



Kansas System of Care (SOC)

Parent/Caregiver Focus Group Report April 2018

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Key Findings

In an effort to better understand the experience of youth and family members participating in the Kansas System of Care, the Wichita State University, Community Engagement Institute's Center for Applied Research and Evaluation (CARE) facilitated focus groups with each of the four participating community mental health centers (CMHCs) across Kansas. These 4 CMHCs include Compass Behavioral Health, South Central Mental Health, Sumner Mental Health, and PACES-Wyandot Center. A total of 17 parents and guardians (n=17) whose children are receiving services from their local community mental health centers participated. The questions focused primarily on their child's experience at their CMHCs, their satisfaction with the services their child was receiving, and their level of involvement and engagement with those services. These focus groups included parents and guardians whose children received mental health services at the CMHCs.

- The majority of the participants were parents to children who received services from the CMHCs and were enrolled in Kansas System of Care. However, some of them were family members serving as guardians and were responsible for the caretaking of the child. All but one of the participants in the focus groups were female.
- One of the biggest impressions from the focus groups was how much parents and caregivers appreciated the opportunity to share their perspective and experiences with having a child with mental health-related issues. Many of the focus groups went over on time and conversations would steer away from the original prompt. However, this was because parents were happy to discover commonalities with the other participants in the group and would use the focus group as a way to discuss difficulties and offer advice.
- When parents were asked to describe their child's experience at the CMHCs, parents had mainly positive things to share. They appreciated seeing positive behavior changes in their children and thought that staff members were supportive and caring. However, they spent a lot of time offering suggestions and recommendations for ways services and processes could be improved.
- A prominent issue that came up was the high level of turnover with CMHC staff members. Not only did this impact the relationships that case managers and therapists had with the kids, but it made it harder to schedule appointments and made communication between team members inconsistent and difficult.
- Parents were asked to identify which areas of their services their children find most useful. Parents provided answers relating to case management and the skill building opportunities, such as coping mechanisms.
- When asked what areas of their child's services they would like them to have more support with, parents used this as an opportunity to make suggestions about services they would like to see the CMHCs add to their process, such as parenting classes and increased opportunities for social interactions between youth. They also identified several areas related to service delivery that they believed could be improved, such as high turnover, team communication, and parent support.
- A two-question prompt asked parents to describe wraparound services and identify whether or not they believed their child's services aligned with the formal definition provided by SAMHSA. While some parents had no idea what wraparound meant, others suggested that it meant establishing goals and ensuring everyone working with their child was on the same page. Only one parent believed that the wraparound definition aligned with their child's

services, while others provided examples of how it was not consistent with their experiences.

- Parents/caregivers were asked to describe the ways they were included in their child's recovery plan and the majority felt very included and said the CMHCs did a good job of communicating with parents. However, some felt as though they would like to be kept more informed with their child's progress.
- When parents/caregivers were asked to identify community resources they had been connected with to help support their child's mental health, many stated there were 'none'. However, interest was expressed in educational services, such as peer integration, and support groups for families and specific age groups.
- Parents/caregivers were asked to describe how listened to they felt and discuss opportunities they've had to provide feedback about their child's services. Parents/caregivers seemed fairly split and while many stated they were listened to and had opportunities to communicate how they felt, others believed there was room for improvement on both counts.
- Parents/caregivers across all four centers named home, school, and the CMHC as the primary places their child receives services. When given the opportunity to state where else they would like their child to receive services, they listed more activity-based services, such as family settings or small social groups.
- Parents/caregivers were asked to describe how big of an issue they believe that bullying had been for their child in relation to their mental health. Parents/caregivers had a lot to say about this topic and went in-depth to describe the level of bullying their child had experienced and the impact it had on their wellbeing. They expressed frustration because their child has not received as much help in dealing with it from their school administrators. The majority of youth were very open about discussing this issue and it was clear that it was an important part of their experiences. Social media did not appear to play a significant role in the bullying, with many parents/caregivers stating that their child did not use it very often or kept their pages private.
- Overall, parents/caregivers were very open with sharing their experiences and provided lots of in-depth examples when answering the focus group prompts. They used it not only as an opportunity to voice their opinions, but as a vehicle for making suggestions about how the CMHCs could improve their services. Parents/caregivers also appeared to enjoy the chance to talk with others in the room, many of whom could validate their experiences and provide support and advice.

