

## **Report from the Child and Family Workshop**

### **IIMHL Leadership Exchange Stockholm 31/6/18**

#### **Presenters:**

**Dr Michael Smith, Associate Medical Director, Mental Health & Addictions,  
NHS Greater Glasgow & Clyde Scotland**

**Sue Dashfield and Dr Bronwyn Dunnachie – Werry Workforce Whāraurau, New Zealand**

**Note taking: Janet Peters, Bronwyn Dunnachie - New Zealand**

**Participants: Participants: The group represented 9 countries.**

The workshop covered:

- The New Zealand and Scottish experiences of the recent introduction of positive policy and legislation directed at addressing the identified determinants of health and well-being;
- The emergence of the measurement of Adverse Childhood Experiences (ACEs) and their impact on well-being, and
- The importance of supporting parents and family where there is an experience of mental health and/or addiction that may be impacting on the child's well-being

#### **Scotland: Dr Michael Smith - ACEs**

Michael's presentation was focused on ACEs and the life time impact of these. He also covered some of the positive Policy environment in Scotland including:

- Minimum prices for alcohol
- Introduction of the 'Baby Box', an initiative aimed at supporting all new parents in Scotland by providing resources supporting their early parenting
- An increase in the age of criminality for children from 8 – 12 years, and the intended social impacts of this legislation.

His take home messages for the group were that:

- ACEs have twice the potential impact on life expectancy compared with smoking cigarettes
- That having one reliable adult in a child's life provided protection and supported resilience.

#### **New Zealand: Dr Bronwyn Dunnachie and Sue Dashfield Supporting Parent Healthy Children**

Sue gave an overview on New Zealand's mental health and addiction services

Bronwyn presented on the Supporting Parent Healthy Children Programme which is seeking to make adult mental health and addiction services in New Zealand more child and family focussed and as a result reduce the potential impact on child development and psychosocial health.

Her points included:

- Most parents want the best for their children and sometimes need some support for their parenting
- Most parents with mental health and addiction issues do not abuse their children and most people who abuse their children do not experience mental health or addiction concerns, however there are some potential risks that can be addressed with support

- There were many issues with changing practice and services/practitioners also need considerable support to make the change to being child and family focussed and not feel vulnerable or unskilled themselves.

**Regarding the ACEs discussion, there was a significant focus on:**

- The importance of a broader use of the consideration of ACEs across countries in the development of policy and as a driver for the focus on social-change
- Potential interventions such as mentoring programmes for young people needing support for their resilience
- The importance of fostering strong connections with reliable and supportive adults for children experiencing adversities
- The importance of enhancing the capability of individuals, families, communities and services and systems to increase resilience and ameliorate the impact of ACEs

**Regarding the Supporting Parents Healthy Children discussion, there was significant focus on:**

- The unhelpful practices and language that potentially further stigmatise people experiencing mental health and/or addiction concerns who are parents. Ideas for change including re-languaging aspects of service delivery such as 'referrals' to 'making introductions'
- The potential risk that focusing on supporting parents in services could result in having conversations with parents during the assessment phase, but not being able to provide the identified necessary support.
- The recognition that the need for services to become more parent and family-focused; especially adult mental health and addiction services, is common to all of the represented countries; and that there is a need to take a values based and systemic approach to the work with people and families.
- The acknowledgement that a significant cultural shift in service delivery is required internationally to achieve better outcomes for children who are parents who experience mental health and/or addiction concerns

**Useful links and references:**

**European Union: Suicide prevention for youth - a mental health awareness program: lessons learned from the Saving and Empowering Young Lives in Europe (SEYLE) intervention study**

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-776>

**Scotland: 'Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce**

<http://www.nes.scot.nhs.uk/media/3971582/nationaltraumatrainningframework.pdf>

Beebe et al, Attachment & Human Development 2010 3-141

Martin/Martha C Nussbaum [https://en.wikipedia.org/wiki/Martha\\_Nussbaum](https://en.wikipedia.org/wiki/Martha_Nussbaum) ????

**NZ: Supporting Parents Healthy Children**

<https://www.health.govt.nz/publication/supporting-parents-healthy-children>

[https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/Resource%20Description\\_Pair%20of%20ACEs%20Tree.pdf](https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/Resource%20Description_Pair%20of%20ACEs%20Tree.pdf)

<http://whatworksscotland.ac.uk/wp-content/uploads/2015/03/workingpaper-capabilities-approach.pdf>

