

Network News



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APIN April 2007 Conference Highlights

Who Are We?

The Adolescent Parent Interagency Network (APIN) is a network of Manitoba professionals who meet monthly with the goal of ensuring high quality service to pregnant and parenting adolescents. The Network helps facilitate the sharing of information related to existing services and resources.

APIN Upcoming Events - Stay Tuned!

The APIN Steering Committee is holding a special "visioning" session this month to evaluate the Network's activities, brainstorm ideas for a fresh approach, and plan for 2007/08.

Check the August issue of APIN Network News for details!

APIN Coordinator Position

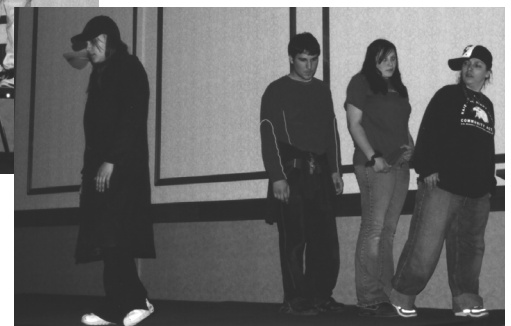
Over the past few years, APIN has expanded its activities to include two conferences per year (one for adolescent parents and another for service providers) and offered several extended lunch hour presentations. In response to the increasing time demands from this growth, the Steering Committee is dividing the associated tasks into two separate roles: APIN Coordinator and APIN Newsletter Editor. Beth McKechnie will continue as Newsletter Editor and a new Coordinator will be hired.

If you know someone who would be interested and qualified for this part-time position, please ask them to contact info@apin.org for details. The position will be posted on the APIN website (www.apin.org) asap.



APIN 2007 Conference

**R.B. Russell -
Community Action
Program**



See pages 5 & 6 for highlights
from the APIN 2007 Conference
and more pictures!

WRHA Teen Moms Survey (March 2007)

At the March 13th presentation, members of the Winnipeg Regional Health Authority Quality Team that conducted the teen moms survey described the process and shared results. Fran Coulter (Clinical Nurse Specialist) presented on behalf of the team, which also includes Lynda Metcalfe (Public Health Nurse), Pauline Tanner (Families First Home Visitor), Hesse Sookermany (Public Health Nurse) and Andraea Nikkel (teen mom).

The Winnipeg Regional Health Authority offers a wide variety of services across the life span and across disciplines. Some of those services, such as public health, are devoted to the health and well-being of the childbearing family. Health promotion and illness prevention is the mandate of the public health practitioner, which includes Public Health Nurses, Families First Home Visitors and Community Nutritionists. These practitioners work in partnership with mental health specialists, home care, Family Services and Housing, Employment and Income Assistance, and a wide range of other health and social services in a model called the Winnipeg Integrated Services Initiative.

In the population of childbearing families, we know from statistics there is a large number of young people who are pregnant and/or parenting. Those who provide services to this population are always asking themselves: "How will they manage?" "Did I connect with that mom or dad?" "Will they be open to any suggestions that I make?" "Do they have enough

support in their life?" and "What more can I do to assist that parent to raise their child or children up to be a strong healthy individual with the intelligence and self-esteem to make it in the world?"

In the spring of 2006, in a WRHA Quality Team meeting, one of those "typical" questions was asked about the young parents in our communities who are not being reached until after they have given birth. The team questioned who are these "difficult to reach" young parents and how could they connect with them earlier in the pregnancy when the young woman would benefit the most from some of the services that Public Health has to offer. The team wondered if WRHA's existing services are meeting their needs in any way and if not, why not?

The team met again in May 2006 to brainstorm the possibilities of gathering data from young parents and enlisted the help of the WRHA's research and evaluation staff.

"The dilemma of course was, if they were 'hard to reach', then how could we gather data from them?" says Fran Coulter. "We hypothesized that if we were to talk to teen parents who were already connected to groups, we might be able to get a sense from them of what the barriers are for others with similar characteristics, namely experiencing pregnancy and parenting at a young age."

The team came together again in September 2006 to finalize the proposal and develop a Teen Moms Interview Guide. The purpose was to determine the teen mom's perception/expectations of public health services (Population and Public Health) in the community and whether they were perceived as "client" or "program" driven.

The Public Health services that are established in the community include:

- Community Area Public Health Nurse
- Families First Home Visitor
- Breast feeding clinics
- Healthy Start/Healthy Baby sites
- Immunization
- Prenatal education
- STI information line
- Street Connections
- Schools, APC, West Kildonan Collegiate



The team decided to speak to teens between 15 and 19 years of age who were either pregnant or parenting. They contacted three established groups: the Adolescent Parent Centre, Villa Rosa, and the Resources for Adolescent Parents program at New Directions.

