Implementation Challenges in Wrapping Interventions Around Families Living with Parental Mental Illness

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Implementation Challenges in Wrapping Interventions Around Families With Parental Mental Illness

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Scope of the issue

- Many families are affected by overlapping child & adult mental health concerns.
- Within children’s systems of care (SOCs; Hinden et al., 2006):
  - 52% family history of mental illness (MI)
  - 37% parent hospitalization
  - 58% family history of substance abuse (SA)
  - 50% parent treatment for SA

Vulnerable families/Special needs

- At high risk for out-of-home placement & custody loss (30% - 70%; Nicholson et al., 2001):
- Within SOCs (Hinden et al., 2005):
  - Greater number of risk factors (e.g., h/o trauma, delinquency), poorer functioning (e.g., strengths, symptoms, impairment), and greater caregiver strain at intake
  - Show poorer functioning and greater caregiver strain over time

Service Barriers

- Families with overlapping child & parent mental health concerns may enter services through the child or adult systems.
- Regardless of point of entry, there are significant organizational & practice barriers that make adequate support & effective intervention for families difficult (e.g., categorical services, stigma; Nicholson et al., 2001).

What do families with overlapping concerns need?

Family-centered, strengths-based SOCs:
- address stigma, i.e., see parenting as an important role for adults with mental illness
- reflect a much greater degree of integration across child & adult systems

What do families with overlapping concerns need?

Family-centered, strengths-based programs that provide family care management:
- focus on recovery & rehabilitation for parents & resilience for children
- provide access to & advocacy within both child and adult systems
- promote self-determination & family driven goal plans or plans of care.
Family Options
at Employment Options, Inc.

Mission
To build resources and relationships to promote recovery and resilience in parents with mental illness and their children.

Key Concepts & Processes:
- family-centered, strengths-based, family-driven & self-determined, recovery & resilience, engagement & relationship building, empowerment, availability & access, liaison & advocacy
- Primary service:
  - family care management

Family Options
Intervention Innovation
- Involves entire family, including children <18, who may or may not have “problems”
- Draws from what we know about EBPs for adults with mental illness & parenting
- Builds on what we have learned works best in a clubhouse setting
- Requires shifting the agency’s focus

Family Options Outcomes Study
- Parent & Child
  - Well-being
  - Functioning
  - Supports & Resources
- Family
  - Empowerment
  - Supports & Resources
  - Program Fidelity/CQI

Family Options Implementation Study
- Focus groups with agency stakeholders
  - 3 groups, 3 stages: program installation, initial implementation, full operation
  - Management team, agency staff & members, Board of Directors
- Qualitative interviews over time
  - Family Options staff & Clinical Consultant
  - Agency staff, clubhouse members, board of directors

What have we learned:
Community engagement is important.
- Build relationships with community organizations & provider agencies
- Develop mechanisms for communication & collaboration with partner agencies across child & adult sectors at the local, regional & state level
- Define & develop Respite resources
What have we learned:  
Workforce issues are important.

- Program Supervisor is a critical role (challenges in translating model into practice, building interagency relationships, providing staff supervision & training).
- On-going training and support are necessary to insure delivery of family care management (challenges in navigating paradigm shift, building resources & relationships, creating a family team that supports achievement of family’s goals).

What can children's SOCs do?

- Provide education & training on the prevalence of & potential concerns related to parental mental illness for families in SOCs.
- Include adult providers on Child & Family Teams.
- Support recovery & resilience for parents & children.
- Develop connections with parenting & other adult resources and providers.

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