Factors Contributing to Employment Status over Time for Caregivers of Young People with Mental Health Challenges

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Specific Aims

Our study used a national sample of parents of children with emotional or behavioral disorders receiving services:

• To examine changes over time in employment of parents, using a conservation of resources theoretical framework (Hobfoll, 2002)
• To explore whether receipt of services led to better employment outcomes
• To identify other resources that contributed to workforce engagement for these parents
Conservation of Resources

- Individuals seek to acquire and protect both tangible and intangible assets
- Depletion of resources leads to greater stress, and more resource loss
- Resource gains are particularly protective against stress at times of resource loss (Hobfoll, 2002)
Exceptional Care

• Having a child with emotional or behavioral disorders (EBD) requires **exceptional care (EC)**
  – Heightened physical, emotional, financial demands
  – Spending extra time providing care
  – Frequent, intense response to crises
  – Obtaining specialized services
    (Lewis, Kagan, & Heaton, 2000; Stewart, 2013)
Exceptional Care & Resource Loss

- Raising a child with EBD reduces a parent’s workforce engagement (Brennan & Brannan, 2005; DeRigne & Porterfield, 2010), reducing family resources.
  - Reduced work hours
  - Lost jobs through firing, quitting, and retiring earlier
- EC impacts employment of men and women, but greater on women (Lahaie, Earle, & Heymann, 2012)
- Resource reduction heightens stress (Hobfoll, 2002)
Caregiver strain refers to the adverse impact and additional difficulties associated with the demands of caring for a child with emotional and behavioral challenges (Brannan, Heflinger, & Bickman, 1997)

- Objective strain – observable events experienced by the family
- Subjective externalized strain – caregiver feelings of anger, embarrassment and resentment
- Subjective internalized strain – caregiver feelings of worry, sadness, guilt, fatigue
Mitigating Resource Loss through Service Use

• Families of children with EBD often use formal and informal services
  – To support child/youth
  – To protect against resource loss

• Caregiver strain linked with less workforce engagement (Brannan et al., 2016)

• Some preliminary evidence that service use can reduce risk of employment problems
  (Krivelyova & Stephens, 2004; Ronis et al., 2015)
Research question:

What family resources are related to change over time in employment among parents giving care to children with EBD?

Specifically, we investigated whether services or other resources were associated with caregivers:

– Gaining employment
– Losing employment
– Remaining unemployed
– Remaining employed
2,427 families enrolled in a national evaluation of systems of care across the US between 2004-2011 (Holden et al., 2001)

- Most caregivers were women (93.2%) and biological parents (80.5%) with mean age of 40 years
- 65% were White, 29% African American, 6% other or mixed race, and 17% were Hispanic/Latino of any race
- Children were mostly boys from 5-20 years old ($M = 11.8$ years).
- 65% had household incomes < $25,000 US.

Caregivers completed baseline and 6 month follow-up measures
Methods – Outcome Variables

• Employment reported by parents at baseline and at 6 months: “At any time during the past 6 months, did you have a paid job, including self-employment?”

• Changed status
  – *Gained employment* (no at baseline) if yes at 6 mos. = 1; if no at 6 mos. = 0.
  – *Lost employment* (yes at baseline) if no at 6 mos. = 1; if yes at 6 mos. = 0.

• Stable status
  – *No employment* (no at baseline; no at 6 mos.) = 1; all others = 0.
  – *Stable employment* (yes at baseline; yes at 6 mos.) = 1; all others = 0.
Methods - Predictor Variables

- Service use at 6 months
  - 1 = Use of any service; 0 = No service use
  - Use of particular types of services—(e.g. behavioral aide, medication, residential care)

- Child measures
  - Child Behavior Checklist (CBCL) – symptom severity (Achenbach & Rescorla, 2001)
    - Internalizing
    - Externalizing
  - Age

- Caregiver measures
  - Caregiver Strain Questionnaire (CGSQ; Brannan, et al., 1997)
  - Age, education, race, ethnicity
  - Family characteristics—number of children in the home, family income
Methods - Analyses

