

Vanderbilt Mental Health Self Efficacy Questionnaire

Grade 12/Year 13

Fast Track Project Technical Report

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SAS scoring program

Citations

Instrument

Bickman, L., Earl, E., & Klindworth, L. (1991). VMHSEQ. Nashville, TN: Vanderbilt University.

Bickman, L., Heflinger, C.A., Northrup, D., Sonnichsen, S., & Schilling, S. (1998). Long-term outcomes to family caregiver empowerment. *Journal of Child & Family Studies*, 7, 269-282.

Reports

Godwin, J. (2011). *Vanderbilt Mental Health Self Efficacy Questionnaire* (Fast Track Project Technical Report). Available from the Fast Track Project website: <http://www.fasttrackproject.org>

Data Sources

Raw: P13AF

Scored: VMH13

I. Scale Description

The *Vanderbilt Mental Health Self Efficacy Questionnaire* was developed and used by Bickman and his colleagues (1991) as part of the Family Empowerment Project. The measure consists of 25 Likert scale items measuring parents' self efficacy beliefs and behavioral expectations about obtaining and participating in mental health treatment for their children. Self efficacy is a parent's assessment of his or her ability to meet a desired goal. Parents rate each item from strongly agree (1) to strongly disagree (5). The statements associated with the items are listed in the tables below.

Whether or not parents receive this measure depended on their responses in the Service Assessment for Children and Adolescents (SACA) measure. The VMHSEQ is only administered if a parent reported in the SACA that their child received services from at least one of the following facilities/providers:

- a psychiatric hospital
- a general hospital for emotional, behavioral, or drug/alcohol problems
- a residential treatment center
- a group home
- some other overnight facility for emotional, behavioral, or drug/alcohol problems
- a mental health care center
- day treatment or partial hospitalization
- a drug and/or alcohol treatment center
- care from an in-home therapist or family preservation worker
- respite care
- care from a counselor or therapist

II. Report Sample

These exploratory analyses were conducted with the control sample (n=155) and the normative sample (n=387, N=463 with overlap) from the first cohort during the thirteenth year of the study. Overall, 419 records were missing the whole measure, however, this is not surprising given that the VMHSEQ was only given to a subset of the sample whose child received mental health services. One Hundred and thirty seven respondents were missing from the control sample (37 from Durham, 35 from Nashville, 32 from Pennsylvania, and 33 from Washington) and 353 respondents were missing from the normative sample (89 from Durham, 93 from Nashville, 88 from Pennsylvania, and 83 from Washington).

III. Scaling

Following the procedure developed by Bickman and his colleagues (1998), the 25 items in this measure are combined to create one scale capturing a parent's self efficacy regarding mental health services for their child. The 25 Likert items are summed together after the values for several of the items are reversed such that higher values indicate higher levels of self efficacy. The reversed items include: P13AF7, P13AF9, P13AF10, P13AF11, P13AF12, P13AF15, P13AF16, P13AF19, P13AF22, P13AF23, P13AF25, P13AF27, P13AF30.

Cronbach's alpha was calculated for the subscale and is shown in the table below:

Cronbach's Alpha for Scales		
Variable	Normative	High Risk Control
Y13 Mental Health Self-Efficacy Scale (VMH13sef)	0.92	0.87

The *Vanderbilt Mental Health Self Efficacy Scale* has a high level of reliability for internal consistency in both samples.

IV. Differences Between Groups

The t-test results, displayed below, reveal that the mean *Vanderbilt Mental Health Self Efficacy Scale* scores are not statistically different for the high risk control and normative samples.

In addition, the means for the individual items are not statistically significantly different for the normative and high-risk control samples.

