Countrywide implementation
Effective Child & Family Programme:

Tallinn
February 9, 2016

Tytty Solantaus

• My own story
• As a clinical child psychiatrist
  – Many children with mentally ill parents
  – Collaboration with adult psychiatry
  – A touching case
• Learning about the Beardslee Family Talk Intervention:
  – parents explain their situation to their children
• Let’s us start with children and what children and parents need
Protective processes /factors for children-1

Family

• Warm supportive family relationships
  – Parents, sisters, brothers (grandparents etc)
• Fun and enjoyable moments/ activities
• Functional daily routines as much as possible
• The problems can be discussed in a positive, constructive and problem-solving manner
Protective processes /factors for children-2

Child

• An understanding and making sense of what is happening
  – For the parent
  – In the family – atmosphere, economic problems, unemployment, etc

• Ability to act, agency
  – to participate in problem solving
  – supporting the parent
Protective processes /factors for children-3

**Outside family**

- Sense of belonging to daycare group / school
- Age appropriate activities / hobbies / friendships
- A trusted family / adult who is supportive to the family and understand’s the child’s situation

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Ongoing dialogue with children over days, weeks, months, years

Aims

• Parents understand children’s experiences

• The children understand the situation
  – The parent helps children to make sense of what is happening

• Parents and children find ways for children to cope with the parents’ symptoms and other family problems
Ongoing dialogue

• Shared understanding

• Shared problem solving

Sense of togetherness /belonging and Active agency
Principles the dialogue process -1
For parents

- Have a DIALOGUE, not a lecture
- Listen to children, give them time
- Help children understand what they have experienced, seen, heard, thought, feared...
- Always include how we go forward
  - I am in treatment, we parents ...
  - If dangerous situations are possible, provide guidelines for action

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Principles for the dialogue process-2

• Discuss with children who could be their support person outside the family
• Someone who understands the family situation and is supportive, and whom the child trusts
The dialogue process

This is a family process over time. Discussions happen in small pieces in unexpected situations over months and years.

Children grow, understanding develops and parents’ problems come and go, family situations change.
• Implementation
The ongoing journey

• From epidemiological risk approach
• To resilience and opportunity
• Form hopelessness to joy and hope

• **From individual families to systems**
Child and Adolescent Mental Health in Enlarged European Union (CAMHEE, 2007-2009)

Work Package 5
Parenting and caring for the children of mentally ill parents
WP leader T. Solantaus

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Partners in WorkPackage 5

Eastern Europe
• Bulgaria
• Lithuania
• Romania

Central Europe
• Austria

Northern Europe
• Finland
• Norway
Children, and parental mental health problems

Rights of mentally ill parents and of their children?

Institutionalization of children?

Parenting culture?

Stigma?

Community based services?

Infrastructure?

Knowledge base on parenting & parental mental problems?

Child mental health in legislation and policy papers?

Basic needs for shelter, food, support?

Prevention and promotion?

Preventive interventions?

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Background in Finland

• Child protection services
• Family therapy ’movement’ in the 1980s
• Child Welfare Act 1983
• Individual teams and projects for the children of parents with psychiatric problems
  – Screening and referrals for treatment for children
• Strong and active programmes for perinatal depression across the country since 1995-
• Effective Child & Family Programme 2001 -

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The Effective Child&Family Programme 2001 –

• A nationwide development, research and implementation programme funded by the Ministry of Health and Social Affairs

• Carried out in the National Institute for Health and Welfare

• Legislation since 1980s
The Effective Child&Family Programme

• Finnish Association of Mental Health
  – Tytti Solantaus
  – Project leader Tiina Pouta
  – Mika Niemelä, Bitta Söderblom

• And hundreds of colleagues in the field

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Legal basis

Child Welfare Act (683/1983) in Finland

- Mandatory reporting of child abuse and neglect
- "If an adult receives health or social services for mental health or drug and alcohol problems and has dependent children, also the children's needs for care and support have to be attended to."
My recommendations for legislation concerning services for adults: include

1. **All services parents attend,**
   1. Health and social, criminal, unemployment, income benefit..

2. **Children’s needs for**
   1. Prevention and promotion
   2. Treatment
   3. Rehabilitation

   BUT do not legislate how to do it /the method!

1. **Parents’ rights to get support for parenting**
A pragmatic and a paradigmatic change

Child protection services

Screening for psychiatric problems and providing treatment services

Promotion of parenting and child development

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Finnish experience: To get started...

First some questions needed to be answered
Questions to be answered...
Where should the promotion & prevention activity happen?

- in child/adolescent or in services for adults?
- in primary/community services or in psychiatric (specialized) services or in both?
The activity should happen ...

- where the parents seek for help
  - nobody else knows that the parent has problems
  - Those treating adults have the opportunity to start breaking the generational cycle
Questions to be answered

But where to start?

