Year Part-time

8. Stipend Program:

____(1) Title IV-E

____(2) Mental Health

____(3) N/A

9. Area of Specialization:

- _____ (1) Child Welfare
- _____ (2) Mental Health
- _____ (3) Gerontology
- _____ (4) Medical SW
- _____ (5) School SW
- _____ (6) Substance Abuse
- _____ (7) Physical & Mental Disabilities
- _____ (8) Correctional Services
- _____ (9) SW in the Work Place
- _____ (10) Other (please specify: _____)

10. Field Placements:

What is your current field placement?

_____ (1)

If you are an advanced MSW student, please indicate your first year field placement

First year field placement:

_____ (2)

11. Months of experience in a mental health setting:

- _____ (1) 0
- _____ (2) 1-3
- _____ (3) 4-6
- _____ (4) 7-9
- _____ (5) 10-12
- _____ (6) 13+

12. Have you ever diagnosed someone with a mental health issue?

___ Yes (1) ___ No (2)

13. On a scale of 1-5, how comfortable do you feel diagnosing a client?

- Very Comfortable
- Comfortable
- Somewhat Comfortable
- Uncomfortable
- Very Uncomfortable
- Not Comfortable At All

14. What do you feel has been most helpful to prepare you to identify caregiver's mental health needs?

- a. Classes
- b. Field placement/internship
- c. Work experience
- d. Personal experience
- e. Other (please specify: _____)

APPENDIX C
INSTITUTIONAL REVIEW BOARD APPROVAL

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Vanessa Romero & Stephanie Ramirez
Proposal Title MSW students' Perceived preparedness to Address
Mental Health Needs for Caregivers working Toward Reunification
SW1813

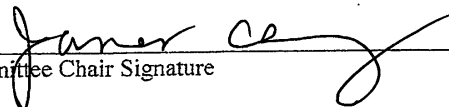
Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
- to be resubmitted with revisions listed below
- to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
- missing informed consent debriefing statement
- revisions needed in informed consent debriefing
- data collection instruments missing
- agency approval letter missing
- CITI missing
- revisions in design needed (specified below)


Committee Chair Signature

1/22/2018
Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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ASSIGNED RESPONSIBILITIES

This is a two-person project where authors collaborated throughout. For each section of the project, the authors took primary responsibility. The responsibilities were assigned in the manner listed below:

1. Data Collection:

Team Effort: Stephanie Ramirez and Vanessa Romero

2. Data Entry and Analysis:

Team Effort: Stephanie Ramirez and Vanessa Romero

3. Writing Report and Presentation of Findings:

- A. Introduction and Literature

Team Effort: Stephanie Ramirez and Vanessa Romero

- B. Methods

Team Effort: Stephanie Ramirez and Vanessa Romero

- C. Results

Team Effort: Stephanie Ramirez and Vanessa Romero

- D. Discussion

Team Effort: Stephanie Ramirez and Vanessa Romero