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The impact on mental health in others of those in a position of authority: a perspective of parents, teachers, trainers and supervisors

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Abstract

Improved mental health in the population requires a long-term and holistic approach involving multiple sectors of the community not just mental health service providers. People in authority over others, that is, parents, teachers and employers, could provide a leverage point for a universal intervention to promote mental health in those in their care. A telephone survey of 1,000 metropolitan and 500 country male and female respondents was conducted in Western Australia. Four types of 'authority' persons were identified (parents, teachers, trainers and supervisors) and asked what they thought they could do, if anything, to ensure that those in their care remained mentally healthy. Responses were coded into dominant themes across the four types of respondents, the most common being: providing stimulation; providing positive reinforcement; good communication; recognising and dealing with problems openly and sympathetically; ensuring physical activity; not overworking and providing adequate rest breaks; goal setting; not disparaging or being overcritical; and encouraging relationships with family and others. The results are discussed in terms of Hawkins and Catalano's concepts of participation, opportunity and recognition, and Warr's influences on mental health. The findings can be used to identify areas where salience can be increased through mental health promotion.

Keywords

mental health promotion, authority, parents, teachers, supervisors

Introduction

The burden associated with poor mental health is very large and increasing worldwide. Using measures of disability adjusted life years, Murray and Lopez (1996) have shown that mental health disorders emerge as a highly significant component of global disease burden when disability as well as death is taken into account. It is now widely acknowledged that the growth of mental health problems is outstripping the capacity of traditional mental health services to meet the demand for individually based treatment services (World Health Organization, 2004).

At the same time, many of the socio-economic and psychological protective and risk factors relating to mental health and well-being operate outside the sphere of mental health services, for

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example, having supportive and loving parents, a sense of belonging at school, and protection from bullying and other forms of discrimination (Commonwealth Department of Health and Aged Care, 2000). Improved mental health in the population requires a long-term and holistic approach involving multiple sectors of the community (Commonwealth Department of Health and Aged Care, 2000).

People in positions of authority over others, such as parents/carers, teachers, coaches/trainers, and work supervisors can make a major contribution to the mental health of the individuals in their care. This influence can act on causal pathways positively by enhancing protective factors for mental well-being, or negatively by increasing vulnerability to risk factors for mental disorders. There is a strong evidence base for the effectiveness of positive parenting, and school- and work-based programs in improving functioning and reducing risks for mental disorders (Commonwealth Department of Health and Aged Care, 2000).

Although there is substantial research into people's attitudes toward mental illness, very little is known about people's understanding of what affects good mental health (Friedli, 2005). Laypeople in Donovan, Watson, Henley et al.'s (2003) study considered that parents, carers, teachers, employers, sporting and arts coaches/trainers are all able to influence the mental health of the children, students and employees in their care. In keeping with Hawkins and Catalano's conceptual framework (Hawkins, Catalano & Miller, 1992), respondents believed that those in authority who provide their charges with the opportunity to participate fully in decisions that affect them, who provide meaningful learning opportunities and opportunities for individuals to use their skills and talents, and who recognize and reward achievements are considered to enhance their charges' mental health. Conversely, those who deny people the opportunity to participate, who don't provide opportunities that impart new skills or challenge existing ones, and who use coercive disciplinary methods and show little appreciation of their charges' efforts were deemed to damage an individual's self-worth and hence their mental health.

However, while many people in Donovan et al.'s (2003) qualitative research study were aware when prompted of the potential impact of people in authority, it was generally not salient for them, and the important implications for mental health were not always fully appreciated. This paper reports a quantitative follow-up to the qualitative research to identify what people in authority currently think they can do to ensure those in their care remain mentally healthy. This information can inform the design of a mental health promotion campaign directed at encouraging people in authority to positively affect the mental health of those in their care.

Method

A Computer Assisted Telephone Interview (CATI) telephone survey methodology was used to obtain a quasi-probability sample of Western Australian adults. Interviews were conducted on weekends and on weekday evenings between 4.30pm and 9.00pm to maximise the availability of household members aged 18 years plus. Random digit dialling was used to select households for inclusion in the survey. Quotas were applied to obtain 1,000 metropolitan and 500 country respondents and to ensure an approximately equal representation of males and females in each location.

The interviewing was conducted by the Survey Research Centre at the University of Western Australia. The sample demographics are shown in Table 1. For the metropolitan sample, 7,959 calls in total were made. Of these, 5,550 were unobtainable or business numbers. Of 2,409 calls to home residences, 1,058 refused, 141 did not meet the screening criteria, 210 were unable to complete, (for example, because the quota was full), leaving 1,000 completed questionnaires, that is, a response rate of 41.5%. For the country sample, 4,006 calls in total were made. Of these, 2,733 were unobtainable or business numbers. Of 1,273 calls to home residences, 544 refused, 95 did not meet the screening criteria, 134 were unable to complete, leaving 500 completed questionnaires, that is, a response rate of 39%.

