EFFECTIVENESS OF FAMILY ORGANIZATIONS IN MAINTAINING CHILDREN'S MENTAL HEALTH AND WELLNESS

Success in the delivery of children's mental health programming depends on the ability of the system to provide a safe, nurturing environment and appropriate treatment for children. Unfortunately, there is a serious shortage of an adequately trained workforce to address children's mental health (including substance use) concerns. All professions appear to be impacted in this workforce shortage. There is an insufficient number of psychiatrists, nurses, psychologists, social workers, and other clinicians. To augment clinical services, one answer is to tap the resource of parent-to-parent peer support. Parents share the lessons they have learned from experiences gained from identifying and accessing services , applying crisis prevention techniques, and wellness management skills. They help parents make more efficient and effective use of formal services. Once parents understand their own children's needs and best practices to address those needs, they can choose the right type and amount of treatment necessary.

Most importantly, Parent Support Providers offer parents the necessary support to maintain hope and positive use of formal services and natural community-based support. Parent Support Providers share a history of similar experiences with their own child or youth or emerging adults and they know about practical possible solutions.

Parent Support Providers are most effective when they can support parents through the acquisition of services and supports the child, youth or emerging adult may need. As a result they are found working in many settings helping parents: community mental health centers, pediatrician's offices psychiatric residential treatment, hospitals, schools, and family-run organizations. No matter where they make contact with parents, they provide assistance for parents to identify the needs of their child (youth or emerging adult), access the formal services, find natural supports, navigate through funding and eligibility requirements, develop day to day positive methods for addressing the entire family's needs, ensure that parents are the best advocates and voice for themselves. and to teach their children resiliency while being the best voice for themselves.

For national certification, a Parent Support Provider needs to show 80 contact hours of training in the competencies (approximately 8 hours per domain). The domains are: advocacy in multiple systems, ethics, behavioral health information, communication, confidentiality, education information, effecting personal and system change, empowerment, local resource information, parenting for resiliency, and wellness and natural support. The content of these domains was derived from a national job task analysis achieved through A DACUM study with subject matter experts, two national surveys, and a criterion-referenced procedure. The detailed assessment can be found at www.certification.ffcmh.org/apply.That knowledge base and its application are the basis for the national exam that Parent Support Providers must successfully pass.

Parent Support Providers:
- Provide parents and children with better understanding of the challenges and resources associated with children's mental health concerns (Robbins et al 2008)[i]
  - Increase the child's early engagement with appropriate health resources (Koroloff , Friesen, Reilly & Rinkin 1996)[ii]

- Reduce the rate of missed appointment and premature terminations from treatment thereby reducing overall cost by at least $300 per month compared to teams without a Parent Support Provider (Davis-Groves, Byers, Johnson, McDonald 2011)[iii]
- Provide a workforce that is culturally aware of the needs of family members since they have similar experiences and come from the same community (Munson et al 2009)[iv]

For children, the use of Parent Support Providers:
- Reduced lengths of stay in foster care for cChildren will have a reduction in out of home placements(Marcenko, Brown, DeVoy, & Conway, 2010)[v] (Romanelli et al., 2009)[vi];.
- Will result in parents being more than four times as likely to be successfully reunified with their children than a comparison group without a PSP (Anthony, Berrick, Cohen, & Wilder 2009)[vii]
- Children will stay in school rather than drop out (Kutash et al., (2010)[viii]
- An analysis of placement events spanning a 2-year period (October 1, 2009 to December, 2011) that compared youth whose parents received Targeted Parent Assistance from Keys for Networking to a matched control group of youth involved with juvenile justice (JJA) who did not receive Keys' services showed substantial reductions in recidivism and out-of-home placements for the Keys' youth. Among the Keys' youth, the relative risk of entering detention or a correctional facility was reduced by 86% and the relative risk of being placed out-of-home was reduced by 90% when compared to the matched control group. This reduction in risk of recidivism and out-of-home placement held true for youth at different levels of risk (high, moderate, and low), but were most pronounced among those youth at highest risk – their relative risk of recidivism was reduced by 93% and their relative risk of being placed out-of-home was reduced by 95% compared to the matched JJA youth.[ix]

Overall, for Systems of Care:
- A key finding of the literature and qualitative secondary data analysis is that having family involvement at the system level requires an engaged, locally developed, autonomous family organization that is regarded as an equal partner agency within the system. (Ferreira 2010) at 105 and 154.[x]
- In addition to their service delivery roles, family organizations have played a critical role in supporting the expansion of the system of care approach. (Stroul & Friedman 2011) at 42, 74, and 75[xi]

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