Process Overview

CARE conducted a series of parent and caregiver focus groups with the four CMHCs participating in the Substance Abuse and Mental Health Services Administration (SAMHSA) funded Kansas System of Care Cooperative Agreement. The purpose of the focus groups was to gather input from parents/caregivers regarding the quality of treatment their child is receiving at their local CMHC. These groups will also aim to better understand the level of inclusion and involvement parents feel they have in the types of services being offered to their child, both at their CMHC and more broadly in the community. From this information, new practices and guidelines can be created to ensure that both youth and their family members feel actively involved in the decision-making process regarding their child's recovery. A total of sixteen prompts were developed by the CARE team to address these topics. See Appendix A for the list of prompts.

CARE and CBHI contacted the SOC project coordinators of each group to schedule a time for the focus groups. The majority of the groups were scheduled in conjunction with existing parent group meetings at the CMHCs. CARE developed a protocol for use at all sites, to ensure consistency among the focus groups. CARE secured Wichita State University Institutional Review Board (IRB) approval for this project in order to ensure that the questions and protocol were ethical and appropriate for the participants. Prior to each focus group, the parents signed consent forms which contained the purpose of the study, an explanation of the procedures, any potential risks and/or benefits, and how we would ensure confidentiality of the information obtained. The CARE team answered any questions parents/caregivers had about the study. Participants were told that they were free to choose to not participate in the focus group at any time during the process. The signed forms were collected and will be maintained in a secure file by CARE in accordance with IRB requirements.

CARE staff made clear to participants that there were no right or wrong answers and that the focus group was a safe environment for them to share their experiences. It was also emphasized that the focus group members were to respect the opinions of others and make sure to give everyone a chance to speak who wished to do so. CARE members read each prompt or question to participants and allowed for any questions or clarifications they had (e.g., wraparound services). Each of the responses were recorded on a flipchart visible to participants, so they were able to correct any ideas or statements that were not reflective of what they were trying to say. At times, some of the topics brought about by a prompt ended up providing information that was more appropriate for other prompts or went off topic when parents started conversing about their experiences. When this occurred, CARE staff would make notes of this on the flipchart and reference it later when the associated prompt was addressed. If the conversation got too off topic, CARE staff would remind parents and caregivers of the original prompt or move on to the next prompt if it was clear there was no more to say on that topic.

Flipchart notes from all sites were compiled into word documents and this information was coded and themed by CARE researchers who conducted all the focus groups. Staff members did a round of first order coding, where they identified important statements and created groups for those around similar topic areas. These groups of codes turned into larger themes that represented similar categories.

Prompt 1a: How would you describe your child's experiences at their CMHC?

The first prompt of the focus group was straightforward and served as an opportunity for the parents to reflect about their child's experiences at the CMHC. They were instructed that they could interpret the prompt however they wanted to and could answer in whatever way made the most sense to them. The first answers were more positive and typically related to staff members. However, once one parent brought up a more specific example or an area for improvement, the other focus group participants felt comfortable opening up more. Parents often agreed with one another, both verbally and non-verbally (head nods) and built off previous comments made by other parents. In two of the groups, the feedback was mainly comprised of areas of frustration from the parents, rather than discussing their child's experience. However, parents did spend time highlighting the positive changes they saw in their child, such as improvement in relationships and development of effective coping skills. The majority of negative comments were service related and had to do with parents' frustrations about the high level of turnover of staff members and the lack of communication between staff.

The CARE team grouped individual responses into broader themes within the responses. Below are the themes and related responses or categories of responses.

