CASCW HOT TOPIC

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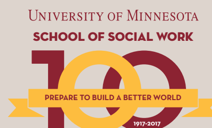
Health & Mental Health Literacy in Child Welfare

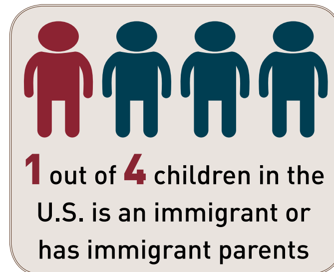
Implications for Reducing Child Neglect and Child Health Concerns in Immigrant Families.

Center for Advanced Studies in Child Welfare



Background

Available evidence indicates that a growing number of children from immigrant families are placed in the child welfare system, largely due to an increasing number of immigrants living in the U.S.[1,2] In 2013 approximately one out of four American children were born outside the U.S. or were children of foreign-born residents.[3] Despite this increase, we continue to lack reliable data on the number of immigrant families entering the child welfare system.[1,2] Immigrant parents who are involved in the child welfare system face multiple barriers in receiving appropriate services largely due to limited English proficiency, cultural misunderstandings and legal residency complications.[2] Certain immigrant populations may also receive more or less attention from child protection workers due to their preconceived notions about that particular community. For example, Asian American immigrants are often considered a "model minority" and therefore need less assistance, while Latino immigrants are seen as particularly vulnerable, especially when they are undocumented and have come to the country illegally, and require increased support.[1,2] What has been apparent however, according to researchers, is the fact that poor literacy, particularly poor health literacy and mental health literacy, may play a role in preventing immigrant families from accessing appropriate services within and outside the child welfare system.



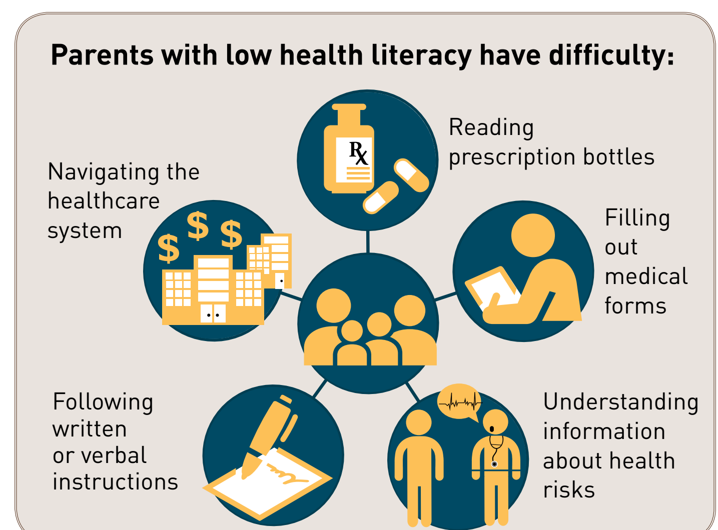
Health Literacy and Mental Health Literacy

Health literacy is often defined as the "degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions,"[4] while mental health literacy is largely viewed as the "knowledge and beliefs about mental disorders which aid their recognition, management or prevention."[5] Therefore, parents with poor health literacy may have difficulty in tasks such as: a) reading prescription bottles for his or her children, b) completing lengthy forms, c) following written and verbal instructions, d) understanding given explanations about risks, including health risks, and e) navigating large bureaucratic systems such as the health care or child welfare system.[4] Parents with low mental health literacy were less likely to recognize symptoms, seek help, and engage in the care of undiagnosed mental health disorders in their children.[5–7] Various studies have linked low health literacy and mental health literacy to lower educational attainment, unemployment, lower income, immigration status and limited English proficiency.[8–11] In a recent study of 48,427 adults living in California, up to 45% of those with limited English proficiency reported having low health literacy, with the Chinese having the highest percentage of low health literacy, followed by Latinos, Koreans, Vietnamese and Whites.[11] Indeed parents with low health literacy have been found to be less likely to access social welfare programs such as Temporary Assistance for Needy Families (TANF) and child care subsidies, and have more difficulty accessing early intervention services for themselves and their young children.[12–14] Immigrant parents, particularly those with cognitive impairments and mental illnesses (who tend to have a lower level of health literacy), were found to use child welfare services more than immigrant parents without such impairments and illnesses.[2]

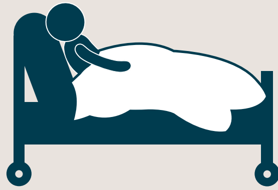
Issue

Poor Health/Mental Health Literacy May Result in Increased Child Health Problems and Potential Child Neglect