Comparison of Means for Normative and Control for Scales and Items								
Variable	Label	Normative		Control		t Value	DF	Pr > t
		Mean	Std Dev	Mean	Std Dev			
VMH13sef	Y13 Mental Health Self-Efficacy Scale	97.75	14.11	96.44	9.66	0.57	35	0.57
P13AF6	I believe that I can help mental health service providers in treating my child	3.93	0.96	3.81	0.83	0.29	35	0.77
P13AF7r	Reversed: There is not much that I can do to work with mental health services	4.00	1.04	3.63	0.89	1.81	35	0.08
P13AF8	I know that I can do what needs to be done to work with my child's mental health services	3.90	0.90	3.88	0.72	0.1	35	0.92
P13AF9r	Reversed: What goes on in mental health services is just too complicated for me to deal with	4.28	0.75	4.19	0.66	0.83	35	0.41
P13AF10r	Reversed: It is only wishful thinking to believe that I can really be part of my child's mental health services	3.97	1.05	3.81	0.98	0.84	35	0.41
P13AF11r	Reversed: There is little I can do to change what is done by the people who provide treatment for my child	4.03	0.87	3.69	0.87	1.95	35	0.06
P13AF12r	Reversed: I often feel that it is hopeless to try to deal with mental health services	4.07	0.84	4.13	0.62	0.07	35	0.95
P13AF13	I find it easy to tell service providers how my child and family should be treated	4.00	1.04	4.06	0.77	-0.63	35	0.53
P13AF14	My skills in dealing with mental health services will help me to change things that might be wrong with my child's treatment	3.72	1.03	3.63	1.15	-0.02	35	0.99
P13AF15r	Reversed: No matter how hard I try, my child won't get the mental health services that my child needs	3.93	1.15	3.81	0.91	0.81	34	0.42
P13AF16r	Reversed: When something goes wrong with my child's treatment, there is little I can do to affect services	4.10	0.82	3.81	0.75	1.85	35	0.07
P13AF17	Parents like me can change the course of our children's treatment if we make ourselves heard	4.32	0.90	4.13	1.02	0.96	34	0.34
P13AF18	What I do to work with mental health services will help my child to get the best possible treatment	4.21	0.68	4.13	0.50	0.3	35	0.76
P13AF19r	Reversed: With all of the responsibilities I have, it would not be possible for me to be very involved in my child's treatment plan right now	4.17	0.93	4.31	0.48	-0.59	35	0.56
P13AF20	I look forward to participating actively in my child's treatment plan	4.17	0.76	4.38	0.62	-0.75	35	0.46
P13AF21	I intend to be involved in the plan for my child's treatment	4.21	0.73	4.50	0.52	-1.56	35	0.13
P13AF22r	Reversed: I feel overwhelmed when asked to do things about my child's treatment	3.97	0.87	4.06	0.44	-0.42	35	0.68

P13AF23r	Reversed: I have hardly ever gotten what my child needed from mental health services, no matter what I have done	3.66	1.04	3.75	0.93	0.18	35	0.86
P13AF24	Dealing with mental health services on behalf of my child turned out to be easier than I thought it would	3.29	1.05	3.56	0.96	-0.63	34	0.53
P13AF25r	Reversed: I have found out that what is going to happen with my child's mental health treatment will happen, no matter what I do	3.50	1.17	3.50	0.97	0	34	1.00
P13AF26	I have made an important difference in the mental health treatment that my child has received	3.64	1.06	4.06	0.68	-1.89	34	0.07
P13AF27r	Reversed: I don't know how to get information on the best mental health services for my child	3.96	0.69	3.81	0.83	0.72	34	0.48
P13AF28	I have seen other parents deal effectively with mental health services for their children	3.39	1.07	3.00	1.03	1.67	34	0.11
P13AF29	Other parents have taught me how to get what my child needs from mental health services	2.61	0.99	2.63	1.02	-0.07	34	0.94
P13AF30r	Reversed: No matter what others say or do, I do not think that I should be involved in my child's treatment	4.39	0.74	4.19	1.05	0.87	34	0.39

V. Recommendations for Use

The Mental Health Self Efficacy Scale has high reliability and has a normal distribution. See Bickman, Heflinger, Northrup, Sonnichsen, & Schilling (1998) for an example of its use.