Moving towards family-focused service delivery across the mental health and addiction sectors in Aotearoa, New Zealand
Today you will hear about:

The SPHC Guideline Implementation: Where it came from, what we aimed to do, what we have done, what we need to do

Your thoughts from an International perspective...
New Zealand: Aotearoa

• Population: : 4,749,598
• European, Maori, Pacifika, Asian
• In 2013, the infant, children and adolescent (0-19 yrs) population made up 27% of New Zealand’s total population

• Māori 0-19: 25% of New Zealand’s population: a young age structure with nearly half (44%) of the population aged between 0 and 19 years

• Experience lower socioeconomic status and have double the prevalence rates of mental health disorders compared to the general population

• Pacific 0-19: 9% of New Zealand’s 0-19 population with nearly half (46%) of the population aged between 0 and 19 years

• Experience lower socioeconomic status and mental health disorder at higher levels than the general population
Services

• Mental health and Addiction services; Specialist and NGO...
• First Line (primary)
• 4 Regions
• 20 District Health Boards...
The other things...

- Earthquakes...
- Methamphetamine use...
- Alcohol culture
- Gambling Harm...
- Social issues: Housing affordability
What is the Supporting Parents Healthy Children initiative?

• The Children of Parents experiencing Mental Health and or Addiction concerns: COPMIA

• Consultation with children and parents/families...

  • ‘The first time I entered services I wasn’t even asked if I was a parent- I had 2 children. The second time I mentioned it and I was asked/told- ‘You’ve got it covered...?’; and then nothing more’
Where the Supporting Parents Healthy Children Initiative came from

• Years of ‘getting to the starting line’
• Recognition that the children of parents with mental health and/or substance concerns in Aotearoa/New Zealand are an invisible population
• The Director’s passion...
• The focus on family-inclusive practice
What we know:
back to the data:

• 50-70% of people experiencing mental health concerns are parents

• 15-30% of children have one parent who experiences mental health concerns

• 3-6% of children have parents who experience serious problematic substance use

• Oranga Tamariki estimate parental mental illness or problematic substance use is present in up to 80% of presenting children under 2 years of age

Royal College of Psychiatrists: Parents as patients: supporting the needs of patients who are parents and their children. College Report, January 2011.

The profiles of children who adapt well:

- Older age at onset of PMI
- More sociable
- Emotionally and intellectually able
- Discrete PMI episodes & good recovery
- Alternative adult support
- Family member with whom the child has protective & trusting relationship

Royal College of Psychiatrists. Patients as parents: Addressing the needs, including the safety, of children whose parents have mental illness. RCP Report number CR105, 2002
Protective factors

• The basics: Parents’ access to food, housing, transportation and employment.
• A support system for the family, for example a network of community supports to reduce isolation.
• Emotional and psychological resilience (of the parent and the child)
• Parenting tips, information and skills courses for the parent
• The child’s socio-emotional and cognitive abilities.

Substance Abuse and Mental Health Services Administration (SAMSHA) (2012). Supporting Infants, Toddlers and Families Impacted by Caregiver Mental Health Problems, Substance Abuse and Trauma: A Community Action Guide. USA: SAMSHA.
ACEs....
The Adverse Childhood Experiences Study (ACE Study)

• A research study conducted by the American health maintenance organisation: Kaiser Permanente and the Centres for Disease Control and Prevention

• Participants were recruited to the study between 1995 and 1997 and have been in long-term follow up for health outcomes.

• The study has demonstrated an association of adverse childhood experiences (ACEs) (aka childhood trauma) with health and social problems across the lifespan.
The Domains

• Physical abuse
• Sexual Abuse
• Physical or emotional neglect
• Exposure to family violence
• Household substance abuse
• Household mental health concerns
• Caregiver separation/divorce
• Incarceration of a household member
How the ACES Work

Adverse Childhood Experiences
- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)

Impact on Child Development
- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

Long-Term Consequences

Disease and Disability
- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

Social Problems
- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- High utilization of health and social services
- Shortened Lifespan

CANarratives.org
The connection with ACEs

• TWO OF TEN ACEs...