- Behavioral improvements: This theme focuses on the positive behavior changes parents/caregivers recognized in their child over the course of their time at the CMHC. Specific examples were provided to provide deeper context to the changes that they discussed.
 - The “best experience” for their child
 - Change in attitudes, behavior
 - Different coping mechanisms
 - Helped improve relationships
- Staff-related: This theme includes the relationships parents had with staff members, their perceived level of investment with their child, and the ways case managers and therapists have provided support to parents. It was clear that parents relied a lot on staff members, case managers in particular, and valued the work they had done with their children.
 - Look to the CMHC for “back up”
 - They care about the kids
 - Supportive throughout the whole process
 - Responsive and helpful
- Service-related: This theme encompasses the improvements parents would like to see within the CMHCs related to services and service delivery. It was clear that although they were generally satisfied with the CMHC, they had suggestions for how processes could change.
 - High turnover
 - Increase time with case managers
 - Lack of communication between team members
 - Case workers are overloaded

Prompt 1b: Which areas of their services do they seem to find most useful?

Parents/caregivers were asked to describe the aspects of their child’s treatment and recovery plans that they believed their child finds most beneficial, both to their mental health and life in general. Parents did not have a lot to share on this prompt and tended to agree with one another rather than offering additional suggestions. They also tended to combine their responses with recommendations and suggestions for improvement, which often got the conversation off track. Two of the centers only came up with one response to this question. The responses were related to two main areas – case management and skill building. These included the services provided through case management, the prioritization of kids’ needs, and the tools youth have learned to manage their behavior and increase their ability to cope.

- Case management: This theme was centered around case management, including the case managers themselves, and the services they provided to youth. Parents cited the ability of youth to modify services they did not see as beneficial and highlighted how youth voice was heard and validated.
 - Case management

- Adding/taking away services they need or don't
- Matching staff with kids
- Emphasizing needs of the kids
- Skill building: This theme deals with the positive skills youth have developed related to their behavior, including coping and controlling negative feelings.
 - Coping mechanisms
 - Managing/controlling behavior
 - Venting, sharing feelings

Prompt 1c: Are there any aspects of their treatment you would like them to have more support with?

Parents/caregivers were asked this prompt in order to identify areas of their child's treatment they were interested in them having more support and assistance with. Similar to the previous two prompts, they were able to interpret this prompt in whatever way made the most sense to them. Rather than identify areas specifically related to their child's treatment, parents used this as an opportunity to share aspects of the CMHCs that they would like to see changed. This included recommendations for new services to be developed and ways in which the service delivery process could be improved. One center in particular focused purely on recommendations. The others all provided answers related to service delivery, such as the responsibility of parents to help their kids cope when turnover happens and their case managers or therapists leave.

- New services: This theme concerns the recommendations provided by parents as new services they would like to see provided by the CMHC.
 - Parenting classes
 - How to discipline their children, correct behaviors
 - Better after-hours services
 - Increased social interactions
- Service delivery: Parents had several suggestions related to service delivery and processes within the CMHC.
 - Lack of communication
 - Turnover issues fall on parents without support
 - High turnover = poor communication, inconsistency
 - Last minute scheduling

Prompt 2a: What does "wraparound" services mean to you?

When asked what "wraparound" services meant to them, most of the centers appeared to be familiar with the terminology and provided answers that aligned with the goals of wraparound. However, one center stated that they had never heard about it before. For those who had, they had a general understanding of the concepts related to wraparound and were able to piece together the major components of its goals.

- Wraparound services meaning:

- Everything taken care of
- Everyone involved with child working together
- Connecting services
- Goals
- Going over the same things every few months

Prompt 2b: Wraparound is defined as a personalized treatment plan that engages you and your family in all aspects of your health and focuses on utilizing services in your community. How well do you think this definition aligns with the types of services your child is receiving?

Parents/caregivers typically had the definition repeated to them more than once to make sure they understood everything that was associated with it. Parents had a fairly good grasp on what wraparound was, but felt as though there were many areas that the services could be improved in order to better align with the definition. During the course of this discussion they also strongly communicated their frustration about the wraparound process, which was largely due to lack of communication, high staff turnover, and overly generalized information.

