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Hispanic Mothers' Experiences with School-Based Emotional Health Curriculum and Perspectives of their Own Mental Health Needs

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ABSTRACT

An Emotional Health Curriculum (EHC) was developed to promote positive mental health in primarily Hispanic elementary school-aged children. In order to further expand the EHC, the mothers' experiences with the curriculum were examined. Eighteen mothers participated in two focus groups. Mothers reported that they valued this curriculum as a preventive program. Importantly, all mothers wished to extend their involvement to not only assisting their child in completing the curriculum homework but also attending a proposed parenting program. This study provides preliminary evidence that mothers embraced the EHC as an accessible community mental health service for their children and sought greater involvement.

Introduction

Current evidence shows that Hispanic children and adolescents have higher rates of mental health needs than other ethnic groups (Choi, Meininger, & Roberts, 2006; Landale, Hardie, Oropesa, & Hillemeier, 2015; Mikolajczyk, Bredehorst, Khelaifat, Maier, & Maxwell, 2007). In the 2010–2012 National Health Interview Survey, which examined the mental health needs of children aged 6 to 11, 17.9% of Hispanic children had serious emotional and behavioral problems compared to 8.6% of non-Hispanic Black children (Simon, Pastor, Reuben, Huang, & Goldstrom, 2015). In the 2015 national Youth Risk Behavior Surveillance (YRBS), 35.3% of Hispanic high school students felt sad or hopeless almost every day for greater than two weeks in a row during the 12 months before the survey. This number is higher than the reported 28.6% of White adolescents or 25.2% of Black adolescents (Kann et al., 2016). Despite the alarming rates of mental health concerns in Hispanic children and adolescents, only approximately 10% to 40% received mental health services (Kataoka, Zhang, & Wells, 2002; Simon et al., 2015).

To address the mental health challenges faced by Hispanic children and adolescents, school-based early prevention programs have been proposed as an essential strategy to reduce socio-economic and stigma barriers to access mental health services (Merianos, Vidourek, & King, 2017; Werner-Seidler, Perry, Caele, Newby, & Christensen, 2016). A recent meta-analysis found a positive effect of school-based universal cognitive behavioral therapy programs for preventing both depression and anxiety in children and adolescents (Werner-Seidler et al., 2016). The majority of these interventions have focused on White preadolescents or adolescents (Cardemil, Reivich, & Seligman, 2002; Cardemil, Reivich, Beevers, Seligman, &

James, 2007). Few programs have been developed for Hispanic elementary school-aged children.

In response to this significant need in the underserved Hispanic community, our research team used cognitive behavioral theory as the theoretical framework to develop a school-based culturally sensitive Emotion Health Curriculum (EHC) for the elementary school-aged children. The EHC was a school-based universal program that was designed to reach 3rd and 4th grade students to promote the emotional health of these primarily bilingual Hispanic children. The 8-week program taught children to build skills that help regulate negative emotions and promote positive emotions in the face of challenging experiences. The key skills include verbalizing feelings with words, recognizing behavioral and physiological reactions to feelings, understanding the impact of negative thoughts on feelings, using positive self-talk to replace the negative, applying deep breathing and mindfulness techniques to respond to emotional distress, breaking a behavior plan into small steps to manage emotional distress, communicating emotional distress to a trusted teacher, parent or peer, and empathetically responding to a peer's challenge. In order to practice skills learned during each session, teachers encouraged children to complete the assigned homework which took 10 min on average per week at the school (e.g., mindfulness, deep breathing).

We tested the feasibility of the EHC in two 3rd and two 4th grade classes. The results showed that the EHC had the positive impact of reducing student-reported depression and anxiety and teacher-reported depression as well as the EHC was accepted by both (students and teachers) (in progress). Research shows that family support or participation in these school-based mental health programs enhance the impact of those interventions that

focus on the children in terms of engagement, retention, and responses (Kapke & Gerdes, 2016; Merianos et al., 2017). Therefore, to promote parent's future involvement in our preventive program we examined the perspectives of Hispanic mothers whose children had attended the EHC.

The two objectives of this study are: 1) to describe the mothers' experiences whose child had attended the EHC; and 2) to understand the mothers' perspectives of their involvement in the child's emotional health and their own mental health needs pertaining to their child's emotional well-being. With the understanding of mothers' experiences, we hope to further refine and extend the EHC by including families in a primarily Hispanic community.

Methods

Design

This study used a mixed method design including a focus group and a survey. The University's Institutional Review Board (IRB) reviewed and approved the study procedure prior to implementation. Mothers of the children who had attended the EHC were invited to share their perspectives of the program and their mental health needs.