• 8. Did you live with anyone who had significant alcohol issues or who used street drugs? Yes No If yes enter 1 __________

• 9. Was a household member depressed or mentally ill or did a household member attempt suicide? Yes No If yes enter 1
We must remember…

The majority of parents with mental illness or problematic substance use **do not** abuse their children

and

most adults who abuse children do not have problematic substance use or are experiencing significant mental health concerns.
However

- Children who have a parent with mental illness or addiction are at increased risk of a number of poor outcomes including developing later mental health problems. They experience higher rates of suicidal ideation and interpersonal and behavioural problems
And...

• A 2012 systematic review of preventative interventions in COPMIA concludes that the risk of mental illness in the child can be reduced by 40%.
Resilience

RESILIENCE
HOW TO TEACH YOUR CHILD TO NOT ONLY SURVIVE BUT TO THRIVE

Werry Workforce
Improving mental health and wellbeing for infants, children and young people through service improvement, workforce development and advocacy.

uni services
IDEAS TO LIFE
The Supporting Parents Healthy Children Guideline: The Vision

A Mental Health and Addiction Service delivery that:

• Is family and whānau focused

• Takes responsibility for promoting and protecting the wellbeing of children

• Makes the rights and needs of children a core focus of all that they do
Supporting Parents Healthy Children
Supporting parents with mental illness and/or addiction and their children
A guideline for mental health and addiction services
The Supporting Parents Healthy Children Guideline

• Everybody’s responsibility
• Business as usual
• Focus on supporting Adult Mental Health and Addiction services to identify and support parents/whanau
• All services will work from a strengths based perspective, focusing on assisting parents to develop their own strategies to support identified strengths and to overcome any vulnerabilities regarding their child/ren and family/whānau.
• Focusing on the strengths and needs of families and children will help improve outcomes for parents and into the future.
• Employs a strengths-based approach that protects and strengthens parenting capability and builds the resilience of children

• Provides interventions that are informed by evidence about what works

• Provides services that are culturally safe and appropriate for all families and whānau

• Finds, includes and when necessary, connects family and whānau to community supports and services ensuring a coordinated response to addressing the needs of the whole family and whānau

• Provides a safe and competent workforce that is confident and able to recognise and respond to the needs of children and their family and whānau.
Where we need to be: By Sept 2018: Organisational Essential Elements

• Family and whānau focused Implementation plans are in place

• Data is routinely collected (PRIMHD)

• Leadership team includes an identified champion

• Documented care and protection policies...
Essential Elements: Service Level

• A SPHC champion is in place to support leadership, training, support and advice

• Family focused service delivery is regularly audited

• Service Leaders working towards a family friendly environment

• Directory services available

• Resources for parents
Essential Elements: Practice Level

• Conversations about children, parenting, family and whānau are routine. Service users are linked to local parenting and family support services

• Family inclusive appts are made routinely

• Family care plans developed as appropriate

• Focused support available for pregnant and post-partum women

• Staff feel confident to have conversations about parenting
• Forms and documents family focused

• Coordinated systems for post partum service users

• Access to specialist advice on care and protection issues

• Interagency planning processes in place
By 2020: Best Practice Elements

**Organisation:**
- KPIs to measure performance
- All strategic docs are Family focused

**Service:**
- Written support pathways
- Established ICAMH consult
- Resources available
- Family friendly environments
Practice

- Family focused practice embedded in all service delivery
- Evidence Based programmes supporting parenting and well-being available in all adult mental health and addiction services
- Specialised programmes for the most vulnerable
- Specialised programmes for pregnant women and infants
- THE MENTAL HEALTH AND ADDICTION SECTOR WORKFORCE IS CONFIDENT AND COMPETENT TO ADDRESS THE NEEDS OF CHILDREN WITH PARENTS WITH MENTAL HEALTH AND/OR ADDICTION CONCERNS
Implementing the Supporting Parents Healthy Children Guideline

• Development of an Implementation Plan (Implementation Science)
• Using the ‘Beacon’ strategy (The Bouverie Family Centre)
• Adkar tools: Readiness measure: ADKAR: Prosci, 1994
  • Awareness of the need to change
  • Desire to change
  • Knowing how to change
  • Ability to implement strategies, skills and behaviours
  • Reinforcement to sustain the change
Components of Implementation:

