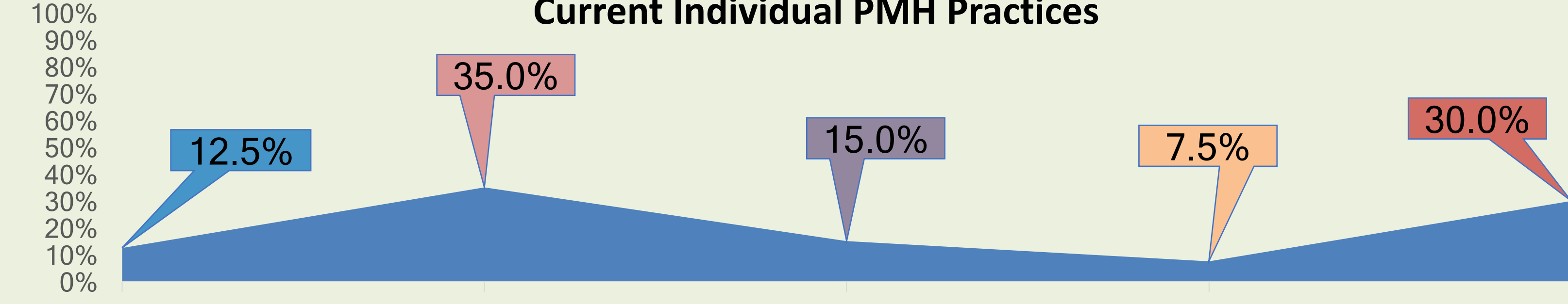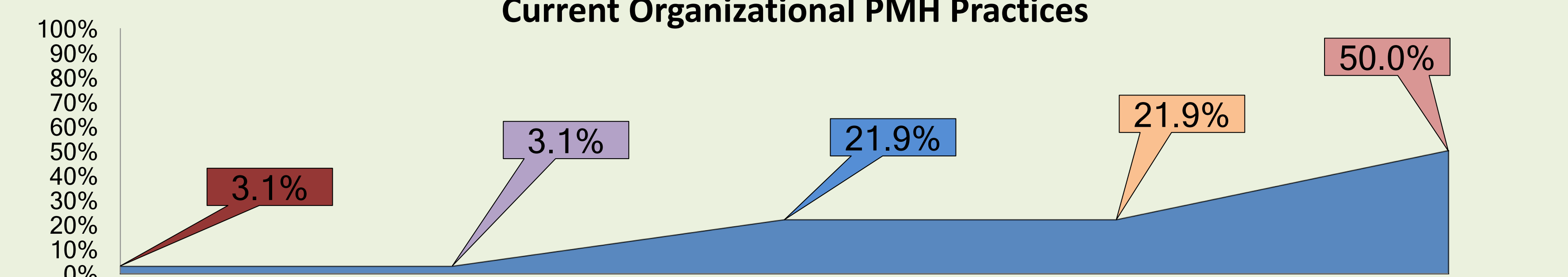# Parental Mental Health Intervention Implementation in the Florida MIECHV Program: Baseline Individual and Organizational Readiness Assessment

Michael-Asalu, A.,[1,2] Hailey, K.,[1] Delva, J.,[1] Horwitz, C.,[1] Patil, A.,[2] Jean-Baptiste, E.,[1,2] Birriel, P.,[1] and Marshall, J.[1]

University of South Florida, College of Public Health, [1]Department of Community and Family Health; [2]Department of Epidemiology and Biostatistics

BACKGROUND

- Home visitors of the Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program provide education, social support, and linkage to community agencies for 1,400 pregnant women and families with young children living in 22 high-need communities throughout the state.

- Parents with mental health issues may experience increased risk of divorce, impaired positive relationships with children, poor judgment, or poor parenting practices.

- In 2016, the MIECHV evaluation team found that 24.6% of MIECHV participants were high risk for maternal depression based on the Edinburgh Depression Scale (score ≥ 10) with a mean score of 6.3(SD 5.5). The most significant factor associated with depressive symptoms was perceived parental stress (OR: 1.26, CI: 1.21-1.31). Thus, levels of readiness for PMH implementation were assessed among all MIECHV sites..

