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Family Members with Overlapping Mental Health Needs Require the Transformation of Systems and Services

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**Family Members with Overlapping Mental Health Needs Require the Transformation of Systems and Services**

Joanne Nicholson, Ph.D., Kathleen Biebel, Ph.D., Betsy Hinden, Ph.D., Valerie Williams, M.A., M.S., and Bernice Fernandes, B.A., with Judith Katz-Leavy, M.Ed.

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**Why are we committed to this topic?**

- Parenthood is prevalent among adults with mental illness.
- Parenting is a meaningful life role.
- If parents do better, children do better.
- Effective treatment & rehabilitation strategies exist for mental illness.
- There are opportunities for prevention, & the promotion of resilience.
- Inattention or inappropriate attention has negative and, at worst, life-threatening consequences for children and parents.

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**How many parents with mental illness are there?**

- Millions

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**What contributes to change?**

**Key Program Ingredients:**

- Family-centered: Typically view the child as part of a family with SED whose parents have co-occurring psychiatric and substance use disorders. Children with SED in Socs with more family risk factors function less well at enrollment and, though they do make improvements, do not achieve the levels of functioning of children with fewer risk factors at 12 months.

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**Developing the Evidence Base: What “works” for these families?**

**Innovative Programs for Parents with Mental Illness and their Families**

UMMS Site Visit Project (2001)
- Family-centered: Typically view the child as part of a family
- Multiple family risk factors.

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**Common Core Program Components Identified:**

- Family care management
- Cross-training adult & child services
- Intergenerational collaboration
- Cross-training family care management
- Strengths-based
- Development of trauma-sensitive services
- Development of a strategic plan
- Development of a strategic plan

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**What Administrators & Policy Makers Can Do:**

- Review mission, policies & practices
- Consider eligibility & determination requirements
- Review medical & language proficiency criteria
- Identify & support training programs, e.g., training in evidence-based programs
- Support early intervention, e.g., prenatal care, early intervention
- Identify & support “champions” within the agency
- Foster social support for families

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**Children with Serious Emotional Disturbance (SED) receiving services in Systems of Care (SOCs) programs may have multiple family risk factors.**

- Secondary analysis of the Ssoc National Evaluation Data collected using the Child and Family Assessment Data System (CFADS) by Voice (Hollis, PhD, and Region (Sumner), MD) identifies 19 Socs.

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**Within the group of children with SED whose parents have co-occurring psychiatric and substance use disorders:**

- 80% report child physical abuse
- 80% report child sexual abuse
- 67% report domestic violence
- 53% of parents have been found guilty of a crime

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**Family-centered, strengths-based practices require a paradigm shift in the way administrators and providers view and intervene with children and adults.**

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**Prevalence of Parenthood**

Joanne Nicholson, Ph.D., Kathleen Biebel, Ph.D., Betsy Hinden, Ph.D., Valerie Williams, M.A., M.S., and Bernice Fernandes, B.A. with Judith Katz-Leavy, M.Ed.

**Outcomes - Child Functional Improvement (ASQ Total Score)**

National Child Development Survey (Stage 1: 1958-63)
- Cohort: 3,571 children aged 16 years
- Research diagnostic interview (DSM-III-R)

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**Overlapping Issues & Needs**

- Dependent care in family care management
- Overlapping care in family care management
- Overlapping care in family care management

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