• Workforce Programme support
• Steering groups
• Practice Champions: Family and Whānau advisors, Consumer Advisors, Practitioners
  = Enhanced Family and Whānau focused practice = enhanced well-being for parents
  = Enhanced well-being for children and young people
Collaboration across services and sectors

Networking

Coordinating

Integrating

Cooperating
The national picture: What’s been achieved to date

- Launch of the Guideline
- Promotion
- Regional workshops
- Practitioner workshops
- Resource development
- Contact-liaison people from Project Team for each area
- Tool development
- Working with steering groups
- Identifying practice champions/drivers/facilitators
- Web-sites, resources...
- Implementing interventions (5 Step, SSFC)
- Champion’s network
Yes but how do we know we are making a difference

- Practitioner Survey (Mayberry and Reupert)
- Outputs: Training etc
- Audits: files, interviewing staff, interviewing
- Data
- Evidence in annual district plans
- International networks, discussion
Resources
Established a web-site:

Domain name: www.Supportingparents.nz.org

Trauma informed care training

• Implementation of Single Session Family Consultation model via a train the trainer model

• Implementation of the 5-Step Approach
Single Session Family Consultation

• Developed at The Bouverie Family Centre Melbourne
• Combines Single Session Therapy and the Family Consultation Model

What is it?
• SSFC is a brief structured process for engaging and meeting with families/ whānau which aims to identify needs and find solutions
The 5 Step Model
What we want to see...
What we want to see:

• Jill, a 33 year old mother of 3, whose youngest child is 18 months old, and oldest 6 years old, has been referred to her local integrated community mental health and alcohol and drug service for an appointment by her GP

• Jill is phoned by a person from the service and invited to suggest appointment times that suit her and her whānau.
• The appointment can occur at home, or anywhere suitable to Jill and her whānau

• The person on the phone asks Jill who is in her whānau as part of the phone conversation. She is also asked her ethnicity, and if there are other people she would like involved in the contact with the service.
• Jill decides to come into the service. She brings her 18 month old and her 3 year old children. Her partner is working and is unable to attend

• She arrives, along with her children, all are welcomed warmly
• Jill decides to come into the service. She brings her 18 month old and her 3 year old children. Her partner is working and is unable to attend

• She arrives, along with her children, all are welcomed warmly
• She and her children are shown to a whānau room with a kitchenette with fruit, snacks and drinks available. The room has bean-bags, toys and games, and comfortable chairs, and family posters on the wall.

• Jill and her children are introduced to the practitioner for the appointment. The practitioner checks if there is anything Jill needs for her children.

• Jill is offered that the children may stay in the whānau room with a worker if she would prefer, or is told they are welcome in the practitioners office with her.
• The practitioner’s office is equally well equipped for Jill and her children.

• The practitioner engages Jill in a conversation about the group she has attended.

• The practitioner is clear about what she would need to do if she had any concerns for the children, but she is equally clear that Jill can be a good mother even if she has addiction issues.
• The practitioner hears that Jill is engaged with a service that offers her whānau support, and that Jill has let this service know of her appointment today.

• The practitioner is confident talking to Jill about her mental health and addiction problems as well as her family and whānau, parenting and any concerns she might have about her children
• The practitioner is confident in talking to the children in a friendly and welcoming way (if they were older she would be able to help them understand their mothers issues in an age appropriate way)

• Jill feels that it is OK to continue contact with the service and feels able to talk about her children and her partner, who is able to attend the next appointment.
Involving and valuing children, family and whānau is everyone’s responsibility.

Kei a tātou te tikanga.
It’s all about whānau...
Contact:

Dr Bronwyn Dunnachie
Senior Advisor
email: b.dunnachie@auckland.ac.nz

Ms Sue Dashfield
Director
Email s.dashfield@auckland.ac.nz
The workshop
Consider policy in your country: Similarities 1-10

• What’s the same?
• What’s different>
Thinking service delivery: Similarities 1-10

• What’s the same?
• What’s different?
Thinking of the Children of Parents with Mental Illness and Addiction: What’s working for your country?
What needs to change?
What are the potential solutions?
What needs to happen to achieve these?
Develop a plan...