- Some aspects: This theme includes specific areas that parents identified do or do not align with the concept of wraparound. These were parents answering from the viewpoint that their services did not fully align with the wraparound definition provided, but did in some regards.
 - No community services, but otherwise yes
 - Parent involvement, but none otherwise
- Improvements needed: This theme includes those responses that made it clear they are not satisfied with the wraparound services currently provided at the CMHCs. Parents were answering from the perspective that these services did exist, but they believed were not accomplishing what they intended to. One thing parents highlighted in particular was the lack of staff attendance at the meetings, whether it was due to turnover or their busy schedules. This meant they were explaining the same information multiple times because people were not showing up to the meetings.
 - Staff are not present at the meetings
 - Not very engaging – only ask a few questions
 - Too generalized to be helpful
 - “Waste of time”
 - Goals are discussed, but not much action happens

Prompt 2c: In what ways are you included in their recovery plan?

Parents were asked to describe their involvement in their child’s recovery plan. This was intended to better understand how their input is included in the treatment plan, if at all. For the most part, parents felt included in the processes and believed that the CMHC staff did their best to keep them up to date. They also provided specific examples of ways in which they are able to communicate with CMHC staff members and participate in the process. However, some parents felt differently and expressed that they

were not included in their child’s recovery plan or were treated differently depending on the staff member.

- Very included: This theme includes parents who felt as though they were very present in their child’s recovery process and had a strong line of communication with the CMHC.
 - “All the way”
 - Communication after appointments
 - One-on-one meetings
 - Try to involve parents
- Some aspects: This theme was for parents who expressed that they felt included in some aspects of their child’s recovery process, but that it was not consistent across all services or activities.
 - Some staff are better than others at inclusion
 - Present for WRAP meetings, but not much else
- Not included: This theme was for parents who did not believe they had a place in their child’s recovery and were not included in the process.
 - “I was not included”
 - Pretty separate; not kept in the loop
 - Communication “does not happen”

Prompt 3a: What other types of services have you and your family been connected to in your community specifically to support your child’s mental health?

The prompt was meant to piggyback on previous one because the topic of community resources and services was mentioned as part of the wraparound definition. The majority of parents/caregivers answering this prompt stated that they had not been connected to any services in the community. One stated they did not believe that there was anything out there for their kids, which highlights the disconnect between the community and the CMHC from their perspective. The few examples that were provided were related to resources for both youth and parents, but there was a consensus that there were no community services that seemed to fit well with what they were looking for.

- None: Most parents believed there were no community resources for their children or families in the community.
 - None
 - “There aren’t any for our kids”
- Community Services: Parents mentioned services they had utilized in their community, but they were not ones that they had necessarily been connected to by their CMHC.
 - Rainbows (limited resources)
 - CDDO, but specific diagnoses are needed
 - Futures (parent council)

Prompt 3b: If none, what types of services would you and your family be interested in?

This prompt was meant to build on the previous one and allow parents/caregivers to identify community services they would be interested in their child or families being connected to by their CMHC. Parents came up with a variety of different ideas which fell under two main categories – educational services and support groups. Parents emphasized that they wanted opportunities for their child to be integrated in the community and for community members to have a better understanding of what their children’s diagnoses meant so they were not viewed as different. It was also suggested that there be resources to address bullying, as they believed it was a significant issue for their kids. Support groups were also frequently mentioned as services they would utilize, specifically ones that were family-based and for specific age groups to better serve youth depending on what life changes they were going through.

- Educational services: This theme documents suggestions that emphasized the necessity for educational opportunities within the community.
 - Peer integration opportunities
 - Education for community members
 - Addressing bullying
 - School-related services
- Support groups: This theme centers around suggestions from parents that involved groups or support services for both their families and their children.
 - Groups for parents of teenagers
 - Age specific support groups
 - Family-based groups

Prompt 4a: To what degree do you believe your child is being listened to at their CMHC?

This prompt was asked to gain a better understanding about how well parents/caregivers perceive the CMHCs listen to their children and their needs. It was clear that parents were satisfied with the job the CMHC staff were doing with making sure their kids felt not only listened to during treatment services, but supported when they voiced their opinions about changes they would like to see. Parents appreciated the willingness of the CMHC to do what the kids wanted and allowing them to feel validated and adjusting services where necessary.

