

# Creating the Capacity for Interventions for Parents with Mental Illness

There is a major gap in services for parents with mental illness within traditional mental health services, even though adults with mental illness are more likely to be parents than not. Service providers face several challenges to providing successful interventions for parents with mental illness. Traditional service models focus on serving adults alone or their children alone, with limited success. Some providers may also have negative beliefs about the ability of parents with mental illness to take care of their children well. Parents may have internalized stigma or shame about their mental health and may hesitate to connect with mental health professionals about their needs.

Using lessons learned from the implementation of Family Options, an intervention developed in Massachusetts that focuses on parents and their children as a unit and draws on the strengths, resilience and recovery goals of family members receiving services, we have identified three essential elements of developing successful interventions for parents with psychiatric disabilities: hiring the "right" staff; establishing organizational frameworks; and fostering community engagement.

## 1. Hiring the "Right" Staff

## Identify the best combination of skills and experience

It is essential to find people with the right skill sets to implement a family-centered intervention for parents with mental illness and their families. To ensure that staff can successfully implement an intervention, attention and time given to hiring should be done early in the process.

While we recognize that individuals who meet all of these skill and experience recommendations may be hard to find, the ideal combination of skills and experience includes:

- Knowledge of mental health and child welfare sectors
- Experience working with children and adults
- Familiarity with strengths-based and family-focused services

However, while clinical expertise is helpful, it can be de-emphasized to focus on potential staff members' flexible approach to what is considered therapeutic and home-based service experience. Staff may need bachelor's or master's degrees to meet credentialing requirements for service reimbursement. The hiring team should also balance prospective employees' personal characteristics with their education, work experience and credentials rather than zeroing in on one ideal candidate with all the desired attributes. Interviewees with transferable skills or an eagerness to learn new skills can also prove an asset for staff working with an intervention program.

## Provide on-going training and support

Additional training can target gaps in skills and experience. Supervision and coaching can be tailored to provide on-going support. As staff become familiar with the agency, parents, families and the community, issues may emerge that suggest training topics (e.g., trauma-informed practice). Working with a team or in pairs, shadowing a more experienced practitioner, and encouraging staff to take time off to "re-fuel" are recommended.

## 2. Establishing Organizational Frameworks

## Develop tools to identify families' strengths and goals

To implement a new intervention, it's important to have the right tools available for staff. These tools should identify the strengths of families and channel these strengths to work towards common goals. For example, the Family Options team created the Family Strengths Assessment Form and the Family Goal Form to collect data from families and ensure that programs followed the principles laid out in the intervention model. These tools underwent a rigorous revision process that involved repeated trials and feedback from staff members. Your program can use a similar model to create and vet tools.

## Tailor protocols and services to support families

Serving whole families requires a dedicated set of protocols and procedures. This is especially important for agencies that traditionally serve one population. There are different ways you can create or modify existing protocols. Some examples include:

- Adapting existing agency protocols to fit your program's goals of serving both adults with mental illness and their families
- Creating an organizational structure for distributing mini-grants to families to cover emergency expenses, for example

• Finding support for services or resources that aren't covered by traditional funding sources

#### Enable good communication throughout the agency

Your intervention may be housed within a larger agency with a similar mission. Your own goals may be distinct from the main agency. It is therefore important to establish clear lines of communication and feedback between your program and the larger organization. Here are some ways you can help ensure effective communication among all parts of the agency:

- Regularly scheduled resource-sharing meetings between your program and the main agency
- Internal marketing of your program and other initiatives of your primary agency
- 3. Fostering Community Engagement

## Find sustainable resources for families in the community

No one program can be all things to all clients. To make sure that your intervention program can use resources more efficiently, it's a good idea to become familiar with other local resources for your clients and their children. Identifying and connecting with external resources also helps families find longer-term solutions when they are no longer receiving services from your agency. One way to connect with more resources for your client is to work with agency administrators or other professionals with extensive knowledge of community services for families.

## Identify and nurture new relationships with community agencies

New interventions sometimes encounter a lack of interest or cooperation from existing community agencies that are more familiar with the work of more familiar agencies or programs housed within those agencies. The staff of new programs need to find thoughtful and creative ways to establish roots within the communities they intend to serve. Your agency's administrators can foster needed relationships by using their relationships with community collaborators and arranging visits to uninvolved agencies to increase awareness of your agency and its intervention. For example, you can reach out to a child welfare office and gain referrals, launch kick-off events involving community partners and families, and hold strategic meetings with implementation experts to find the best strategies for your program.

#### Reinvigorate existing relationships

You can also revive current relationships with other agencies to bolster the credentials of your new intervention. Take advantage of the connections that your agency has made with other community partners to ensure you are able to attract clients to your intervention program. Meet with representatives of community agencies and answer questions they may have so they have a clearer idea of what your intervention is and how it can benefit parents with mental illness and their families. For example, you can reach out to an organization that primarily works with individual adults and build a partnership with them so that those adults can be referred to your family-centric intervention.

## Make use of partnerships to coordinate services for families

It can be challenging to integrate a new intervention with the array of services already on offer within the community while avoiding duplication of resources. Your program administrators should differentiate your intervention from existing services while ensuring that you can still collaborate with your community partners and services outside the scope of your program. It may become easier to do this after you have become more familiar with families' individual needs and dynamics. One way to take advantage of community partnerships without duplicating services would be to convene team meetings between mental health professionals, case managers or child welfare agents to help coordinate services.

#### **Concluding Remarks**

Without a long tradition of holistic family interventions for parents with mental illness to use as a guide, it can be challenging to implement a new intervention that serves the whole family unit. We hope that the lessons learned from the Family Options intervention will help you create and implement an intervention that encompasses the entire family's needs.

Adapted from Biebel, Nicholson, Woolsey, & Wolf (2016). Shifting an agency's paradigm: Creating the capacity to intervene with parents with mental illness. American Journal of Psychiatric Rehabilitation, 19(4), 315-338. http://dx.doi.org/10.1080/15487768.2016.1231641