The questionnaire probed people's beliefs about a number of aspects of mental health, and is described in detail in Donovan et al. (2003). For

the purposes of this report, respondents were asked whether they had children under 18 years (*n*=550; 37% 'yes'), supervised others at work (*n*=429; 28%), trained or coached a sporting or recreational group (*n*=133; 9%), or were a schoolteacher or lecturer (*n*=112; 7.5%). Respondents with multiple roles were asked only about one of those roles, with the order of role selection being teacher role; supervisor role; trainer role; and parent role. That is, if a respondent was both a parent and a teacher, they were asked about their role as a teacher. Respondents in these categories were asked: 'What could you do, if anything, to ensure that (your children; your workers; your team members; your pupils) remain mentally healthy?' Those providing a response were asked 'anything else?' at least twice or until they said 'no'. That is, respondents were allowed to provide up to three responses. Responses were content analysed and the dominant themes identified across the four types of respondents.

Results

Sample characteristics

As per the quota, equal proportions of males and females were obtained. The age, employment status, income distribution and household composition are shown in Table 1. The sample demographic composition is generally consistent with census data.

Content analysis

Virtually all respondents across all categories offered at least one response, indicating a high (cued) acceptance that people in authority can affect the mental health of those in their care in at least some way. There was no significant difference across respondent type in terms of the number of responses given: the average number of responses was 2.7 for parents and teachers, 2.6 for trainers and 2.5 for supervisors.

Responses were coded into the dominant themes shown in Table 2 by two coders. Differences were resolved by mutual discussion. The theme analysis was based on the data rather than any a priori framework from the literature.

The roles of the different types of authority and the dynamics of the various pairings (i.e., parent–child; foreman–worker; sporting coach – athlete; teacher–pupil) are clearly different and operate under different structural conditions. This resulted in a vast array of specific responses across the four types. We therefore looked for common themes across the four types, even though the actual expressions of those themes differed by respondent type in specifics.

Table 1. Sample demographics

	Metropolitan *N*=1,000 %	Country *N*=500 %
Sex		
Male	50.0	50.0
Female	50.0	50.0
Total	***100.0***	***100.0***
Age (years)		
18-29	15.7	12.2
30-39	20.1	20.6
40-49	21.4	25.4
50-59	20.3	21.4
60-69	10.9	13.6
70+	11.6	6.8
Total	***100.0***	***100.0***
Household composition		
Live alone/group of unrelated people	19.5	14.6
Live with friend(s)	5.6	5.1
Live with a related person	27.9	35.6
Live with several related people	45.3	43.1
Live with friends and relatives	1.7	1.6
Total	***100.0***	***100.0***
Employment status		
Working full time	43.2	48.0
Working part time	19.3	19.8
Studying	8.9	4.4
Home duties	12.7	18.0
Retired/pensioner	21.8	17.8
Unemployed	1.8	3.0
Total	*	*
Household income		
Less than $25,000	23.3	28.8
$25,000-$50,000	26.0	28.6
$50,000-$75,000	20.2	16.4
More than $75,000	20.4	18.6
Refused/Don't know	10.1	7.6
Total	***100.0***	***100.0***

*Total may exceed 100% as multiple responses were permitted.

Table 2: What those in authority believe they can do to ensure the mental health of those in their care

	Parents N=288 %	Trainers N=55 %	Teachers N=99 %	Supervisors N=369 %
Providing stimulation	55.9	32.7	61.6	39.6
Providing positive reinforcement	34.7	58.4	40.4	36.8
Good communication, feedback	22.6	14.5	17.2	19.0
Ensure are physically active	18.8	10.9	11.1	6.8
Diet	16.0	1.8	4.0	3.0
Happy, friendly, loving environment	15.6	14.5	6.0	15.7
Ensure basic needs: sleep, shelter, clothing; safe environment; regular medical checks	12.8	5.4	4.0	8.1
Recognise & help deal with their problems	15.3	14.6	25.3	27.9
Do things with them, be involved, interested	11.1	1.8	7.1`	3.3
Encourage family, other relationships	10.4	7.3	16.2	10.6
Supervision	10.4	3.6	0.0	4.3
Don't disparage, over criticise, put down	8.0	16.4	12.1	7.6
Teach responsibility	5.9	9.1	5.1	9.2
Build self esteem, confidence	5.9	5.5	10.1	0.5
Set good example, positive role model	5.2	1.8	7.1	4.9
Teach values, morals, social skills	4.9	12.8	5.0	3.3
Talk about, discourage alcohol, drugs, smoking	3.8	3.6	3.0	2.7
Promote positive outlook/attitude	3.5	3.6	2.0	1.1
Set realistic goals	3.1	14.5	13.1	13.6
Don't overwork them/give them rest breaks	2.8	10.9	14.1	26.0
Respect them	2.4	5.5	1.0	3.0
Ensure they have a balance in life	2.1	1.8	4.0	0.5
Can't do anything	1.0	0.0	1.0	0.8
Other	4.4	3.6	3.0	5.5
No response/Don't know	3.1	1.8	2.0	4.3
Total	*	*	*	*

