Emerging Minds Webinar Series

Infant and Child Mental Health

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National Workforce Centre for Child Mental Health

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Webinar 6

Engaging with children and parents with complex needs – a systems approach

7:15 pm to 8:30 pm AEST
Tuesday 16th April 2019

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Emerging Minds and MHPN wishes to acknowledge the Traditional Custodians of the lands across Australia upon which our webinar presenters and participants are located.

We wish to pay respect to the Elders past, present and future for the memories, the traditions, the culture and hopes of Indigenous Australia.

Webinar series

This is the sixth webinar in the Emerging Minds, Infant and Child Mental Health series.

The next webinars are part of MHPN's online conference; *Working Better Together*:

- *The effects of adverse experiences on children*

- *Working with parents who experienced adverse childhood experiences*

will be held on Thursday 23rd May and Thursday 6th June respectively.

REGISTER AT www.mhpnconference.org.au

Tonight's panel

Dr Jamie Lee
Principal Researcher and Counselling Psychologist at Relationships Australia, SA

Professor Leonie Segal
Foundation Chair in Health Economics & Social Policy at the University of South Australia, SA

Facilitator: Dan Moss
Workforce Development Manager, Emerging Minds

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Learning outcomes

This webinar will focus on the nexus between research and practice with children at risk of abuse and neglect. At the webinar's completion, participants will be able to:

- identify how to collect and analyse information about clients in ways that can improve service delivery, service design and effectiveness of treatment of children at risk of abuse.

- describe best practice models for individual practitioners and organisations to develop strategies to collect, record and analyse data to inform and improve systematic early intervention and prevention of children's mental health.

- identify how partnerships can be developed between practitioners, organisations, academic institutions and researchers to maximise opportunities for change and improved practice.

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Researcher's perspective

Prof Leonie Segal

Why collect data?

To improve outcomes for your clients

So what would help:

- You to be able to do even better for your clients

- For your agency to better support you

- For your agency to be better supported by funders/educators etc.

How can you make it happen?

Researcher's perspective

Why collect data / What to collect?

Prof Leonie Segal

1. **Gain a deep understanding of your clients**

    - **Demographics**

    - **Economic context** (challenges/strengths) – housing, income, education, language, employment, food

    - **Social context** - family/household - is it stable? family/community connections, safety

2. **What do your clients think?**

    - How do **You & They** think they're doing?

    - Is the service meeting their needs?

    - How could the service do better?

    - Barriers to access? What might help?

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Researcher's perspective

Why collect data / What might be critical to know

Prof Leonie Segal

3. **Explore program logic**

- **Service vision / aim of service**
- **Who is your target** - age, their issues/needs, complexity level
  - ➢ How do you know what they need?
- **Do service components match the target population?**
  - ➢ Is there flexibility - what's on offer, delivered where and by who?
- **Compare actual and target populations**
  - ➢ % reach
  - ➢ Is the service used by most vulnerable – who is missing out?
  - ➢ Why differ – exclusions, access difficulties, not inviting, cost.

Researcher's perspective

Prof Leonie Segal

Why collect data

4. **Inform practice within the organisation**

- **Setting -** Is it welcoming / safe for client and practitioner?

- **Accessibility** - 24/7 or 9-5 M-F? Timeliness of response. Outreach?

- **Does it work for all client targets** - Male/female, Families/Teenagers/Elderly/Ethnicities/Class

- **Right skill sets?** Training needs? Capacity to work with complexity, capacity to work with families?

- Does the service need to be **inter-disciplinary/inter-agency**?
  If so how to achieve this?: Links to other agencies/co-located services/specialties.

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Researcher's perspective

Why collect data

5. **Inform funders / Engage in policy debate / Advocacy**

    - Client outcomes - **who is / is it not working for?**

    - Are benefits modest or large?

    - **What** is working and what is not working?

    - **What might need to change?**

        - Eligibility criteria, service components, intensity, skill sets, case load, funding model?

    - **How to ensure service continuity (if it's working)**

    - **What needs to change outside your service?**

    - **How to create a community of interest**

Prof Leonie Segal

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Researcher's perspective

How to make this happen:

Prof Leonie Segal

- Seek a conversation about data needs – engage the entire service/liaise with colleagues

- Use practice/agency continuous quality assurance staff/advocate for such a person to be employed

- Partner with academics (formal or informal)

- Get support from LHN

- Seek specific funding e.g., philanthropic

- Enrol in post-graduate research program

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Researcher's perspective

Data collection strategy

Prof Leonie Segal

- What is now collected by the practice/organisation?