Researchers and practitioners alike reveal that parents' low health and mental health literacy may be a factor in explaining children's negative health outcomes and may lead to, if left without proper supervision and attention, child neglect.[6,15–17] Minnesota Statute defines child neglect as "a parent, legal guardian, or caretaker who willfully deprives a child of necessary food, clothing, shelter, healthcare, or supervision appropriate to the child's age, when the parent, guardian or caretaker is reasonably able to make the necessary provisions and the deprivation harms or is likely to substantially harm the child's physical, mental or emotional health." Due to their limited English proficiency, non-western cultural beliefs and practices about disease and mental health or the lack of contact with appropriate health and social welfare providers, immigrant parents may be viewed as engaging in neglectful behavior.[1,7,18] Indeed, in a recent study conducted by University of Minnesota researchers (Drs. Hee Yun Lee in the School of Social Work and Richard Lee in the Department of Psychology) using population data, found that Asian American parents with higher health literacy had children with better health and mental health outcomes. Low mental health literacy, in particular, may stem from various non-western cultural beliefs about mental illness.[7] A 2010 qualitative study conducted by University of Minnesota researchers among Hmong and Cambodian immigrant elders revealed that Southeast Asian elders viewed unhappiness and depression as being caused by external factors, such as not being able to communicate with their Americanized



Parents with low health literacy → ADVERSE CHILD HEALTH OUTCOMES



Greater disability & chronic illness

Unhealthy lifestyle / practices

Higher risk of injury

Incorrect prescriptions

grandchildren, or supernatural forces, such as karma or spirit loss.[7] These beliefs differed considerably from the western medical practice that perceives unhappiness and depression as a disease caused by a biological and chemical imbalance that can be treated with prescription medicine.[7]

Such study findings correlated with the remarks made by health and social welfare providers, who were interviewed by a research team at the University of Minnesota about their experiences serving immigrant and refugee communities in the Twin Cities. In one interview, a Vietnamese social worker shared a story of her client, a Vietnamese parent, who kept his daughter inside their house for five years due to a mental health disorder:

> "That's why when we talk to him (the father), we have to use both health and human services to go together. Not just the health provider's orders. If you go to social services, you will lack knowledge of medical treatment for the girl, if you just go to the mental health treatment, you lack the social services, lack home visits, lack education, lack the knowledge of how to care for the daughter, being open for outside people to come to have a treatment for the daughter. The parents, they don't open, they just keep the child inside the house; that's why I try to educate him to be open for the daughter to help outside people come in and help."

Another interview was conducted with a behavioral health provider who worked with immigrant and refugee children. She discussed the difficulty in addressing the needs of both the parents and the children:

> "When I think about kids' health, the first think I think about is, 'who's caring for them and what's their capacity to actually do that caring?' So, often I find that parents who are depressed have less capacity to care for their children who may also be experiencing depression or anxiety, and so their ability to be attuned to their child's needs, to even take in information that I'm trying to share with them about their child's needs, and then to act on that, those are several hurdles that they have to overcome in order to be able to do that. And so I think parents' health literacy has a huge impact."

While such circumstances may not constitute child neglect per se, health and social welfare providers worry that child welfare workers may wait until neglect becomes severe, resulting in the failure to reach at-risk families using preventive measures.

Solution

Implement New Health Literacy Screening Tools and a Multi-Disciplinary Approach to Guide Workers in Decision Making

The Governor's Task Force on the Protection of Children in 2015 listed a series of recommendations to improve Minnesota's child welfare system. Given the current lack of attention to the levels of health and mental health literacy among immigrant families in the child welfare system and its potential negative effects on children's health and well-being, two recommendations made by the Governor's Task Force may be crucial in detecting and reducing parental low health and mental health literacy:

1) Use new tools and protocols to guide workers in making decisions — A number of screening tools have been developed by various researchers to accurately measure health literacy in different populations.[19] Screening for health literacy may be effective with simply asking one to three questions.[19] A 2008 study among military veterans indicated that even a single question, "How confident are you filling out medical forms by yourself? (Extremely, quite a bit, somewhat, a little bit, not at all)" accurately detected inadequate health literacy.[19] Other widely used health literacy screening tools, including the Short Test of Functional Health Literacy in Adults (S-TOFHLA) and Rapid Estimate of Adult Literacy in Medicine (REALM), were found to be effective for different groups.[19,20] While anecdotal evidence suggests that child welfare workers assess the literacy of their clients at different capacities, no studies to date have been conducted demonstrating wide application to detect inadequate health literacy among immigrant parents involved in the child welfare system. Including a simple health literacy screening tool as part of the initial assessment of cases by child welfare workers may help guide their decision-making process.

2) Encourage input from other professionals such as law enforcement and mental health professionals to help strengthen decisions of workers by implementing a multidisciplinary approach to screening — In most cases, health literacy screening is conducted in a clinical setting by nurses, or at certain occasions, by medical social workers. In cases of suspected child neglect, clinicians may be more attuned to the inadequate health or mental health literacy of parents. Child welfare workers, therefore, must have procedures in place to connect and work with medical and mental health professionals in understanding literacy levels of their clients and tailor their health and mental health interventions appropriate to their level of health literacy, including immigrant families.

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