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Implementation Challenges in Wrapping Interventions Around Families With Parental Mental Illness

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Tampa, Florida – March 6, 2007

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
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.

Family Options

• 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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