- What is published? – e.g., ABS, AIHW, surveys (LSAC, LSIC, HILDA)

- Check out existing survey instruments you could use (eg SDQ, DASS)

- Check need for ethics approval – informed consent

- Is it OK for you to collect the information or should this be independent?

- Can you link in administrative data? – e.g., child protection

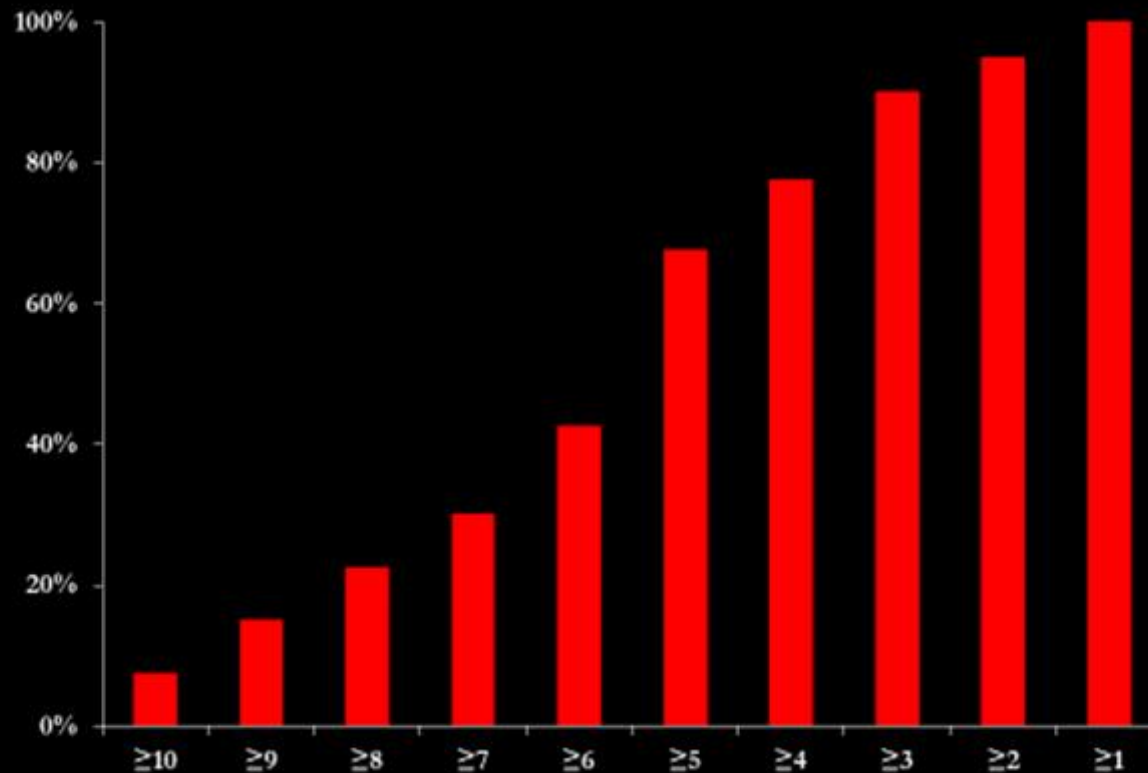- Get help?

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Researcher's perspective
Illustrations of partnership outcomes