- In 2017, the evidence-based parental mental health (PMH) intervention program (Moving Beyond Depression) was implemented in four MIECHV sites (Alachua, Duval, Hillsborough, and Miami-Dade counties).

METHODS

2016 Survey

- In this process evaluation, the Diffusion of Innovations model was used to quantitatively measure individual and organizational readiness for implementing PMH programs among ALL Florida MIECHV home visiting staff. The 56-item questionnaire assessed participant characteristics, knowledge, attitude, individual and organizational practices, and self-efficacy concerning PMH implementation.

- The survey was distributed by the evaluation team during the 2016 annual site visits through Qualtrics software (online survey) and paper format.

2017 Focus Groups

- To better understand the organizational processes and experiences in delivering PMH services, focus groups were conducted with administrators, supervisors, and home visitors from the four implementing sites.

- The qualitative data were recorded, transcribed, and reviewed to identify major themes of the process of implementation.

Diffusion of Innovation: Knowledge, Persuasion, Decision, Implementation, Confirmation

RESULTS

READINESS RESULTS

Current Individual PMH Practices: I have not considered using PMH strategies 12.5%; I think it would be a good idea to begin using PMH strategies 35.0%; I plan to begin using PMH strategies 15.0%; I recently started using PMH strategies 7.5%; I have been using PMH strategies for more than 1 year 30.0%

Current Organizational PMH Practices: Staff in my organization have no plans to begin using PMH strategies 3.1%; Staff in my organization have not considered using PMH strategies 3.1%; Staff in my organization think it would be a good idea to begin using PMH strategies 21.9%; Staff in my organization plan to begin using PMH strategies 21.9%; Staff in my organization have been using PMH strategies for a while (more than 1 year) 50.0%

Table 1: Characteristics of Florida MIECHV Program Staff Respondents, PMH Readiness Survey, 2016

PMH Staff Survey Respondent Characteristics	Respondents (N=45) N (%)
AGE (Mean, SD), years	42.3(11.1)
GENDER	
Male	2(4.4)
Female	42(93.3)
Prefer not to Answer	1(2.2)
RACE	
Black/African American	9(20.0)
White	32(71.1)
Asian	2(4.4)
Other	4(8.9)
ETHNICITY	
Hispanic	10(22.2)
Non-Hispanic	35(77.8)
EDUCATION	
Some College	1(2.2)
Associate Degree	7(15.6)
Bachelor's Degree	23(51.1)
Masters/Doctoral/Professional	14(31.1)
ROLE IN ORGANIZATION	
Administrator/Director	4(8.9)
Supervisor	8(17.8)
Home Visitor	29(64.4)
Other	4(8.9)
FAMILIARITY WITH THE TERM "Parental Mental Health"	
Strongly Agree/Agree	21(56.8)
Neutral	12(32.4)
Strongly Disagree/Disagree	4(10.8)
WORK IN A PMH INTERVENTION SITE	
Yes	13(32.5)
No	27(67.5)
Abbreviations: SD = standard deviation; PMH = Parental Mental Health	

Table 2: Percentage of MIECHV staff who agreed/strongly agreed with Individual Readiness Measures

Measures	% who agreed/strongly agreed	N
Perceived Need		
Know the importance of whole family involvement in PMH	85.0%	34
PMH is an important issue for families	82.9%	34
Incorporation would improve current services	75.7%	28
Were motivated to implement PMH	70.0%	28
Currently familiar with the term PMH	56.1%	23
Observed how incorporating PMH improved practices for other's in their field	48.8%	20
Knowledge, Attitudes, and Practices		
Partner with others in the community to promote PMH	82.5%	33
Be an advocate for PMH	80.0%	32
PMH is compatible with their current services being provided	76.3%	29
PMH is important to engage in for their profession	73.2%	30
PMH can improve a community's ability to address PMH by promoting PMH programs/services	67.5%	27
PMH is a practice that respondents wanted to try out before fully committing	50.0%	17
Current position allows enough time to implement PMH	46.2%	18

