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The Mental Health Positive Parenting Program (MHPPP) Empowering Patients

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Introduction

Background

On the Central Coast, between 25-28% of adult mental health clients are parents of children aged 0-17 years.¹

Problem

Despite a strong association between parental mental illness and poor child outcomes,² there are limited parenting interventions specifically for parents with mental illness.

Aim

Program Development

Central Coast Children and Young People's Mental Health (CYPMH) developed the Mental Health Positive Parenting Program (MHPPP) specifically for the needs of parents with mental illness.³

Objective

To determine the effectiveness of the MHPPP on the discipline strategies of parents reporting a mental health problem.

Method

Program

The MHPPP is an adaptation of the Triple P⁴ tailored specifically for parents who have mental health problems. The 10-week intervention consists of a 6-week group parenting program followed by four weekly home visits.

Sample

86 parents of children aged 2-10 years who had self-reported a mental health problem (see Figure 1).

Measures

- Children's behaviour (Eyberg Child Behavior Inventory, ECBI).⁵
- Parental discipline practices (Parenting Scale, PS).⁶

References

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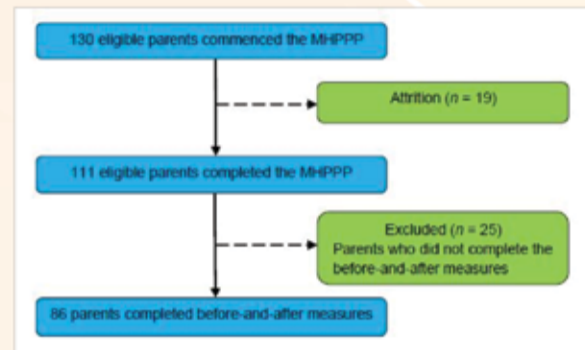


Figure 1. Movement of participants through the MHPPP

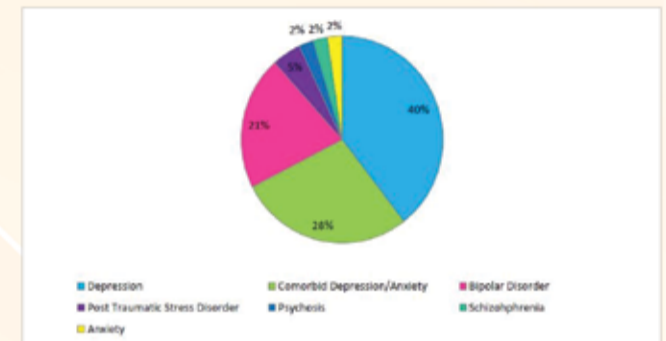


Figure 2. The categories of mental health problems reported by parents

Results

Parent characteristics

With an average age of 33 years, the majority of parents were female (91%), in a relationship (de facto or married; 63%) and unemployed (76%).

Figure 2 illustrates the types of mental health problems reported by parents.

Primary Outcomes

Children's behaviour

Parents reported significantly lower scores on the ECBI problem subscale ($Z = -7.57, P < 0.001$) and the ECBI intensity subscale ($Z = -7.08, P < 0.001$).

Parents discipline strategies

Parents reported significantly lower scores on each of the PS subscales: laxness ($Z = -6.23, P < 0.001$), over-reactivity ($Z = -7.15, P < 0.001$), and verbosity ($Z = -6.59, P < 0.001$).

Clinical Improvement

Figure 3 illustrates that significantly less ($P < 0.001$) parents scored in the clinical range on outcomes measures after the MHPPP.

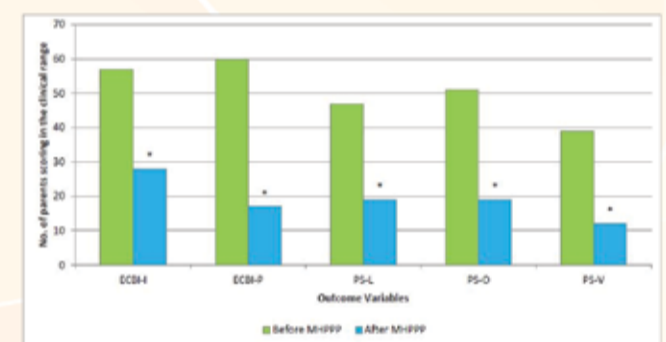


Figure 3. The number of parents who scored their disciplinary strategies and children's behaviour in the clinical range before and after the MHPPP
* $P < 0.001$ for McNemar's test

Conclusion

Following the MHPPP, parents reported a significant reduction in their children's behavioural problems and a significant reduction in the number of dysfunctional parenting strategies.

Our findings provide preliminary support that an adaptation of the Triple P can be helpful for parents with a range of mental health problems. The MHPPP is therefore a promising avenue for early intervention in this population.