With adult psychiatry, but other services represented as well

• A strategic choice
• Psychiatric expertise and education
• There are 5 University Clinics and 21 Hospital districts with Psychiatric clinics (inpatient and outpatient services)
• Vs. 450 community health centres

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...Questions to be answered ...

Who does it? Which professional group?
...Questions to be answered ...

Who does it? Which professional group?

- All professionals who work with patients need to be able to talk respectfully and constructively about children with their patients
...Questions to be answered.

"But adult psychiatry is about treatment of patients!"

• Is psychiatric care only treatment of the patient?
Or only treatment of the patient?
• The answer is a PARADIGM CHANGE
• An expansion in adult psychiatry
  – from treatment to promotion and prevention
  – from individual to child and family based approach
  – from problems to strengths
  – From monosectoral to multisectoral work

• A need for new thinking and new methods
Collecting international experience

- US experience: William R. Beardslee
- The Dutch experience: Karin van Doesum, Clemens Hosman, Martinj Bool
- Swedish and other international experience: conferences

- The Nordic Forum since 2005: all Nordic countries join hands in developing the work for children and families

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EC&F Method family

• Let’s Talk about Children
  – 1-2 discussions with patient and partner
• Family Talk Intervention: 6-8 sessions
• Effective Family network meeting
• Groups for hospitalized parents
• Support groups for children and parents
• Family courses
• Guide books for parents and children
• others to come

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The aims of the EF methods

• to help the family live as a life as possible with the problems
• to support parents to be as good parents as possible in the present situation
• to help parents support their children at home and outside home by using
  – the family's own resources
  – resources of the family's own network
  – resources of different services
• to help the family reach the services they need
• Training as a tool for change
A distinction to be made

• Training a new method to be added into the tool pack?
  – E.g. new medication, a new therapy method…
A distinction to be made

• Training a new method to be added into the tool pack?
  – E.g. new medication, a new therapy method

• or inducing also a paradigm and system change?
  • to have adult psychiatry to embrace children
  • To have treatment services include prevention
  • To have sectorized services share goals and work together

• Later in the process, method training is enough
A practical method as a tool for change

• ”doing it” creates a dynamic forum for the existing and the new to interact in the mind
  – connects cognitive and emotional processes in the individual
• creates a yarning for more knowledge and more experience
• applies also to the project team
• Key to implementation is to extend this also to different levels of the system: the project team, the clinical team, organization, etc

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Problems to be prevented

• Team dynamics
  – Training can divide the team
  – Responsibility left to or taken up by the one/s in training
• “None of my business. YOU are in training”
• “I am the one who knows how to do this”

No room, resources or support for the new work. The work fades away as the lone practitioner gets tired.
To prevent the divide

- The whole team (clinic etc) has to be kept aware of what is being learned as the training proceeds
Implementation 2001 -

- Pioneering training group 2001-3
  - 45 practitioners from across the country
    - Adult psychiatry (nurses, psychiatrists, psychologists, social workers, therapists)
    - Child mental health services (psychiatrist, psychologists)
    - Community health (doctor, school nurses, a well child nurse, social worker)
    - NGO: Family Organization
  - 17 full days a year, with supervision and implementation issues
    - 24 trainers around the country

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Launching the training

• The first training was launched with a seminar for the clinic leaders and trainees
• with representatives from STAKES leadership and the Ministry of Social Affairs and Health addressing the group
• A plenary about the WHAT WHY and HOW
• This was the for-runner of the Opening Seminar (a training module)

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• Aims of the pioneering training
  – to make the trainees understand the work in the larger context - history, culture, philosophy, principles, etc – capacity for adaptation
  – To teach the Family Talk Intervention and the Let’s Talk about Children Discussion
  – to make the pioneers agents of change in their own organizations and regions
  – And to provide competent trainers and experts across the country
Training modules

• One day opening seminar: basics plus overview of methods
• Let's Talk about Children-method training
  – two days + supervision day
• Family Talk Intervention training
  – 11-12 days with role play and supervision, about 4 wks apart
• Vertti group leader training (6 days)
• Let's Talk Network Meeting included in the other training modules
Opening seminar

• All child, adult, family practitioners from all sectors and NGOs are invited, when EC&F work is introduced in local services
• Plus local / regional media
• Content: Basic information, review of methods, issues of implementation
Opening seminar in a new locality

- Adult psychiatry
- Substance abuse services
- Child psychiatry
- Family counseling
- Social services
- Child protection
- Teachers
- School health
- Well child clinics
- Kindergarten teachers

Opening seminar

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Countrywide implementation

All levels need to be involved (in Finland)

• Government: Ministry of Health and Social Affairs, National Institute for Health and Welfare, the Parliament
• Regional and local decision makers
• Practitioners and families
• The media: public awareness and demand
In the end:
What is needed for effective implementation?
We need...

- Creative crazyness
- Guts
- Band
- Persistence
- And finally....

(HIM – Ville Valo philosophy by Pekka Himanen)
A dream!

Antonia Ringbom