Prof Leonie Segal

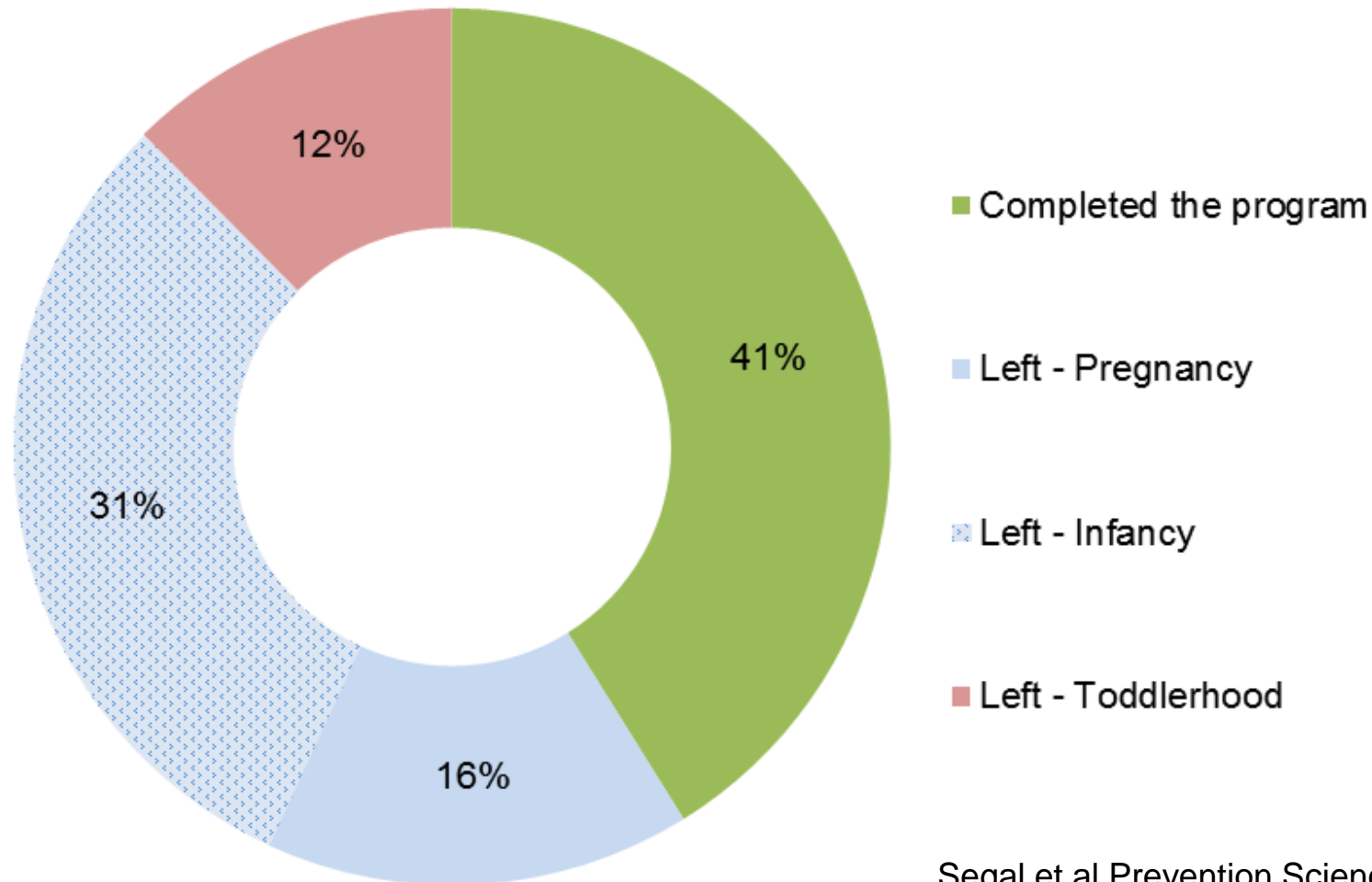Central Aust. Aboriginal Families w. substantiated Neglect n serious child protection concerns 68% ≥5