Participants

We recruited mothers with the assistance of a staff member of the dual-immersion Spanish-English school where the EHC was carried out. The mothers received a Study Flyer in Spanish and voluntarily called the research coordinator to join the focus groups. Inclusion criteria were: 1) having a child who completed the 8-week EHC from January 2016 to March 2016; and 2) speaking Spanish. A total of 18 Hispanic mothers participated in the two focus groups. Table 1 documents the demographics of the mothers: seven (39%) mothers did not complete high school, and five (27.8%) had some college education. In terms of income, 88.9% of families did not make over \$50,000 annually. Most of the mothers (77.8%) were married with 61.1% of families having more than two children.

Table 1. Demographic characteristics of participating mothers ($N = 18$).

Characteristics	Frequency	%
Education	No formal education	1 5.6%
	Elementary and middle school	5 27.8%
	Some high school, but did not complete	1 5.6%
	High school diploma	6 33.3%
	Associate's degree	4 22.2%
	Bachelor degree	1 5.6%
Marital status	Married	14 77.8%
	Living together	2 11.1%
	Separated/divorced	1 5.6%
	Widowed	1 5.6%
Number of children	1	1 5.6%
	2	6 33.3%
	3	6 33.3%
	4	5 27.8%
Family income	\$10,000–\$30,000	7 38.9%
	\$30,000–\$50,000	9 50.0%
	Above \$50,000	2 11.2%

Table 2. Semi-structured interview questions.

Questions in Spanish	Questions in English
¿Cuál ha sido su experiencia al hablar o ayudar a sus hijos con sus preocupaciones, miedos o problemas emocionales?	What is your experience in talking or helping your child with their worries, fears, or emotional struggles?
¿Cual ha sido su experiencia con su hijo desde que el/ella empezó el plan de estudio de salud emocional aquí en El Sol?	What has been your experience with your child since they started the Emotional Health Curriculum at El Sol?
Como padres apoyando a sus hijos, ¿Les han ayudado los ejercicios y practicas de las clases de salud emocional? ¿Como? (¿Tienen ejemplos)?	As a parent, did the exercises and practices in the Emotional Health Curriculum help you with supporting your child? How (specific examples)?
¿Preferirían ustedes recibir clases por separado para apoyar su propia salud emocional durante la crianza de sus hijos? ¿Si diéramos clases a los padres sobre su salud emocional durante la crianza de sus hijos, que tipo de temas les gustaría discutir?	Would you prefer parenting classes to support your own emotional health? What topics would you like included in the parenting class?

Procedure

Two focus groups took place in a classroom of the immersion Spanish-English school with each session lasting 90 min. The research team developed the semi-structured interview questions (see Table 2). A bilingual MD/MPH student, trained by the first author to facilitate the interview, conducted the two focus groups in Spanish. The focus groups began with the consent process and all participants agreed to be audio-recorded using a digital recorder. After the focus groups, the mothers were invited to fill out a survey including demographic information and questions regarding their mental health needs. For example, the question, "How important do you feel emotional health is to your overall wellness?" provided three responses, "none," "some," and "a lot." To parallel the skills included in the EHC, participants were asked, "What skills below would you like to acquire to improve your own or your family's emotional health?" The response selection for each skill was "yes" or "no" (see Table 3). At the end of the session, each mother received a \$45 gift card as compensation.

Data analysis

A professional company transcribed and translated the dialogue of the two focus groups from Spanish into English. Qualitative content analysis, which is a research method describing phenomenon with the purpose of providing perceived meanings and perspectives, was used to analyze the focus group data (Elo

Table 3. Skills mothers desired to acquire.

Skills in Spanish	Skills in English
Atención plena	Mindfulness
Pensamientos positivos	Positive thoughts
Comunicación de los sentimientos	Communication about emotions
Resolución de conflictos	Conflict resolution
Control del estrés	Stress management
Ayudar a mi hijo a controlar sus sentimientos negativos	Facilitate my child to manage his/her negative feelings

& Kyngäs, 2008; Hsieh & Shannon, 2005). A inductive content analysis was conducted (Elo & Kyngäs, 2008). Specifically, meaning units, codes, and themes accompanied by the supporting transcribed narrative were produced to capture mothers' experiences and perspectives (Clausson, Berg, & Janlöv, 2015).

Three steps were used to analyze the qualitative data: 1) meaning units developed; 2) meaning units organized into codes; and 3) themes identified from codes (Clausson et al., 2015; Donaldson, Elder, Self, & Christie, 2011; Saunders, 2013). Specifically, first, the transcripts were read entirely to get a sense of the whole; then, the analysis involved a bidirectional process between the whole and the parts of the text. Second, the meaning units were identified in transcripts, and then condensed and labeled with a code. Two researchers (the first author and a co-author) independently completed the first two steps. Third, the same two researchers reached agreement on codes sorting and abstracting codes to identify themes. We used IBM SPSS, version 22.0 for Windows statistical software (SPSS, Inc., Armonk, NY, USA) to conduct the descriptive analyses of demographic and mental health needs data.

