

NSW Parenting Program for Mental Health

The mental health of children and adolescents is a priority of the NSW Government. The NSW Parenting Program for Mental Health is a five-year initiative of the Centre for Mental Health, NSW Health and Western Sydney Area Health Service. The program is coordinated centrally, and implemented locally by Area Mental Health Services through Area parenting positions or their equivalent.

The NSW Parenting Program for Mental Health links to the NSW Government's Families First initiative. The role of the NSW Parenting Program for Mental Health includes promoting community and worker awareness of the significant impact of parenting on the mental health of children.

- Approximately 14% of children and adolescents have significant emotional and behavioural problems.¹
- 10% to 15% of preschool-aged children have mild to moderate behavioural problems, and a similar proportion experiences moderate to severe problems.²
- Evidence shows that parenting is one of the most important factors for the mental health and wellbeing of children.

Aims

The aim of the NSW Parenting Program for Mental Health is to develop a coordinated and comprehensive approach to implementing parenting programs to reduce the incidence and prevalence of mental health problems in young children by:

- improving, preventing or mitigating emotional and behavioural problems in young children
- enhancing positive parenting skills
- decreasing the use of harsh, lax or coercive parenting practices
- decreasing levels of anxiety, stress and depression and related disorders in their parents.

Why we are doing this

Emotional and behavioural problems in young children may be long-term.

These problems include such behaviours as aggression, withdrawal and non-compliance. Longitudinal studies have shown that behavioural problems experienced by children in the preschool years are the best predictor of later behavioural problems.³ Effective evidence-based parenting programs have been shown to improve family functioning and reduce behavioural problems in children.²

Conduct Disorder:

A condition characterised by a repetitive or persistent pattern of aggressive, destructive, deceitful and rule-breaking behaviours.⁴ These behaviours adversely affect the child's ability to form positive relationships with family and peers.

Mental health problems have financial and social costs.

A child with conduct problems or conduct disorder can cost the community three to ten times as much as a child with no problems.⁵ Children with these disorders and their families are more likely to require resources from a range of services such as health, education, welfare and juvenile justice.

Parenting difficulties may contribute to the development of emotional and behavioural problems. Harsh, lax or erratic parenting practices are significant factors in the development of emotional and behavioural problems in young children⁶, whilst nurturing, responsive parenting offers protection from such problems. Poor infant/maternal attachment, parental depression, anxiety and stress, parental discord, limited social resources and support, economic deprivation, and parental drug and alcohol misuse, criminality or mental health problems may have an adverse effect on children.

Maternal depression can impact on a parent's capacity to provide the responsive and nurturing environment necessary for the promotion of mental health and wellbeing in young children. Ten to 15 per cent of mothers will experience postnatal depression and for 50% of these women, depression begins before the birth of the baby.⁷ Children whose primary caregiver is depressed can show depressed mood themselves as early as three months of age.

Attachment between parents and infants and the provision of a safe, caring environment are important in assisting infants and young children to develop emotional self-regulation and empathy for others, which affects a child's ability to manage life transitions such as starting school.

Parenting programs assist in preventing the development of behavioural problems in children through promoting positive relationships between parents and young children, enhancing positive parenting practices, reducing the use of coercive discipline and decreasing parental anxiety, stress and depression.

A population health approach for delivering parenting programs means that services should be offered without stigma or discrimination. Early intervention initiatives are most effective when located within a range of community services and supports for families, such as preschool education, parenting programs and community development initiatives.

Parenting programs have several common characteristics such as:

- Programs are conducted mainly with parent(s) who implement the procedures at home.
- Parents learn to identify and monitor behaviour that can be targeted for change.
- Appropriate behaviours are reinforced, antisocial behaviours are ignored or managed using appropriate strategies.

Parenting programs are offered across a variety of community-based and clinic-based settings.

What has been achieved

The NSW Government has shown its commitment to the mental health of young children by allocating \$2.8m over five years, commencing in 1997/98, to parenting initiatives.

The NSW Parenting Program for Mental Health was established to promote evidence-based parenting initiatives with the aim of preventing future behavioural and emotional problems in young children, initially for those aged two to four years. To support this aim, the following activities have been undertaken.

NSW Parenting Partnerships: a framework for mental health service involvement in promotion, prevention and early intervention through parenting initiatives across NSW

This important framework incorporates mental health into parenting initiatives occurring across NSW in collaboration with and in support of existing services.

The framework outlines the following five strategies.

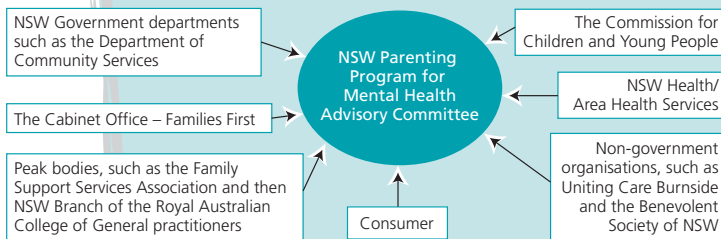
- promoting mental health through parenting program delivery
- providing training in evidence-based parenting programs
- disseminating information on evidence-based parenting interventions
- supporting communities with special needs
- identifying outcomes.

Parenting programs: *The Incredible Years—Parents and Children Training Series* and *Triple P* (Positive Parenting Program) have reduced behavioural and emotional problems in children and provided benefits for parents.

Programs for young children: the *Dina Dinosaur* Program and the *Play and Learning to Socialise* (PALS) program, developed by the Wingecarribee Health Service, can be offered directly to young children to provide support and social skills training.

Interagency Advisory Committee for the NSW Parenting Program

This committee provides advice on the development and implementation of the *NSW Parenting Partnerships: a framework for mental health service involvement in promotion, prevention and early intervention through parenting initiatives across NSW*, and facilitates the involvement and collaboration of mental health, child and family health and other relevant services.