Researcher's perspective
Congress FPP Program completion status March 2018

Prof Leonie Segal

University of South Australia

- Completed the program
- Left - Pregnancy
- Left - Infancy
- Left - Toddlerhood

41%
31%
16%
12%

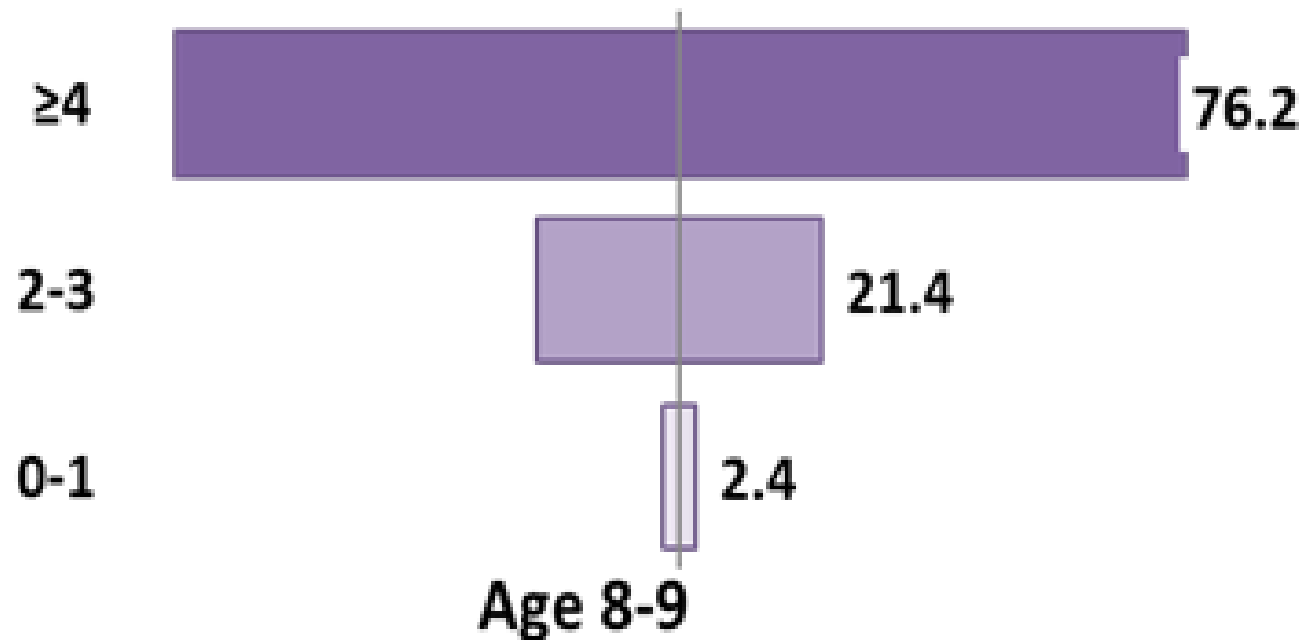Segal et al Prevention Science 2019

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Researcher's perspective

Children presenting with very high / extreme distress and experience of serious adversity in previous 12 months

Prof Leonie Segal

Researcher's perspective

Concluding points

Prof Leonie Segal

Core questions that data can help answer:

- Who are your clients?

- Is your Program Logic sound?

- Is what you're doing working?

- What needs to change?

- What data are you already collecting - Any easy data opportunities?

- Capacity within organisation/practice to assist. Develop LT data plan.

- Seek partnerships with Academics/Researchers (formal/informal).
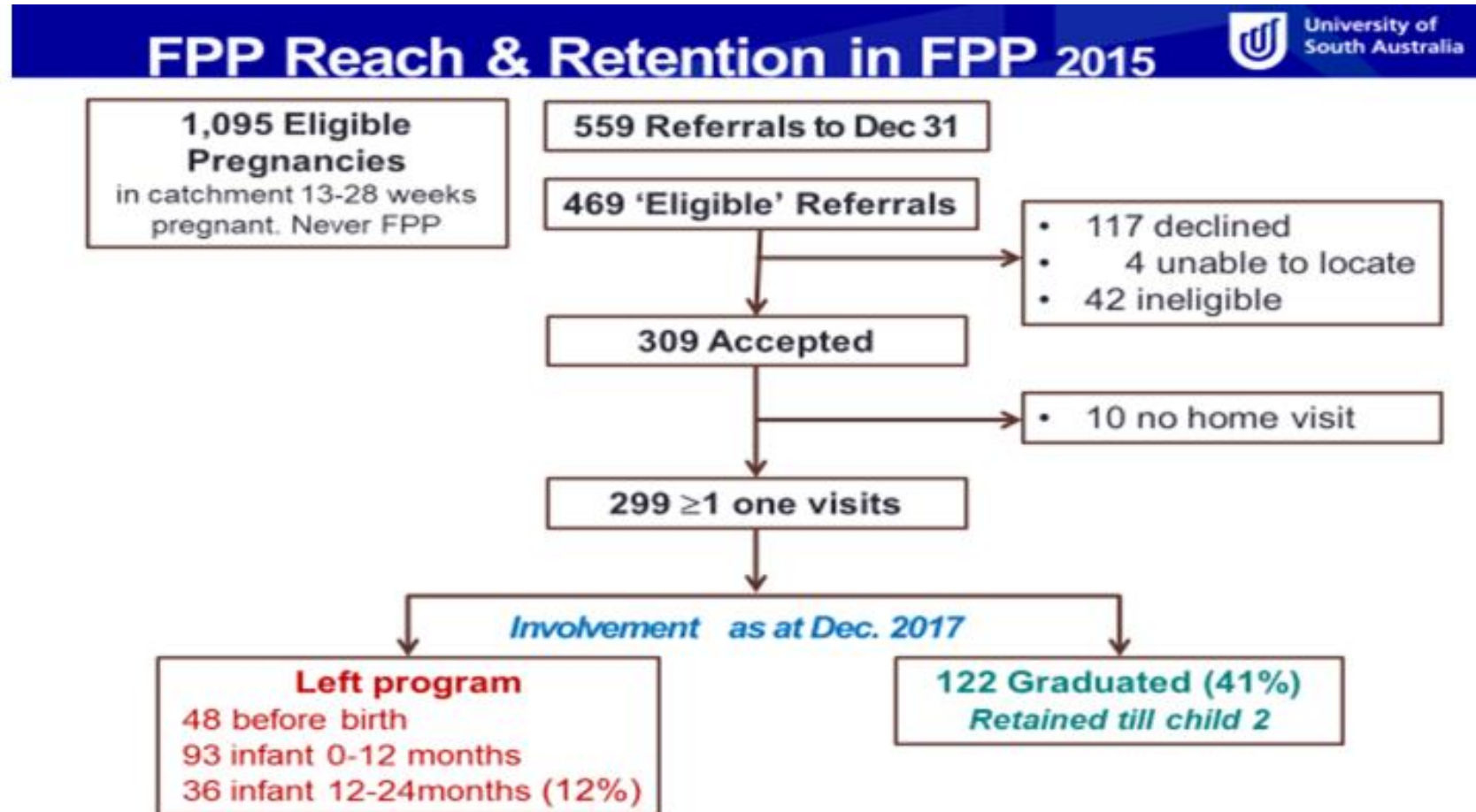
Huge potential reward - **Doing better for your clients**