Results

Qualitative findings of mothers' perspectives of the EHC

Theme 1: Challenges managing child's distress

Nine mothers reported that their child faced numerous emotional challenges such as feeling insecure, depressed or fearful and struggling with friendships. One mother observed her child's fearful feelings, "It was a challenge for me to tell her to control those fears, those insecurities." Another mother stated that her child communicated openly that she struggled with peer relationships, "Mom, they [child's friends] don't want to be with me." Additionally, three mothers reported negative experiences with mental health services for their children. One mother stated, "I wanted to help my daughter when she had emotional changes ... She would suddenly get mad, she would suddenly be happy ... I went to the city program and went looking for counseling and what happened was that they could not give her services because there was no serious problem." Another mother shared, "My daughter was afraid of death ... I honestly have gone to therapists with my daughter and they are professionals ... [but] I did not feel I was given the help ... 'Your daughter does not have anything; she's just manipulating you.' And I say, 'In what way is she going to manipulate me if there is not a situation that merits it?'"

Theme 2: Recognizing the impact of the EHC

Five mothers reported that the EHC enhanced their child's emotional well-being. They reported observing improvements in their child's self-confidence, conflict resolution, overcoming fears and taking more responsibility after participating in the program. One mother noted that her daughter started talking about her day without being asked. Another mother reported that her son encouraged his friends to talk it out when they had a dispute. A third mother noted that even after a sudden change of moving to a different home, her child stopped being afraid of the toilet and the dark, and could now turn off the nightlight. One mother shared, "Now he's very responsible. He took charge

of his own body; he doesn't ask me to bathe him like he used to, he'll tell me, 'Mom, I did this.'"

Three mothers emphasized the benefits they had observed in their children that the EHC provided at the school, and thus endorsed proactive mental health education to support them. One of the mothers stated, "You cannot wait for something serious to happen, for the child to hurt himself or for him to hurt someone else, in order for you to act." They wanted a school curriculum to support children by providing an outlet to talk, "Not [a program] to deal with the consequences afterward." For the children who did not have an acute mental health problem, mothers reported that there were very few preventive services to promote children's emotional development in the community, "There are a lot of children who may not have serious problems, maybe they need or want to be heard. So those children are not getting that support."

Theme 3: Mother engagement and need for support

Seven mothers expressed a strong desire to help children with the EHC homework, because they considered that working together on homework would create an opportunity to form trust and build a secure relationship. One mother stated, "I think it's a way or an opportunity for us to get closer to them, to create a deeper relationship." Another mother echoed, "We could be with our children, pay attention to them and help them with their EHC homework as well as obtaining key insights to understand how we are emotionally to help our children."

Seven mothers expressed that they wanted to attend a parenting class to learn how to handle children's emotions as they develop. In particular, mothers emphasized that they need education to effectively communicate with their children. One mother gave an example, "I asked her [daughter] 'Why did your grades go down?' 'You told me I'm dumb.' I said, 'No, I told you that you are capable of doing it, but you're lazy because you don't read and if you don't read, they won't go up.' So how do I—I'm not saying she's dumb, but she has to apply herself ... How can I make her understand that that is not what I'm saying?" Some mothers also wanted to learn how to respond to their children's tempers and disruptive behaviors. One mother shared her struggle, "It's hard for him [son] to control his temper ... their moods can change on a dime; one moment they're fine and then they're not ... So that's why I ask myself how do I need to talk to them to control their temper?" Two mothers expressed struggling with explaining bullying, cutting, drugs to their children, "... A lot of times they [children] hear that a friend is going through those things ... And out of curiosity they may want to try it. I would like to know more, but they won't tell us. I would like for them to trust us enough to come and we would be able to help them."

Three mothers emphasized that parenting classes would help them gain skills to manage their own emotional distress. One mother shared that her negative emotions had affected her son, "He [her son] gets depressed about everything ... the fact that I'm always sad, depressed, and stressed—I pass that onto them ..." Another mother stated, "... I have post-traumatic stress ... It's so important for us to get help first." A mother echoed, "... As parents, we also have problems ... That's why I think it's important to have someone to turn to. Someone we can talk to or someone who will listen or someone who can give us advice."

Theme 4: Cultural sensitivity and community support

Nine mothers stressed the importance of adapting both the child and parent interventions to Hispanic culture. First, they stated that Hispanic values emphasize family and emotional wellness: “Family is important to the Hispanic community; brothers, grandparents, uncles—and we are very accommodating, we like to be helpful to others ... being emotionally well is first ...” Second, they observed that Hispanics are marginalized in society and thus, they identified needing more support, “We are more vulnerable, and we need more help, and the children need more self-esteem. We are Hispanic and we are attacked more, right? The children see that and everything. I think that is what the community needs the most.” Third, they reported that Hispanics are shy and do not express feelings as openly, especially Hispanic males. Another mother stated, “His dad is very cold ... My oldest son, he’s embarrassed to kiss his mother ... I feel that I would need help with him [son] in that aspect; being more connected, more loving with his family.”

