

Hoagwood, K. E., Green, E., Kelleher, K., Schoenwald, S., Rolls-Reutz, J., Landsverk, J. et al. (2008). Family advocacy, support and education in children's mental health: Results of a national survey. *Administration and Policy in Mental Health, 35*: 73-83.

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In the first known study of its kind, the authors surveyed 226 directors of family advocacy, support and education organizations (FASEOs) about their relationships with families, mental health providers, and policymaking agencies. Hoagwood and colleagues found that FASEOs play a major role in the provision of children's mental health services through direct family contact and policy advocacy at the local, state, and federal levels. They suggest that family members might help fill the workforce shortage among provider organizations. Yet there is a need among FASEOs for secure funding avenues and more effective dissemination strategies.

One-hour, semi-structured telephone interviews were conducted with 226 directors of national, state, and local FASEOs for children's health. As shown in Table 1, most FASEOs were affiliated with a nationally-based advocacy group, such as the National Alliance for the Mentally Ill, the Federation of Families for Children's Mental Health, and Mental Health America. Most of the revenues secured by FASEOs were from individual donations. This finding suggests that "most FASEOs are faced with fiscal fragility and uncertain sources of revenue, painting a picture of a national family advocacy network that contains significant elements of instability" (p. 80).

Nearly all directors reported that the most important role for families involved with FASEOs was to provide information and referrals to other family members. In this role, families advocated for mental health services, provided peer-to-peer support, facilitated support groups, trained other families, and acted as liaison between families and providers. The three highest rated items for improving children's mental health outcomes were: availability of services, families' relationships with clinical staff, and an appropriate diagnostic assessment. Other factors, also receiving high ratings, were: *respect for families, inclusion of the family, therapist training, and working with other agencies.*

Also, over half of FASEO directors contributed to advocacy decisions or met informally with members. Almost half of requests for advocacy decisions came from state, local or national chapters, or from the director, while almost one-third came from legislative bodies or from policymakers. Notably, well over half (68%) of respondents reported FASEO representation at clinic meetings, and of this group over three-fourths reported that such participation resulted in noticeable change. Although requests for advocacy often originated from outside of the provider organization, directors agreed that families' attitudes toward the issue was the item most likely to influence those decisions. Other highly rated items included: the board's attitude toward the issue, the director's attitude toward the issue, and the existence of evidence-based practices or scientific evidence supporting the issue.

An important goal for a large majority of FASEO directors was to elevate public awareness of mental health issues and to increase the "face of mental health and the role of family members" within the public arena (p. 80), primarily through direct service, newsletters and websites. However, the authors note that grassroots efforts and current dissemination methods may not be effective at communicating mental health information to the general public.

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DATA TRENDS

In conclusion, FASEOs provide important contributions to the delivery of children’s mental health services through direct service, policy advocacy, and information dissemination. Although stable funding of FASEOs and improved dissemination strategies are needed, the authors note that the “greater use of family members in professional roles” (p. 81) might help fill the workforce shortage among children’s mental health services providers.

FASEO Affiliations with National Organizations	
National Alliance on Mental Illness (NAMI)	32%
Unaffiliated with any national organization	24%
Federation of Families for Children’s Mental Health (FFCMH)	15%
Mental Health America (MHA; formerly National Mental Health Association)	15%
Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD)	11%
Affiliated with more than one national organization	02%
Major Sources of FASEO Funding	
Individual donations	78%
Government	48%
Other	40%
Corporate/business donations	37%
Private foundations	32%
Charitable organizations (i.e., United Way)	30%
Fee for service	16%

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