Researcher's perspective

Concluding points

Prof Leonie Segal

FPP Reach & Retention in FPP 2015 — University of South Australia

- **1,095 Eligible Pregnancies** in catchment 13-28 weeks pregnant. Never FPP
- **559 Referrals to Dec 31**
- **469 'Eligible' Referrals**
  - 117 declined
  - 4 unable to locate
  - 42 ineligible
- **309 Accepted**
  - 10 no home visit
- **299 ≥1 one visits**

Involvement as at Dec. 2017

- **Left program**
  - 48 before birth
  - 93 infant 0-12 months
  - 36 infant 12-24months (12%)
- **122 Graduated (41%)** *Retained till child 2*

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Researcher's perspective

Examples

Prof Leonie Segal

1. **Partnerships** - UniSA Health Econ. & Social Policy Group

    a) **with Central Australian Aboriginal Congress.**

    To evaluate infant home visiting program and intensive family support service;

    - Determine who was accessing these services – their issues and level of complexity

    - Are the programs achieving expected outcomes?

    - Suggest desirable program changes

    - Provide advice about on-going data collations

    b) **with SA Health** - mental health workforce study

    - Determine the mental health needs of infants, children, adolescents and their families – How define need and quantify?

    - Services required to address current levels of distress and prevent adult mental illness - Optimal service response?

    - Necessary workforce – FTE by skill set and budget

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Researcher's perspective

Examples

Prof Leonie Segal

1. **c) Partnership with Red Cross**

   • To evaluate a program for justice involved Aboriginal youth in Port Adelaide

2. **Post Grad Research**

   • PhD - Dr Jackie Amos - Explore why her therapy PPACT for mother/child dyads with mental health problems and intergenerational abuse histories seemed to work? What were the mechanisms, and knowing that how could the therapy be improved?

3. **Seek small grants** - e.g., philanthropic, hospital/agency small grant -

   • E.g., a hospital-based dietitian obtained funds to evaluate the impact of a dietary intervention for obese pregnant women.

Psychologist's perspective

Where to begin with Jane?

Dr Jamie Lee

- A theory of change for "doing data"

- Think through virtuous circle of steps for:
  - Clinicians
  - Clients
  - Services

Jane Social-Worker
@SocialWorkRocks

Follow

Still not feeling the love from client feedback loops and outcomes data. Go ahead and convince me otherwise @MHPNOnline !!!