Survey findings of mothers’ mental health needs

Survey results showed that all 18 mothers thought mental health was important to their own overall health and wellbeing. The majority of mothers expressed interest in gaining knowledge and skills to improve their own mental health. Specifically, 16 mothers (88.9%) were interested in learning about mindfulness; and 17 mothers (94.4%) stated that they wanted to learn the other skills including: positive thoughts, communication about emotions, conflict resolution, stress management and strategies to facilitate children to manage their negative feelings.

Discussion

The primary finding is that these Hispanic mothers believed that the EHC is a critical and necessary community resource focused on preventing mental health problems in their children. Additionally, these mothers wanted to actively interact with their children by assisting with the EHC homework. To improve their own mental health and promote their children’s emotional development, the mothers requested a parent training program.

The mothers valued the EHC because of its preventive nature and integration of Hispanic culture into the curriculum. Managing their child’s emotional distress is often the most difficult challenge for many Hispanic mothers. They expressed frustration in dealing with the barriers to mental health service and the difficulty in finding culturally sensitive care for their children. The mothers also observed positive changes in their children who attended the EHC and a few children actually displayed favorable developmental outcomes not directly targeted by the EHC (e.g., self-confidence and responsibility). The results suggest that these mothers accepted the EHC and embraced this school-based prevention program as an accessible community mental health service for their children. Our findings are consistent with recent calls for using school-based preventive programs to increase mental health service utilization for Hispanic children (Merianos et al., 2017).

When questioned about their preference for involvement in the curriculum, mothers preferred assisting their child with the

homework as a way to promote greater emotional interactions. In a meta-analysis, Stice, Shaw, Bohon, Marti, and Rohde (2009) summarized that depression prevention with homework was associated with larger effect size than a program without homework. In our future study, when we design specific EHC homework for the children and their parents to complete together, we should consider factors to keep parents engaged in an active form (e.g., homework readability, emotional health literacy and time commitment).

Results from both the survey and focus groups consistently showed that all mothers perceived their own mental health as key to their personal wellbeing, and critically impacted their children’s emotional health. These findings are consistent with recent studies demonstrating transactional processes in maternal and child mental health (Conners-Burrow et al., 2016; Wong, Gonzales, Montañó, Dumka, & Millsap, 2014). In a culturally adapted family-centered intervention for Hispanic mothers with depression and their children, Valdez, Padilla, Moore, and Magaña (2013) found that following a 12-week intervention, these mothers reported improvement on psychological and family functioning and children had reduced internalizing symptoms.

In our study, all mothers expressed the strong desire to increase parenting skills, supporting the existing literature’s emphasis on the importance of effective parenting practices in preventing children’s mental health problems (Honeycutt, Khavjou, Jones, Cuellar, & Forehand, 2015; Menting, Orobio de Castro, & Matthys, 2013; Möller, Nikolić, Majdandžić, & Bögels, 2016). Brotman et al. (2011) developed ParentCorp which is a school-based universal family preventive intervention (parenting and concurrent child programs) for children in pre-kindergarten (Hispanic and Black) in disadvantaged neighborhoods in New York City. The ParentCorp intervention resulted in medium-size effects for increased effective parenting and decreased teacher ratings of child behavioral problems (Brotman et al., 2011).

Limitations

There are two limitations of the study. First, the sample was composed of small and homogeneous participants. Hispanic mothers who paid attention to their child’s emotional health were more likely to be motivated to participate in this study. Some mothers juggling multiple jobs and family commitments might not have the time or support to attend the focus groups. Thus, we may not have obtained relevant experiences and perspectives of high-risk, struggling families. Second, the subjects were all mothers, and fathers’ voices were not captured in this study. In order to better refine and expand the EHC, fathers’ perspectives on family support for their children’s emotional development would be critical to investigate in a future study.

Conclusions

Our findings indicate that Hispanic mothers accepted the EHC as a prevention program integrated into a school health curriculum. The mothers’ positive attitudes towards the EHC suggest that they would support wide implementation of EHC in the elementary school-aged children at this bilingual immersion school with the addition of more parental involvement.

Implications

There are clinical and research implications for a school-based mental health program in Hispanic children. Clinically, it is important to partner with Hispanic mothers, because they play a crucial role in supporting their child's emotional well-being. School nurses could apply different strategies to actively engage Hispanic mothers such as assisting their child to complete intervention homework, facilitating their child to practice skills acquired at the school in the home setting, and applying skills to effectively manage their own stress and family conflict. Future research should include pre-and-post intervention assessments from the Hispanic mothers providing valuable information on the benefits of the school-based program for their children.

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