- Very listened to: This theme includes parent responses that focused specifically on the level of engagement of staff members around listening to their child. This was an overwhelmingly positive theme and it was evident that parents were satisfied with the CMHC staff in this area.
 - Really well
 - Listen “100%”
 - Lots of honesty – they really listen to kiddos
 - A good amount

- Receptive to suggestions: This theme was related to the first theme, but different in that parents cited specific examples of the way in which staff members adjusted or changed services based on the suggestions of the youth. It not only showed that youth were listened to, but provided evidence of how that played out in relation to the services they receive.
 - Adjust to needs
 - Child can say when they don't want to do something
 - Good at doing stuff kids want
 - "Won't push him"

Prompt 4b: To what degree do you feel as though your voice as a parent or guardian is being listened to by the CMHC?

This prompt aimed to identify how responsive parents believe the CMHCs are when they communicate with them. For the most part, parents expressed that they felt as though when they approached the CMHC with any input they may have, staff members are typically open to listen to their suggestions. They also mentioned that this process was helped by good communication on the part of the CMHCs and they felt more likely to give feedback when this type of open relationship was present. Some parents gave examples of ways in which the process could be improved, citing a lack of time for talking and feeling as though things don't change much when they speak up.

- Very listened: This theme includes the perspective of parents who felt as though they were listened to well by staff members at the CMHCs. Parents also stated that they felt communication was reciprocated and staff did a good job of keeping parents up-to-date.
 - 100%
 - "When I have input, they listen"
 - Communication between parents and case managers is good
 - Listen to parents
 - Good at keeping parents informed
- Room for improvement: The second theme for this prompt comprises of areas that communication could be improved between CMHC staff and parents, particularly when parents give feedback.
 - Mixed feelings
 - They may listen, but things don't change
 - Only so much they can do
 - Only talk for 10 minutes before intake

Prompt 4c: What are some opportunities you have been given to provide feedback about your satisfaction with your child's services?

This prompt sought to identify whether or not parents felt they had adequate opportunities to provide feedback about their child's services. This built upon the previous prompt by looking for specific examples of ways in which the CMHC seeks out their opinion and works with them to improve services for their children. Many parents had examples of how they are able to provide feedback, including the wraparound meetings, parent meetings, yearly satisfaction surveys, and communication with case managers. However, some parents felt as though more opportunities were needed and stated that they

were never asked for their opinions. Others stated that if there were ever issues to arise, it is the responsibility of parents to bring them up, rather than the CMHC asking them how things are going.

- Opportunities are provided: This theme represents parents who feel as though they have been provided opportunities to give feedback about the services their child is receiving.
 - Always get asked at wraparound meetings
 - Parent meetings – staff was receptive
 - Yearly satisfaction survey
 - Treatment coordinator meetings
 - Communication with case manager
- More opportunities are needed: This theme includes responses from parents who believe that they are not provided with enough opportunities to give feedback about their child's services or that they have to bring issues to the CMHC staff attention if they have input they want to give.
 - Don't ever ask
 - Filled out a survey once
 - If there are complaints, parents have to bring them up
 - Not enough time – parents want to talk to workers directly

Prompt 4d: Where does your child receive services from your CMHC?

Parents/caregivers were asked to identify where their child receives services from their CMHC. The overwhelming response was their local CMHC, although others mentioned home, school, and places out in the community. The responses across the four centers included the same three responses – school, their CMHC, and home.

The responses regarding where youth received their services are listed below:

- CMHC
- Counseling center (CMHC)
- Community places
- School
- Home
- Out in the community

Prompt 4e: Would you rather they receive services elsewhere in the community?

As a follow-up to Prompt 4d, parents/caregivers were asked whether they would rather their child receive services elsewhere in the community. Some parents were quick to say no, with one citing the therapist as being the important reason. Others suggested more activity-based services, believing it was important for their child to get out in the community and being in social settings.

- No: This theme relates to answers from parents who were satisfied with the current services their child was receiving.

- “We’re good”
- “Okay here because of the therapist”
- Activity/community-based: This theme relates to suggestions of services that were more activity/community-based. Parents expressed a desire for their children to be integrated out in the community and spend time doing activities in group settings.
 - More family-based settings
 - Open, but secure
 - Activities
 - Small social groups

Prompt 5a: How big of an issue do you believe bullying is with your child in relation to their mental health?