← Reply   ⟲ Retweet   ★ Favorite   ••• More
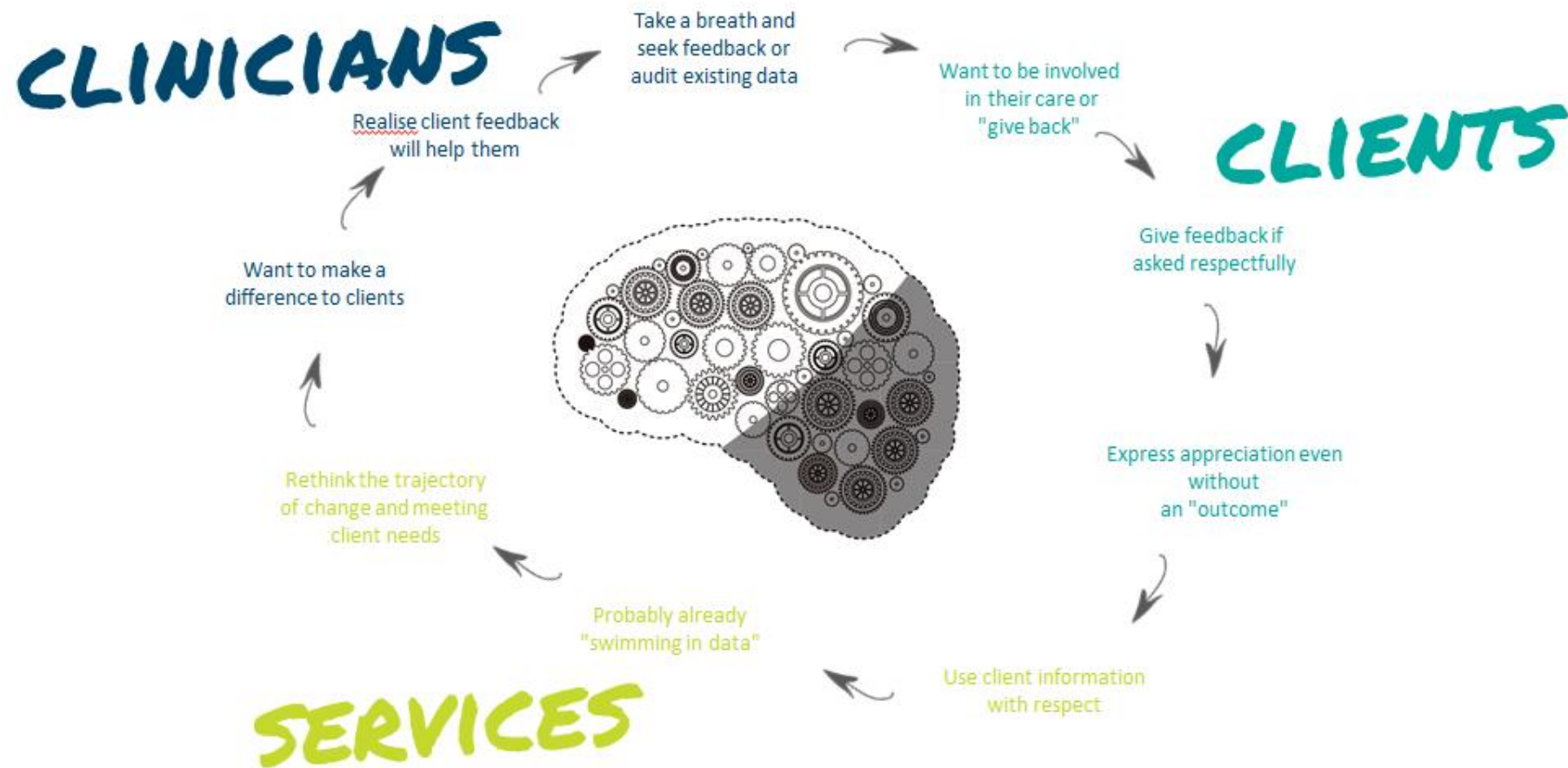
6:01 PM - 16 Apr 19 · Embed this Tweet

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Psychologist's perspective

Supporting through change

Dr Jamie Lee

CLINICIANS

Take a breath and seek feedback or audit existing data

Want to be involved in their care or "give back"

Realise client feedback will help them

CLIENTS

Want to make a difference to clients

Give feedback if asked respectfully

Rethink the trajectory of change and meeting client needs

Express appreciation even without an "outcome"

Probably already "swimming in data"

Use client information with respect

SERVICES

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Psychologist's perspective

Barriers to using client feedback and data

Dr Jamie Lee

- (Over) confidence in practice
- Too many "satisfied customers"
- Worry about client sensitivities
- Mismatch in evaluation and intended outcomes
- Numbers "not my thing", practicalities, "don't know where to begin"

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Psychologist's perspective

Where to begin to "do data"

- Upcycle data for pre-post evaluation of initiatives and feedback on implementation

- Example:
  - Were there any gross negatives/positives after launching universal screening for risk with Family DOORS (McIntosh and Ralfs, 2012)?