*Totals exceed 100% as multiple responses were permitted.

For example, 'providing stimulation' (i.e., challenging tasks; skills learning; variety; training; building strengths etc) was a common theme but expressed in somewhat different ways by teachers (e.g., educational games), coaches (e.g., keep training interesting and engaging), work supervisors (e.g., train well; give challenging tasks; a variety of jobs), and parents (e.g., take them to library; help with their projects). Similarly, 'not overwork them/adequate rest breaks' referred to such things as adequate staffing levels for supervisors, resting children before exams for teachers, not pushing too hard at training for coaches, and ensuring adequate rest periods for children for parents.

Overall, all four respondent types mentioned 'providing stimulation' and 'positive reinforcement' as their top two behaviours for ensuring the mental health of those in their care. The three next most salient behaviours for parents were: 'good communication', ensuring physical activity', and 'diet'; for trainers they were: 'not using disparaging words or overcriticising', 'good communication' and 'setting realistic goals'; for teachers they were: 'recognising and dealing with problems promptly and sympathetically', 'good communication' and 'encouraging relationships with family/others'; and for supervisors they were: 'not overworking/adequate rest breaks', 'good communication' and 'recognising and

dealing with problems promptly and sympathetically'. Overall, there are clearly more similarities than differences in people's perceptions of mental health influences across the four contexts of parenting, teaching, supervising at work and coaching/training.

Discussion

This study was limited to brief open-ended questioning of respondents in a telephone survey with little opportunity to probe respondents' deeper understanding of these issues. Furthermore, only four types of authority roles were included, with two of these roles being represented by less than 100 respondents. Further limitations are that individuals who filled more than one role were asked only about one role, and we did not ask respondents to what extent they practiced behaviours that they considered supported good mental health. Nevertheless, these data generally confirm that people in authority over others are somewhat aware of the importance of providing a challenging, stimulating environment and of rewarding achievements. However, there was little articulation of the concept of inclusion in activities and decision making. Nevertheless, the data suggest that a campaign attempting to make those in authority more systematically aware of and implement Hawkins & Catalano's concepts could be readily accepted and assimilated as there already exists at least a rudimentary awareness of these concepts.

From another perspective, Warr (1994) listed the following nine environmental features in an employment context that are assumed to underlie good mental health:

Opportunity for control – refers to individuals being given opportunities for decision making and personal control, whether at work, in parenting, sports, etc;

Opportunity for skill use – refers to individuals having opportunities to apply their learning and their applications being valued;

Externally generated goals – refers to having structured routines set by others;

Variety – refers to having varied roles and responsibilities, changes in routine;

Environmental clarity – refers to feedback about consequences of actions; being able to foresee a stable and secure future; having clear knowledge of expectations and role requirements;

Availability of money – sufficient resources for food, clothing, shelter, entertainment, education – relative to wider society;

Physical security – feeling safe at home, in public places, workplace safety;

Opportunity for interpersonal contact – refers to quantity and quality (especially) of interactions; good communication, emotional and instrumental support; and

Valued social position – respect from others, self-respect, self-esteem.

Warr was primarily interested in the work environment but offered this taxonomy as including 'other environments' (Warr, 1994: 86), indicating that it can be adapted to other contexts where people are in authority such as the home and school.

Interpreting the data in Warr's context, *the opportunity for interpersonal contact* appears to be the most salient influence for parents, teachers and supervisors, followed by *variety*. *Externally generated goals* (routine and supervision) and the *opportunity for skill use* were the next two most salient influences. For trainers, the same four major influences were prevalent but *variety* was the most salient.