The final series of prompts centered around bullying and a significant amount of time was spent during each of the focus groups discussing how it has impacted their kids and their mental health. The first prompt drew a large amount of discussion, in part because it appeared parents felt comfortable being open about their child’s experiences due to others in the group also sharing and it being a safe space for them. It was clear this was an issue that held a lot of strong emotions for the parents/caregivers.

There were extensive notes for this theme and they were broken down by how relevant parents felt the issue was for their child (a significant issue or not an issue), the consequences they felt came from the bullying, and who they believed was responsible for contributing to the bullying. Those who spoke about bullying impacting their children described it as an almost daily occurrence for them. One parent described how their child had to switch schools because of it and another had to change their kid’s phone number due to their classmates harassing them. Others highlighted issues with the school’s staff participating in the bullying behaviors. However, some parents did not believe that this was an issue for them. One parent mentioned that teachers worked with their child’s classmates when they were younger to explain his mental health-related issues, which made them protective of him as they grew up. Others discussed that it was not currently a problem, but they believed it might happen at some point. Overall, it was an issue that parents cared about and felt was relevant to their children, whether it was a current challenge or something they worried about happening in the future.

- Significant issue: This theme relates to responses from the parents that categorized bullying as a serious issue for their child. This includes what bullying looked like and the level that was experienced.
 - Deals with it daily
 - Child calls them crying
 - Child is bullied a lot
 - Called names, hateful notes in their lockers
- Consequences: This theme includes examples of what issues have resulted from the bullying their child has experienced. These include action steps, negative reactions, and impacts on their behavior.
 - Stress, seizures, depression
 - Switched schools
 - Changed phone number

- Retaliate to bullies, get in trouble
- Child doesn't enjoy going to school
- The bullies: This theme relates to who parents identify as being the bullies or contributing to the bullying their child experiences. They are not all aware of who exactly is doing the bullying, but some have a better sense than others.
 - Classmates
 - Happens in and outside of school
 - Teachers contribute to the problem
 - Principal has participated in bullying
 - Most of the time don't know who it is
- Not an issue: This theme contains responses from parents who did not believe that bullying was a big issue for their child, either at all or at the current moment.
 - Not an issue
 - May become a bigger problem in years to come
 - Worry about it happening
 - Teachers explained to other students about him, so it hasn't been a big deal

Prompt 5b: What type of support has your child received in dealing with that?

The second prompt in this series sought to better understand how youth dealt with bullying and who provided a source of support for them in doing so. Parents discussed several different things in response to this prompt related to support, including recommendations for ways in which the CMHC might better serve their kids. CMHC services were mentioned as helpful in developing coping skills, as were parent guidance and some school-related interventions, but many parents stated that their child was not receiving adequate support with this issue. They cited their child's schools as not doing a sufficient job intervening and providing help to their child. Based on some of the responses they gave, it sounded like some of the kids did not believe that there were many services that would help them.

The primary themes and related responses regarding where youth received their services are listed below:

- CMHC-related
 - Going to CMHC helped gain confidence
 - Coping skills
 - Case manager provides support and planning action steps
- Parent support
 - Advocating at school for their child
 - Teach them how to respond appropriately
 - Parents are main support
- School-related
 - Switching schools helped
 - Principal intervened and helped

- Daughter separated from bullies
- Teachers try to help
- No support
 - School has done nothing
 - Not much
 - Don't know
 - School doesn't address it
 - Kids don't think telling anyone will change anything
- Recommendations
 - Teen support group
 - Trainings for kids about bullying and being bullied

Prompt 5c: What role does your child's social media use play in this?

The final prompt in the series related to bullying was interested in learning more about the extent to which youth believed that social media contributed to the bullying they experienced. Across the board, parents did not believe that this was a significant issue for their children and stated that their kids were not active on social media. While some of their children were a little on the young side for using social media, several of them were parents to older children, but said their kids did not have much interest or they did a good job of keeping their social media pages private or for family only.