Dr Jamie Lee

DOORS LAUNCH
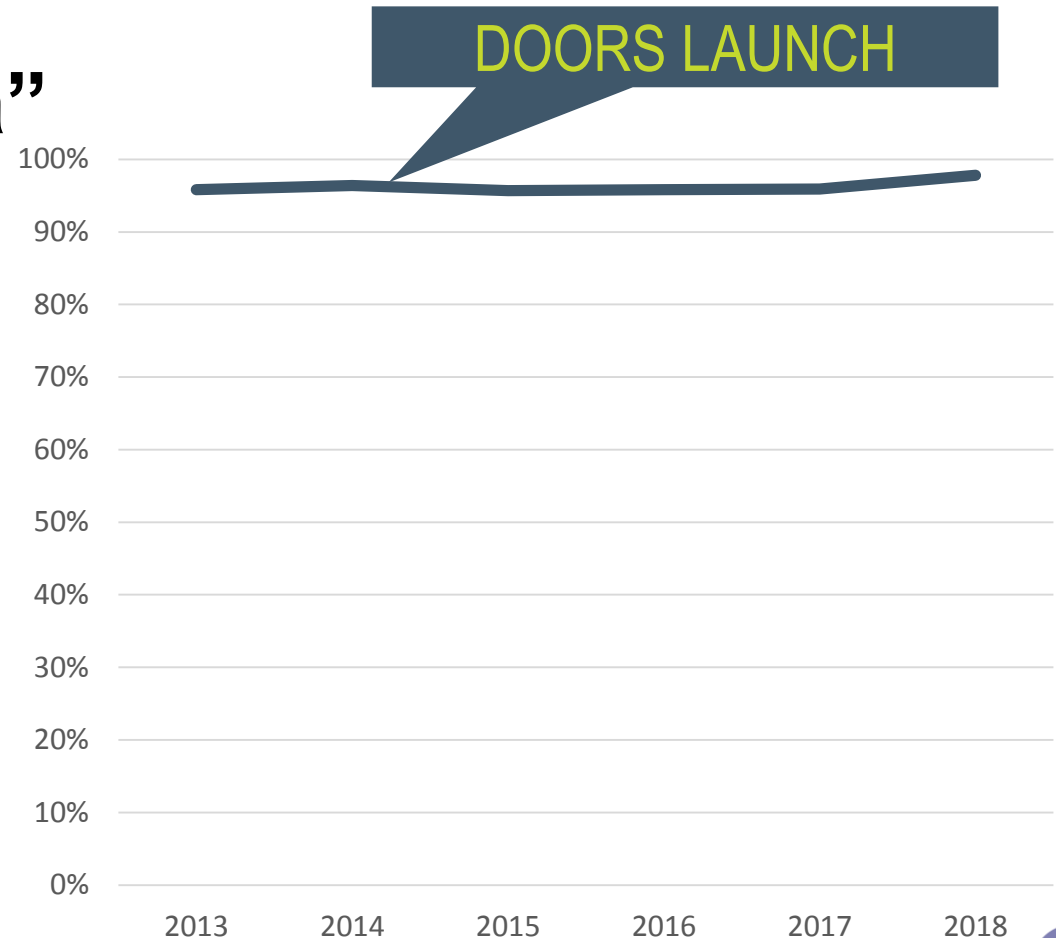
"I was satisfied with the service I received"
Agree + Tend to agree

Review of >1,000 anonymous client surveys on 'service experience' p.a.

Psychologist's perspective

Clients giving honest answers to tough questions

Dr Jamie Lee

"… due to your behaviour, police called, criminal charge laid, IO/RO against you?"

14.6%

"…other parent or child/ren afraid of you in any way?"

6.5%

"…child protection reports ever made about child/ren?"

13.9%

"Do you have access to a gun or weapon?

