Developing an Early Childhood Mental Health System of Care in Maryland

November 2004

Voices of Families II

Summary of Focus Groups with Latino Families, Fathers, Teen Mothers and Grandmothers



- 1. Latino Families –11 family members with 18 children came from 5 countries: Mexico, Peru, El Salvador, Ecuador and Guatemala
 - a. Families recognized that their child's behavior was a problem
 - b. Delayed speech and language were identified as issues and children were referred to speech therapists
 - c. Barriers to care:
 - > Language Afraid to call because of language barrier
 - Cost Lack of insurance
 - > Immigration status No access to entitlements regardless of income
 - Work Cannot take off work when services are open during the day often work a second job in the evening
 - Fears If your child attends a special program, it stays in the child's record and it looks bad.
 - d. Where did you get help?
 - Pediatrician Language is the primary criteria when choosing medical care, not experience or qualifications of provider - Often have to rely on secretary for information because they speak Spanish - not doctor or other professionals
 - > Family Support Center, Infants & Toddlers, Home Visiting
 - > Contigo Washington Assessment and Therapy Services
 - e. Culture:
 - > Parents spend more time with their children in Latino culture
 - > Mothers educate their children in Latino culture rather than formal programs
 - > Need to educate mothers, so they can educate their children
 - e. Needs:
 - > Information in Spanish
 - More ESOL classes
 - > Support from other mothers
 - > Involve more fathers

(Note: Two translators assisted with the focus group.)

"I was so desperate that I opened the phone book to find help – most did not speak Spanish."

- 2. Fathers 19 men ranging from 17 to 30+ years in age with 41 children 12 fathers have their children living with them part of the time
 - a. Knowledge of normal child development was limited
 - b. Understanding of behavioral or mental health issues was limited
 - c. Father's role in child's life:
 - > Father's feel marginalized in child's life
 - > Mother/grandmother determines care
 - > Child's mother "cuts down" father in front of the child
 - d. Where do you go for help?
 - > Pediatrician, family, other men, phone book, church
 - > Court order
 - > Few knew about Head Start, Infants & Toddlers
 - e. Violence/trauma:
 - > Fear for children due to increased violence
 - > Some kids seem to thrive on violence
 - f. Needs:
 - Parenting classes learn techniques for discipline so don't use physical punishment
 - Better communication with mother
 - > More time with our kids

"He can't stay still. He's 'evil.' I see the worst side of me in him."

"I was misguided. They're going to be misguided too. I haven't made consistent decisions or stability – I'm passing it on to them."

"Our children have 'ghetto tendencies.' If you live in a certain place, you become it."

"Daddy's f--- up. I feel badly about the example I'm setting."

"Violence is the only resort now, no coping strategies now."

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3. Teen Mothers

Group 1. 11 mothers and 1 father – Youth Center Group 2. 5 mothers and 1 father – Head Start Program

- a. Described child's behavior as "bad" but not as mental health or behavioral problem
- b. Barriers to care:
 - Private insurance
 - > Care that understands culture, family and neighborhood
- c. Where did you go for help?
 - > Head Start, pediatrician, mental health clinics, teacher, family member

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- d. Needs:
 - > Information on resources, child development
 - > Culturally competent care
- e. Consistent themes:
 - Cultural issues traditional therapy not helpful -therapists did not understand the African American culture - children are raised to be more independent
 - Confrontation with 3 generations living together with different parenting styles
 - > Physical punishment as primary means of discipline
 - > Domestic violence and impact on the children

"I want information. Don't tell me what to do."

"I stopped going because all she told me was everything I was doing was wrong."

"Our children are more active, hyper and independent. The teachers don't know how to deal with African American children."

"She (Grandmother) tries to act like his mother. I had to tell her that I'm the mother now."

"The kids go to the grandmother to get their way."

"I was in an abusive relationship for 4 years. As a result, my children get very nervous when they are near fighting or arguing. They get really aggressive with others when they are not given their space."

I was physically abusive to my partners and my children are very aggressive with me."

4. Grandmothers – 5 grandmothers and 2 great-grandmothers with 17 children, 40 grand children, 5 great-grandchildren

- a. Recognized that parenting is different now than when they were raising children better understanding of normal child development and importance of self-esteem
- b. Barriers to care:
 - Conflict of roles and who is the "child's parent" the mother or grandmother - creates confusion for child
 - Accessing care for grandchildren requires parent's signature and sometimes mothers can't be found or may be in prison
 - Grandchildren left with so many different people with different parenting styles - difficult for children to know what to expect
 - Daughters may come and go from child's life, grandmother is expected to step-in to care for children - daughters go out to the store and don't come back for weeks
 - Grandmothers viewed as interfering and daughter's may take the children and not bring them back
- c. Needs:
 - > Support
 - Respite time for themselves

"Grandmothers have no rights."

"Kids realize you can bathe me, feed me and can't get help for me."

"Don't beat these kids in front of me! I will call protective services or the police. I have to protect the kids."

I can't sleep when they are with me. I'm always worried."

"Girls use the kids to get back at the guys."



Thanks to

Adelphi/Langley Park Family Support Center, Center for Fathers, Families & Workforce Development, YO! -WPNPC Studio 760, St. Jerome's Head Start for their assistance in hosting focus groups

The Family Involvement Subcommittee of the Early Childhood Mental Health Steering Committee is conducting family focus groups

Funding has been provided by The Mental Hygiene Administration