



## Triple P - Positive Parenting Program<sup>®</sup>



### How Triple P Can Support Translating a National Mental Health Strategy Into Action

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# Mental Health Commission of Canada (MHCC)



- **2007 – 2017 mandate from Government of Canada**
- **“...catalyst for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health”**
- **work toward 2012, *Changing Directions, Changing Lives: The Mental Health Strategy for Canada***

# Orphan metaphor



## Kirby report (2006)

- Mental health “orphan” of Canadian health care system
  - Bereft of care, protection, and advantages

## Kutcher et al. (2010)

- Mental health of young Canadians
  - “The orphan’s orphan”

# MHCC Child and Youth Advisory Committee (Kutcher et al., 2010)



## **Evergreen: A Child and Youth Mental Health Framework for Canada**

**A project of the Child and Youth Advisory  
Committee of the  
Mental Health Commission of Canada**

**July 2010**

# Evergreen Values



- **Human rights**
- **Dignity, respect, and diversity**
- **Best available evidence**
- **Choice, opportunity, and responsibility**
- **Collaboration, continuity, and community**
- **Access to information, programs, and services**

# MHCC National Mental Health Strategy

## Six Strategic Directions



- 1. Promotion of mental health and prevention of mental disorder.**
- 2. Fostering recovery.**
- 3. Providing access to services.**
- 4. Reducing disparities in risk factors and access to services.**
- 5. Collaborating with First Nations, Inuit, and Métis to address their mental health needs.**
- 6. Mobilizing leadership to improve knowledge and foster collaboration.**

# The Principle of Self-Regulation



- **In parents**
- **In children**
- **In practitioners**
- **In organizations**
  
- **Designed to ensure**
  - Transfer of skills to a variety of contexts
  - Maintenance of gains after the program ends

# The Principle of Minimal Sufficiency



- **Maximize reach of effective interventions in an efficient and sustainable manner.**
- **Link parents with interventions that aid development of knowledge, skills, and confidence they require,**
- **utilizing least intensive and expensive resources to achieve that goal.**



- **Multiple levels of parenting support of differing intensities**
- **Training of practitioners already working with families**
  - Reduces stigma, removes obstacles, enhances access
- **Scarce resources deployed efficiently**
  - Cost-effectiveness analyses
- **Efficacy in prevention of child mental health disorders and maltreatment**
- **Sensitive to diverse needs and preferences of communities, agencies, and parents**





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# One example of Triple P implementation in Canada: Prince Edward Island

- **Repeated engagements with stakeholders to identify vision, goals, and strategies**
- **Lobbying of government for (shared) ownership**
- **Provincial government policy decision**
- **Joint funding by four government departments**
- **Roll-out over five years**



# Tailored Implementation Processes



Factors for consideration:

- Initiator of implementation
- Desired outcomes
- Existing service delivery structure
- Scale
- Available resources and capacity

# Fit – programme and processes



## The Canadian experience:

- Government/policy supported roll-outs:
  - Prince Edward Island, Manitoba and Alberta
- Agency and community-based roll outs:
  - Ontario and British Columbia
- Research-based roll-out:
  - Quebec
- Population-tailored roll-outs:
  - Aboriginal communities

# Government/policy supported roll-outs: Prince Edward Island, Manitoba and Alberta



- In each of these Provinces government has taken the initiative
- Using an existing service delivery structure policy has supported the implementation of Triple P
- Engagement in supportive implementation processes to implement and sustain the initial investment

# Agency and community-based roll outs: Ontario and British Columbia



- An organisation or community initiated the implementation of Triple P to meet the needs of its clients
- Community approach
- Collaboration amongst agencies and sectors
- Local multisector planning group

# Research-based roll-out: Quebec



- Examining whether there will be a reduction in child maltreatment in communities in which Triple P has been implemented
- Comparison to control communities
- Triple P training occurred in 2015.

# Population-tailored roll-outs: Aboriginal communities



- Tailored implementations in Aboriginal communities in Alberta, Saskatchewan, Manitoba, British Columbia and Ontario
- Aboriginal Practitioners trained
- Flexible delivery

## In conclusion: Putting Values into action



Implementation of Triple P is a clear fit with the values of the MHCC...

- Triple P supports parents in the provision of positive environments for their children promote the human rights of the child
- Triple P can be tailored to the needs of diverse communities and parents
- Strong evidence of the efficacy of the program
- Self-regulation approach offers agencies, parents, and children choice
- Triple P implementation supports collaboration as Triple P is introduced and sustained in a community
- Focus on minimal sufficiency allows for thrifty use of resources

# Putting Values into action....



- Triple P is a proven programme that can be tailored to fit community needs and the values and strategies of the Mental Health Commission
- The Triple P Implementation Framework provides flexible and tailored supports that fits the size, scope and capacity of the intended initiative