The NSW Parenting Program for Mental Health has links with Families First, the NSW Parenting Centre, a branch of the Department of Community Services (DoCS) and other projects offering support to parents within mental health services, for example, children of parents with mental illness.

Training for parenting programs

The NSW Parenting Program for Mental Health included the appointment of a statewide trainer to train facilitators for parenting programs that have been shown to be effective. These include:

Triple P (Positive Parenting Program)

Triple P (Positive Parenting Program) is a multi-level parenting and family support strategy developed by the University of Queensland. *Triple P* aims to prevent behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. It incorporates five levels of intervention, for parents of children from birth to age 12 years.

Triple P (Positive Parenting Program): Levels of intervention

- Level 1: media-based parenting information campaign
- Level 2: information and advice for a specific parenting concern
- Level 3: narrow-focus parenting skills training (that is, for a specific concern)
- Level 4: broad-focus parenting skills training
- Level 5: behavioural family intervention, (includes parents' issues such as coping skills and partner support).

The NSW Parenting Program for Mental Health has provided accredited training for Triple P facilitators across NSW. The *NSW Triple P training procedure manual* was developed to assist Area Health Services to plan and use *Triple P* training.

Since the commencement of the *NSW Parenting Program for Mental Health* over 4,000 parents have attended Level 4 Group Triple P.

Across NSW Triple P training has been provided to more than 1,000 workers. This includes:

- 468 workers attending Level 2/3 Primary Care Triple P training;
- 474 workers attending Level 4 Triple P training
- 95 workers attending Level 5 Enhanced Triple P training.

TIPS (*Tips and Ideas on Parenting Skills*) Package

The *TIPS* Package was developed by the Far North Rural Education Activities Programme (REAP) in New Zealand to meet the needs of vulnerable and isolated families. *TIPS* has been well received amongst Maori communities in New Zealand. Participating parents reported that they felt more confident about their parenting and that there had been positive changes in family relationships. The *TIPS* package is being adapted for use across NSW.

Examples of Area Health Service parenting initiatives for parents

- **South East Health** has run more than 135 Triple P groups with a total of 1,200 parents, who reported substantial reductions in:
 - child behavioural problems
 - use of dysfunctional parenting styles
 - parental stress and depression.
- **Western Sydney Area Health Service** parenting programs are fully booked each term with waiting lists of parents wanting to participate. The parenting program has been successful in engaging with culturally and linguistically diverse communities such as:
 - the TIPS package implemented with 200 Samoan families
 - four trained facilitators providing Triple P for Cantonese families
 - initiatives being developed for new refugee communities from Somalia, Bosnia, and Arabic speaking backgrounds.

Clinical Access to Parenting Programs (CAPP)

CAPP, through Cumberland Hospital Library (Parramatta), is providing Area Health Services with access to a range of Australian and international parenting program packages.

Future directions

Sustainability

- The NSW Parenting Program for Mental Health is working with key stakeholders in parenting to determine strategies to:
 - ensure continued levels of service delivery that build on the substantial increase in parenting program availability and coordination since the program commenced in 2000
 - develop strategies for maintaining and sustaining the positive outcomes reported by the parenting programs conducted across NSW.
- Area Health Services will:
 - identify activity arising as a result of training provided by the Parenting Program for Mental Health
 - collect information using the same outcome measures on several different parenting programs in various community settings.

Evaluation

- The NSW Parenting Program for Mental Health will:
 - identify worker satisfaction with and utilisation of training provided by the NSW Parenting Program for Mental Health
 - develop a train-the-trainer package addressing the use and interpretation of outcome measures most frequently used to determine the outcomes of parenting programs.
- Area Health Services will:
 - ascertain outcomes for parents attending parenting programs, including identifying which type of parenting program is effective for which parents
 - monitor outcomes for children of parents attending parenting programs
 - collect information using the same outcome measures on several different parenting programs in various community settings.

Enhancing the delivery of parenting programs

The NSW Parenting Program for Mental Health will develop a training package – *Group facilitation skills training for parenting programs* – in recognition of qualitative evaluations and feedback from parents, which indicated that skilled group facilitators have a greater capacity to assist parents who participate in parenting programs to achieve their goals.

References

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- 2 Marshall, J., Watt, P. (1999), *Child Behaviour Problems: A Literature Review of its Size and Nature and Prevention Interventions*. Interagency Commission on Children's Futures, Perth, WA.
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- 5 National Health and Medical Research Council (NHMRC). (1997), *Attention Deficit Hyperactivity Disorder*. AGPS, Canberra, p. 154.
- 6 Commonwealth Department of Health and Aged Care. (2000), *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra.
- 7 Gotlib, I.H., Whiffen, V.E., Mount, J.H., Milne, K., Cordy, N.I. (1989), Prevalence rates and demographic characteristics associated with depression in pregnancy and the postpartum, *Journal of Consulting and Clinical Psychology*, Vol. 57(2), pp. 269-274.
- 8 Williams, A., Zubrick, S., Silburn, S., Sanders, M. (1997), *A population based intervention to prevent childhood conduct disorder: The Perth Positive Parenting Program demonstration project*, Paper presented at the Ninth National Health Promotion Conference, Darwin.

This publication is one of a series of brochures on promotion, prevention and early intervention initiatives in NSW. The other titles in the series are available on the NSW Health website www.nsw.health.gov.au:

- Improving mental health and wellbeing in NSW
- Integrated Perinatal and infant Care (IPC)
- NSW School-Link initiative
- Children of parents with mental illness
- NSW Early Psychosis Program
- Suicide prevention in NSW