Table 3: Percentage of MIECHV staff who agreed/strongly agreed with Organizational Readiness Measures

Measures	% who agreed/strongly agreed	N
Organizational Awareness and Attitudes		
PMH is compatible with services currently being provided by their organization	82.6%	19
Incorporating PMH into current practices would improve services being currently provided	79.2%	19
Triability of incorporating PMH at the organizational level	52.2%	12
Organization is familiar with the term "Parental Mental Health"	48.1%	13
Organizational Leadership, Capacity, and Interagency Linkage		
Organization places importance on promoting/providing PMH programs	69.2%	18
Organization partners with community members to promote PMH	61.5%	16
Organizations in the community share information with each other	55.6%	15
Members of the organization know where to find resources or information on PMH	51.9%	14
Organization has sufficient staffing	46.2%	12
Current position permits enough time	46.2%	12
Community organizations participate in joint planning and decision making about PMH	42.2%	11
Organization has adequate funding to implement PMH	34.6%	9
Organization receives adequate technical assistance and support to educate staff	33.3%	9
Organizations in the community share money and personnel to implement and promote PMH	23.1%	6

STRENGTHS IDENTIFIED IN FOUR IMPLEMENTATION SITES

Improvement in timeliness of receiving mental health services:

"A mother who scored 23 on the Edinburgh test received mental health services within forty-eight hours."

Removal of transportation barriers:

"She's very new to it but she was really excited to have someone come to her. She doesn't have any other transportation than the bus and was just talking about how difficult it is to take the stroller and the car seat. They yelled at her the other day because she didn't have it broken down when they got there."

Beneficial in targeting groups where previous programs' reach were extremely limited:

"I've been pleasantly surprised of the engagement of our...Latin-Hispanic population that traditionally – this [mental health services] is taboo – ...recent immigrants that I thought we were going to have more of a challenge, but it had not been…"

Increased coordination of care (high stakeholder engagement and communication in all sites):

"I think that is a real testament of how close these programs have grown together and built relationships, because I don't think that this would've happened before 'Moving Beyond Depression' began in Florida."

CHALLENGES IDENTIFIED IN FOUR IMPLEMENTATION SITES

- *Parent eligibility issues*: Participants with bipolar disorder, substance use history, possible exposure to intimate partner violence, and Edinburgh test scores at or below the cut off level of 12 may be ineligible to receive services through the Moving Beyond Depression (MBD) program.

- *Waiting time*: To begin counseling services, parents must participate in a home visiting program for a minimum of one month.

- *Parent retention issues*: Staff members reported that several parents decided to end treatment early due to a premature sense of resolution/completion or other issues (e.g., enrolling in school, becoming employed, change in insurance, etc.). Housing was also identified as a barrier as many MIECHV communities lack access to affordable housing; many participants experience unstable living conditions which interrupts services.

- *Privacy concerns*: Parents who participated in the MBD program were initially hesitant to share information with someone besides their home visitor, with whom they have built trust and rapport. Concerns also exists when family members are present.

CONCLUSION

- Although the Florida MIECHV program supports at-risk families by providing education, support, and referrals to optimize healthy physical and social development, interventions that support mental and emotional needs of their participants should be incorporated to achieve the overarching goal of improving health and developmental outcomes.

- Overall, MIECHV staff statewide reported high levels of buy-in for implementing PMH. Half of the sites had implemented PMH services in their organizations, and majority of individuals were interested or actively preparing for PMH implementation at the organizational level, identified from this baseline survey should be addressed for proper implementation of PMH services. Also, challenges (such as eligibility and time commitment) identified from the process evaluation should be addressed to ensure an efficient transition of the program from implementation to the confirmatory stage of adoption.

- Qualitative results found that introducing PMH services strengthened already established relationships between home visitors and participants, contributed to participant retention in the home visiting program, and encouraged enrollment of new participants. A follow-up readiness survey will be distributed in late 2017.

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