- No role: This is the primary theme from this prompt, as parents across all four focus groups agreed that social media did not play a role in bullying.
 - Not a big deal
 - No social media
 - Don't use it
 - Pages are private
 - Bullying is directed more in person

Summary

The focus groups conducted by the CARE team allowed parents and caregivers to provide insights and feedback regarding both their experience and their child's experiences at the CMHCs and the ways their services could be improved. While parents had several suggestions for ways services and service delivery might be improved, it was evident that they were overall satisfied with their child's experiences with their CMHC and their services. The following paragraphs are organized into highlighting what worked well for youth, what areas could be improved upon, and what recommendations could be taken from the information in the focus groups.

The parents all clearly had a lot of passion and motivation for discussing their children and their experiences with their CMHCs. They were invested in the type of care that their child was receiving and wanted to provide as much information as possible to make positive changes happen for their local centers. During the conversations, it was also evident that parents appreciated the opportunity to talk about their experiences with other parents who had been in their shoes and had gone through similar experiences. A lot of the time during the prompts were parents sharing stories and feeding off one

another's energy and enthusiasm. This meant a lot of conversations, but they were all beneficial and it clearly meant a lot to parents to have other parents and caregivers listening and validating their input.

Overall, parents felt as though they were listened to by staff members at the CMHCs, but wished they had additional opportunities to give input and more time with case managers to discuss any issues that came up. They also felt included in their child's recovery plan and believed the CMHC did their best to communicate after appointments or in WRAP meetings to keep parents updated. Parents also believed their children were listened to by the CMHC and that case managers worked hard to be receptive to suggestions from the kids about their services or treatment plan.

One issue that came up frequently during the focus groups related to the CMHC staff was the parents' worry about the high level of turnover of staff members. They believed it was hard on their children to have case managers or therapists change and hurt the communication between parents and the CMHC. They also believed this impacted the effectiveness of wraparound services because new people would come in and not be caught up with their child's background and needs.

Parents had a solid understanding of what wraparound services were but did not believe that the services their child received aligned with them or did so on only a few aspects of the wraparound definition. Parents also expressed their dissatisfaction with the wraparound meetings, stating that the necessary staff members were not always present, goals did not often translate into action, and that it was too generalized to be beneficial to their child.

When asked about community services they would like to be connected to, parents took it as an opportunity to highlight their desire to have more family-based activities offered by the centers. They mentioned that they sometimes felt isolated from other families, particularly if they didn't work, and that it would be beneficial to spend time with other parents and youth who had similar experiences to them and their children. Parents stated that it was sometimes difficult to integrate their children into "normal" community settings and a good first step would be to have safe, secure community-based events with the CMHCs and its other families.

Strengths:

- Highly value case management
- Positive behavior improvements in their kids
- Staff care about their kids and listen well to parents
- Comfortable providing feedback about services
- Receptive to suggestions from youth
- Try to actively include parents in recovery plan

Areas for improvement:

- More personalized wraparound services
- More connection to community-based services
- High turnover impacts relationship with youth and families
- Better communication between team members

Recommendations:

- More community-based events for families
- Support groups targeting specific age groups, parent needs

- Services provided in more informal or activity-based settings
- Classes targeting parenting skills

Appendix A

- 1a) How would you describe your child's experience at their CMHC?
- 1b) Which areas of their services do they seem to find most useful?
- 1c) Are there any aspects of their treatment you would like them to have more support with?
- 2a) Wraparound services are something that is talked about a lot in relation to mental health services. What does that mean to you?
- 2b) Wraparound is defined as a personalized treatment plan that engages you and your family in all aspects of your health and focuses on utilizing services in your community. How well do you think this definition aligns with the type of services your child is receiving?
- 2c) In what ways are you included in their recovery plan?
- 3a) What other types of services have you and your family been connected to in your community specifically to support your child's mental health?
- 3b) If none, what types of services would you and your family be interested in?
- 4a) To what degree do you believe your child is being listened to at their CMHC?
- 4b) To what degree do you feel as though your voice as a parent or guardian is being listened to in regards by their CMHC?
- 4c) What are some opportunities you have been given to provide feedback about your satisfaction with your child's services?
- 4d) Where does your child receive services from your CMHC?
- 4e) Would you rather they receive services elsewhere in the community?
- 5a) How big of an issue do you believe bullying is with your child in relation to their mental illness?
- 5b) What type of support has your child received in dealing with that?
- 5c) What role does your child's social media use seem to play in this?