• Bivariate analyses to explore relationships between outcome and predictor variables
  • $\chi^2$ to test relationships between categorical predictor variables and outcome variables
  • T-tests to compare means across employment categories on predictor variables

• Regression analysis with model-building
  • Binary logistic regression to predict employment outcomes from service use in Model 1
  • Model 2 includes child symptom severity, caregiver strain
  • Model 3 added demographic variables
Bivariate Results - Changed Employment Status

Gained Employment
- Of 1,099 not employed at baseline, 178 (16.2%) were employed at 6 mos.
- Those who gained employment:
  - Younger caregiver
  - More education
  - More children living in the home
  - More likely to be White than of another race

Lost Employment
- Of 1,356 employed at baseline, 172 (12.7%) were unemployed at 6 mos.
- Those who lost employment:
  - Younger child
  - Less education
  - More children living in the home
  - Lower household income at baseline
  - Greater objective caregiver strain
  - Lower HH income
**Bivariate Results - Stable Employment Status**

**Remained Unemployed**
Participants who reported no employment at baseline and 6 month:

- Higher child internalizing symptoms
- Older and less educated caregivers
- More children, lower HH income
- More likely to be women, single, Hispanic
- Less caregiver strain

**Remained Employed**
Participants who reported employment at baseline and 6 months:

- Less severe child internalizing symptoms
- Younger and more educated caregivers
- Another caregiver in home
- More likely to be men, not Hispanic
- Fewer children living in the home, higher HH incomes
- Higher caregiver strain
## Regression Results – Any Service Use

<table>
<thead>
<tr>
<th></th>
<th>Employment Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gained ( N = 1,099 )</td>
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<tr>
<td>Used service</td>
<td>+</td>
</tr>
<tr>
<td>Intern. Symp.</td>
<td></td>
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<tr>
<td>Obj. strain</td>
<td></td>
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<tr>
<td>Male CG</td>
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<tr>
<td>Age</td>
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<td>Educ.</td>
<td>+</td>
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<td>Afr. Amer.</td>
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<tr>
<td># Children</td>
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<tr>
<td>HH income</td>
<td>-</td>
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</tbody>
</table>
## Regression Results – Type of Service Use

<table>
<thead>
<tr>
<th>Variable</th>
<th>Gained $N = 1,099$</th>
<th>Lost $N = 1,356$</th>
<th>No Employment $N = 2,427$</th>
<th>Employment BL &amp; 6 $N = 2,427$</th>
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</thead>
<tbody>
<tr>
<td>Behav. aide</td>
<td>+</td>
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<tr>
<td>Residential</td>
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<td>-</td>
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<tr>
<td>Formal Fam.</td>
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<td>+</td>
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<tr>
<td>Intern. Symp.</td>
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<td>+</td>
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<tr>
<td>Age</td>
<td>-</td>
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<td>+</td>
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</tr>
<tr>
<td>Educ.</td>
<td>+</td>
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<tr>
<td>Afr. Amer.</td>
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<tr>
<td># Children</td>
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<td>+</td>
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<tr>
<td>Oth. CG in HH</td>
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<tr>
<td>HH income</td>
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</table>
Summary

• Use of services may mitigate resource but differs by type of service and employment outcome
  – Accessing any service helps employment gain
  – Use of behavioral aide supports employment gain
  – Residential services protects against employment loss
  – Formal family services associated with consistent employment
Summary

- Other characteristics also related to work engagement
  
  **Positively**
  - Being male
  - Being younger
  - Having more education
  - Having more children in the home
  - Having older children

  **Negatively**
  - Greater child internalizing symptoms
  - Greater objective strain
  - Having another caregiver in the home
  - Having higher HH income
  - Being African American
Study Limitations

• Receipt of services can help improve employment outcomes, but working caregivers can better afford to pay for services, so causal direction is unclear.

• Caregivers served as informants for all variables, including service use. Future research should use independent sources of data.
Conclusions

• Families need support as they care for children with EBD, to mitigate downward cycles of resource loss.

• Behavioral health services and family supports may increase participation in the paid labor force.

• Service providers should work to reduce work disruptions for caregivers as they engage them in services.
References


References—Continued


