

Caregiver Experiences and the Impacts on Children's Engagement with Mental Health Treatments in a Global Pandemic



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Introduction

Digital mental health interventions (DMHIs) are effective in managing mental health conditions among youth ages 18 and under (Zhou et al. 2021). Though recent studies highlight the role of mentors in providing mental health support (McQuillin et al. 2021), caregiver's attitudes surrounding their children's engagement with online interventions and paraprofessional support of these types of interventions have yet to be addressed.

Methods

Online Survey

Participants: Caregivers ($N=4853$) with at least one child in a mentoring program; 72.3% ($n= 3511$) of this group indicated that they had participated in youth mentoring programs themselves.

- 50.5% female, 49.3% male, .2% nonbinary
- 62.8% White, 21.1% Black/African American, 7.5% Native American, 6.2% Asian/Asian American, 3.7% Native Hawaiian or Pacific Islander, .6% prefer not to respond, .2% other/unknown
- 65.5% not Latino/Latinx, 27.9% Latino/Latinx, 3.6% unknown, 3.0% prefer not to respond

Statistical analyses: Independent samples t -tests were conducted to examine the differences in attitudes between previously mentored caregivers and non-mentored caregivers. Additionally, One-Way ANOVAs were conducted to compare the levels of comfort within the mentored caregiver group to inform preferences for their children

Results

Compared to caregivers who did not participate in youth mentoring programs, caregivers who previously participated in mentoring programs in the past were significantly:

- Less comfortable with mentors talking about mental health (mentors)
- More comfortable with DMHI use (DMHIs)
- Less comfortable with therapy (therapy)

There was no significant difference with children engaging with mentor-delivered DMHI's.

		<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
mentors	Previously mentored	4.20	1.62	-6.35	<.001	.21
	Not mentored	4.53	1.50			
DMHIs	Previously mentored	4.14	1.60	4.63	<.001	.15
	Not mentored	3.90	1.59			
therapy	Previously mentored	4.27	1.58	-2.75	.003	-.09
	Not mentored	4.41	1.54			



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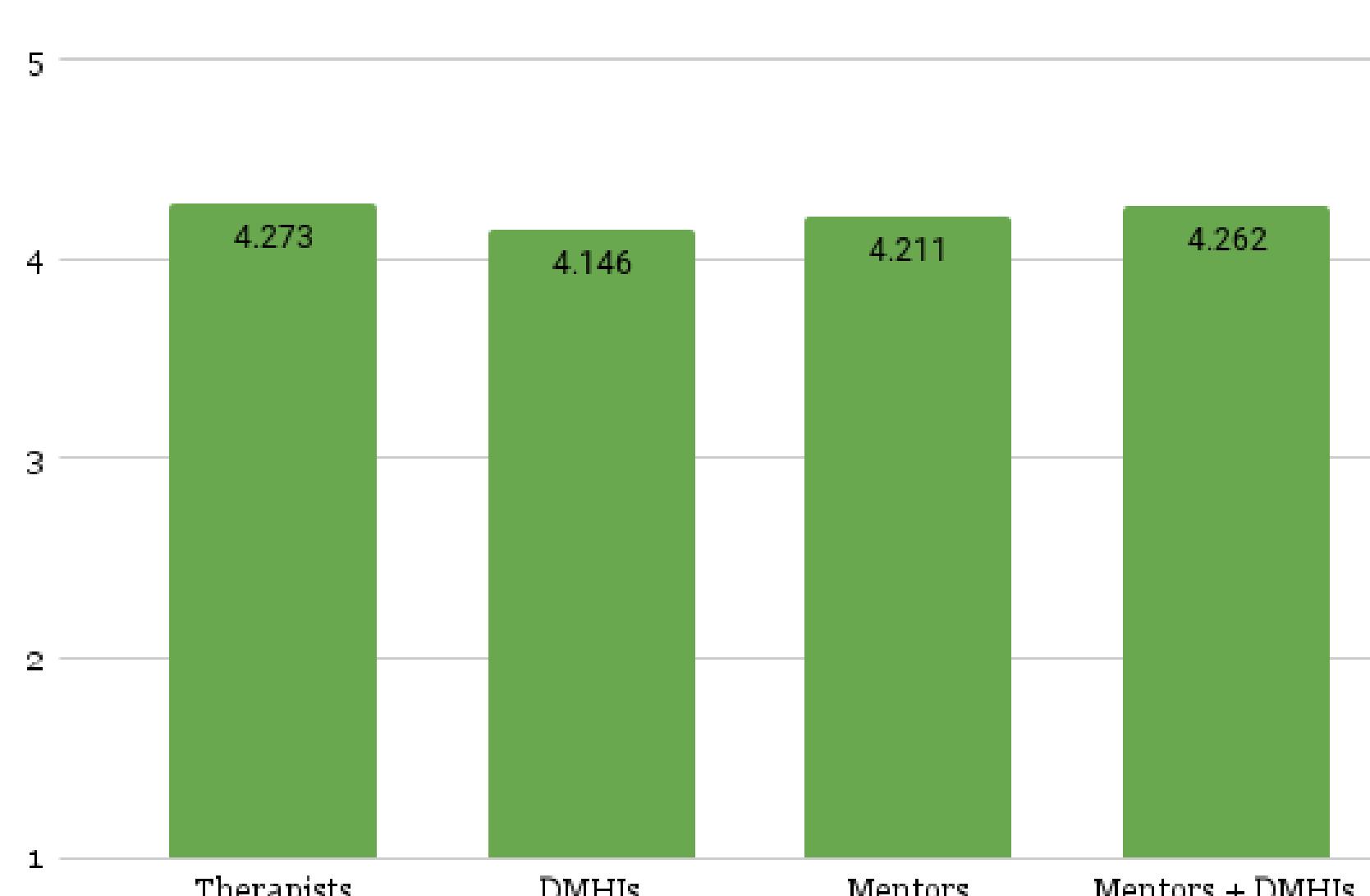
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Results

Among previously mentored parents and guardians, a one-way ANOVA was used to examine relative comfort of each of the four types of mental health supports; results revealed significant differences across the four types, $F(3, 10113) = 10.90, p < .001$, partial eta squared = .003. See bar graph for means of comfort ratings.



Post hoc comparisons showed comfort with therapists, mentors, and DMHIs were significantly different from each other; however, there was no significant difference between therapists and mentors + DMHIs.

Among previously mentored parents and caregivers, there was a significant correlation between the comfort levels and perceived helpfulness of the four types of support:

- therapists ($r=.41, p < .001$)
- online interventions ($r=.44, p < .001$)
- mentors ($r=.39, p < .001$)
- mentors using online interventions ($r=.53, p < .001$)

Discussion

The present study highlighted the comfort levels of caregivers who had participated in mentoring programs themselves. The finding that this group was similarly comfortable with therapists and mentors using DMHIs encourages the feasibility of paraprofessional care. The comfort levels of caregivers is important in assessing acceptance of mental health interventions, especially those directed at children.

The finding that caregivers who had participated in youth mentoring programs were significantly less comfortable with mentors talking about mental health may be attributed to the shift in youth mentoring programs to be more focused on paraprofessional mental health instead of strictly recreation. Historically, the youth mentoring programs caregivers were likely to participate in had friendship model programming which emphasized recreation and activities over scaffolding lasting developmental relationships.

Areas for future study include investigation into caregivers' attitudes about digital interventions in general, and furthermore, what mechanisms inform these attitudes. References available by request.