11.4%

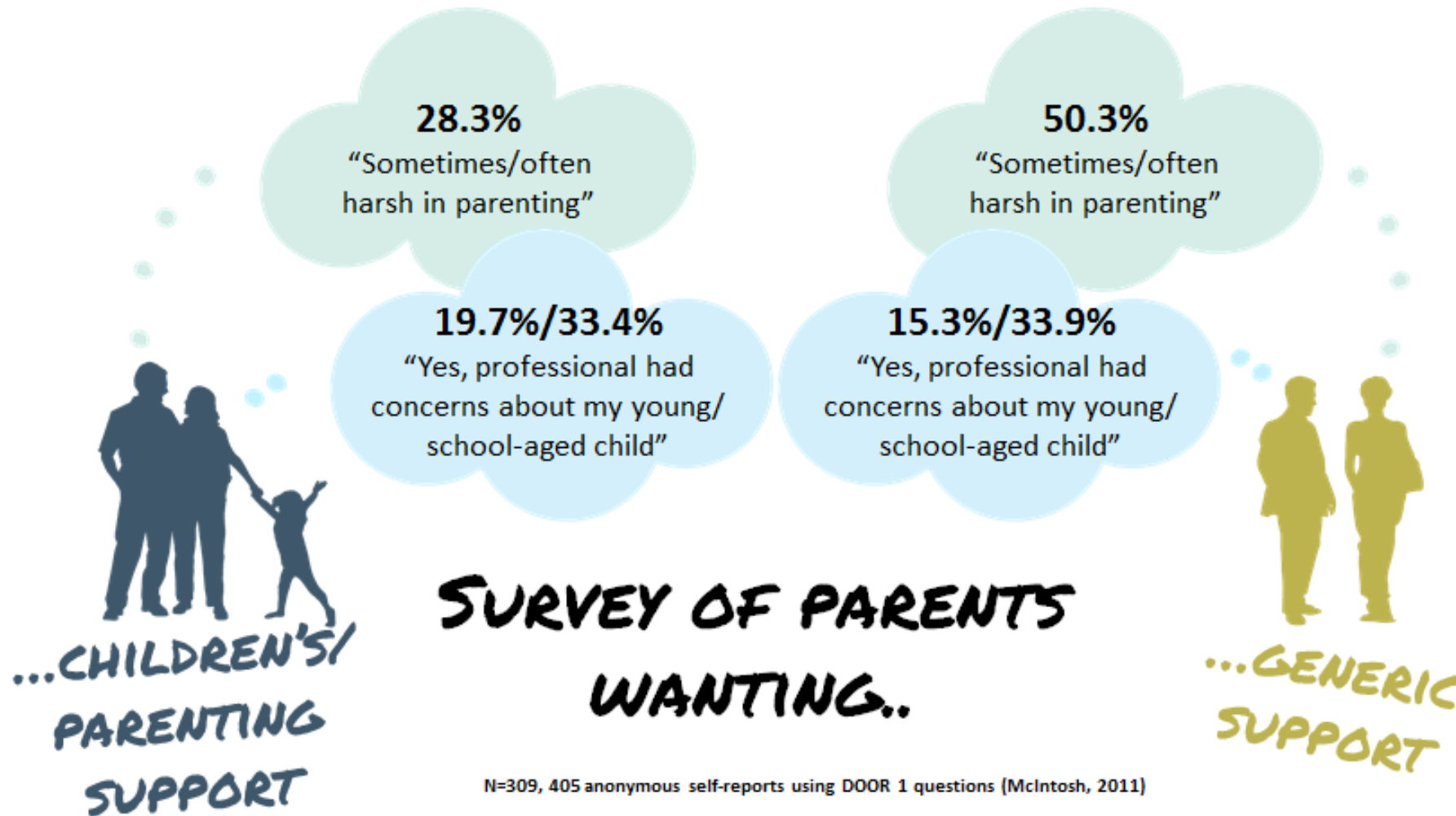Audit of 10,000 client self-reports on FL-DOOR 1 (McIntosh, 2011)

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Psychologist's perspective

Service planning for unmet needs

Dr Jamie Lee

28.3%
"Sometimes/often harsh in parenting"

50.3%
"Sometimes/often harsh in parenting"

19.7%/33.4%
"Yes, professional had concerns about my young/ school-aged child"

15.3%/33.9%
"Yes, professional had concerns about my young/ school-aged child"

SURVEY OF PARENTS WANTING..

...CHILDREN'S/ PARENTING SUPPORT

...GENERIC SUPPORT

N=309, 405 anonymous self-reports using DOOR 1 questions (McIntosh, 2011)

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Psychologist's perspective

Changing our relationship to data

Dr Jamie Lee

Jane Social-Worker

OMG. I just had my first data experience and I loved it! Where have data been all my life?

Like · Comment · 9 minutes ago · 🌐

👍 494 people like this.

Write a comment ...

Q&A Session

Dr Jamie Lee
Principal Researcher and Counselling Psychologist at Relationships Australia, SA

Professor Leonie Segal
Foundation Chair in Health Economics & Social Policy at the University of South Australia, SA

Facilitator: Dan Moss
Workforce Development Manager, Emerging Minds

Resources and further reading

Other supporting resources associated with this webinar can be found in the Supporting Resources Tab at the bottom of the screen.

For more information about Emerging Minds, visit our website

www.emergingminds.com.au

Thank you for participating

- Please ensure you complete the *feedback survey* before you log out. **Click the Feedback Survey tab** at the top of the screen to open the survey.

- Certificates of Attendance for this webinar will be issued within four weeks.

- Each participant will be sent a link to the recording of this webinar and associated online resources within four weeks.

- Visit www.mhpnconference.org.au for details on the our upcoming webinars on adverse experience.