This analysis indicates two areas with relatively lower salience amongst all four authority roles that could be the subject of a mental health campaign targeting people in authority: *the opportunity for control* and having a *valued social position*. These influences contribute to personal control, self-esteem and feelings of respect, responsibility and self-worth, all critical aspects of mental well-being. Opportunity for control has been shown in the longitudinal studies on British civil servants (commencing in the 1960s) to be one of the critical factors explaining significant differences in health across the five classes of public servants studied. Health improves as people have greater control over their work environment, more opportunity to use their skills, and greater rewards (including money, status and self-esteem) (Wilkinson & Marmot, 1998). A sense of personal control, even if overestimated, is positively related to feelings of well-being and happiness (Taylor & Brown 1988).

The feeling of having a valued social position relates directly to feelings of self-esteem, a critical factor for mental health. Conversely, a feeling of failing to meet the expectations of society can lead to 'status anxiety' and depression (de Botton, 2004). Based on a grounded theory analysis of their qualitative data, Donovan et al. (2003) proposed a model of good mental health that placed good self-esteem at the core. Good mental health was seen to be indicated by confidence in one's ability to handle problems and ability to seek help when needed. Conversely, low self-esteem was seen to be manifested in an inability to seek help, low confidence in one's ability to deal with problems, and lacking skills to cope. Self-esteem (or self-image) was seen to be influenced substantially by one's experiences as a child (family and school particularly), and as an adult (intimate relationships and occupational factors in particular) (Donovan et al., 2003).

VicHealth's mental health campaign *Together We Do Better*, launched in 2001 (www.togetherwedobetter.vic.gov.au/), focuses on enhancing social connectedness and thus reducing adverse mental ill health effects of 'social isolation, discrimination and hostility'. In Warr's terms, this could be seen as highlighting the *opportunity for interpersonal contact*. However, this influence on mental health was already highly salient in our sample, suggesting that a focus on interpersonal contact, while reinforcing current views, might not provide much increase in overall awareness of what can be done to ensure mental health.

The *social context* paradigm, with its origins in sociology, is a dominant framework in health promotion practice (Silburn, 2003). The social context is seen as forming, constraining, and reshaping individuals' behaviours. Many of the protective factors for mental health emerge from social relationships: secure parent-infant attachment; adequate human capital; consistent and positive quality care; stimulating and engaging learning environments; and social connectedness. Current trends in prevention now emphasise the need for broader analysis of determinants and locating the best leverage points for influencing causal pathways leading to healthier outcomes. It is proposed that people in authority over others, parents, teachers, coaches/trainers and employers, could provide a leverage point for a universal intervention to promote mental health in those in their care. It may be possible to obtain substantial population effects over time by raising awareness among people in authority of the positive contribution they can make to the mental health of those in their care. Positive parenting programs in the home, anti-bullying programs in schools, and anti-harassment programs in the workplace are examples of existing appeals to people in authority. We propose that such appeals could be enhanced by awareness-raising in people with authority of their potentially powerful role in enhancing (or adversely affecting) the mental health of others.

The *Mentally Healthy WA* campaign (Donovan, James, Jalleh & Sidebottom, 2006) suggests building awareness for, and increasing behavioural adoption of, three major ways in which persons in authority can enhance the mental health of those in their care: providing opportunities for all to actively participate in activities and decision making; providing challenges that increase skills and self-efficacy; and publicly recognizing individuals' achievements. These three concepts are consistent with the beliefs of respondents in this study and the literature with respect to enhancing mental health (e.g., Csikszentmihalyi, 1990; Hawkins et al., 1992; Oxenstierna, Ferrie, Hyde et al., 2005; Stewart, Sun, Patterson et al., 2004; Vezina, Bourbonnais, Brisson & Trudel, 2004; Warr, 1994).

Conclusions

This paper reports the current view of parents, teachers, coaches/trainers and supervisors in Western Australia about what they think they can do to ensure the mental health of those in their care. The data identify areas where there is already a reasonable level of awareness of health enhancing behaviours, and hence a starting point to communicate with these target groups. The data also identify areas where awareness and understanding need to be increased to facilitate interventions that seek to increase behaviours that support good mental health and decrease behaviours that negatively impact on mental health.

An elaboration of the four authority roles per se and the differences between them is beyond the domain of this paper. Nevertheless, it should be kept in mind that any campaign targeting individuals in these non-parent authority roles in particular must be aware of the industrial relations and other structural conditions under which they operate. In fact, such interventions may need to first bring about changes in these conditions where they may inhibit individuals in authority from exhibiting desired behaviours. A further benefit of approaching persons in authority is that it provides an avenue for reaching the more vulnerable groups in society. In this sense, future research could ascertain the views of persons in authority in institutional settings such as prisons, hospitals, and homes for the elderly and disabled. Other areas for future research include the interplay between individuals' beliefs and the structural conditions under which they operate, and the development and evaluation of intervention methods for the different authority roles and contexts.

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