The three focus groups began in late November/early December 2006. The WRHA team enlisted the help of Andraea Nikkel, a teen parent who is finishing her education while she raises her infant son. After a training day and a "mock" focus group, the team set out to do the "real" thing. They met with approximately 24 participants in total.

APIN Network News

is published six times per year for the network of Manitoba professionals working to ensure high quality service to pregnant and parenting adolescents.

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Marie Ricard, Ma Mawi (Blake Gardens)	925-0337
Tanyalee Viner, New Directions	783-7078, x201

A small amount of funding was secured through the WRHA to pay a small honorarium and provide a gift bag to each of the teen participants.

Each focus group lasted about an hour and began with introductions, a review of the purpose of the group, and assurance regarding the confidentiality of participants' responses. Andraea acted as the facilitator and guided the session.

Focus Group Questions

The following questions were presented to the focus groups and responses were recorded on a flipchart:

1. **Outside of your family, who do you feel has been helpful to you in your experience of pregnancy and raising your child(ren)?** (Prompts: When you first found out when you were pregnant? During the time you were pregnant? When you had the baby? When you first came home with the baby? Now that your baby is older?)
2. **What did they do that was helpful?** (emotionally, physically, socially)
3. **Did you attend any of the programs listed here?** [list of programs on flipchart included examples of clinics, family resource centres, groups such as prenatal, breast feeding or community nutrition, The Van, and workers such as public health nurses, Families First home visitors, and support workers]
4. **Did you have any doubts about coming to any of these programs?** If so, why were you hesitant to attend? Was there anything that made it easier for you to attend?
5. **What did you like/not like about the program?** [working through the list of programs they have attended]
6. **Would you recommend any of these programs to other pregnant teens or moms?** (Some teens that are eligible to attend these programs do not attend. What do you think keeps them from coming?)
7. **How could health care improve support to you and others as young parents in this community?** (Prompt for suggestions to improve specific programs)

On the whole, notes Coulter, most participants were engaged and willing to offer their feedback. As with most groups, there were some who said very little. For that reason, each person was provided with a paper copy of the questions and invited to write down their responses and hand them in at the end of the group.

Permission was requested to audiotape the group's interaction and all three groups agreed.

Teen Mom Responses

Doubts about coming to any of the programs included:

- i Physical obstacles – didn't know the location, didn't have transportation
- i Emotional obstacles – shyness, didn't know people, felt "sad" because all the participants were older and had partners, was the youngest in the class and felt "judged" by participants

What did you like about these programs?

- i Villa Rosa +++++
- i Healthy Start – like snacks and sharing
- i Families First home visitor – "gave good information about my baby's development" and "helped me learn more about my baby, e.g. reading and singing"
- i nurse in the school gives good information, we trust her, she answers questions so well, doesn't judge us, "gives treats", she's an amazing woman

What didn't you like?

- i "crabby, mean, rude nurses who gave bad information" – need "consistent" information
- i some groups are during the day, during school hours

Would you recommend any of these programs to other teens or teen moms (what keeps them coming?)

- i Programs recommended: Villa Rosa, Young Parents groups, Abuse line, Spence Street Thrift Shop

- i What might keep other teens from coming: bad experiences, "they look down on us", fear of being judged; in abusive relationships, "mean" adults; information is great but not in the places that it is seen, have to search for the information – "just don't know about services"

Additional comments:

- ["Market how well young parents do"
- ["Young parents want 'new' not 'secondhand' "
- ["We want the best for our children"
- ["We have something to prove"
- ["We can take care of our kids"

How could health care improve support to you and other young parents in this community?

- [need to advertise services
- [keep in mind the messages mentioned above, e.g. we want the best for our kids
- [need workers to "be out there", to be open and non-judgmental
- [prenatal and parenting classes for teens and young parents – early evening class
- [need support for choice to bottle feed – too much pressure to breast feed
- [give teen fathers information and keep them involved – "dad too scared to hold baby", "afraid to be alone with the baby", doesn't know what to do, doesn't know how to feed or change a diaper – if they know what to do, "they would help mom to rest"
- [need more Families First home visitors and midwives
- [need another school like APC
- [need community places for information about nutrition
- [keep in touch over time, e.g. 3 months, 6 months, etc.

For more information on the Winnipeg Regional Health Authority's Teen Moms Survey, contact Fran Coulter at 940-1660 or fcoulter@wrha.mb.ca.

Child and Adolescent Mental Health Program - St. Boniface Hospital

(May 2007)

Maureen McVety of the Child and Adolescent Mental Health Program at St. Boniface General Hospital led an overview of the services offered. They include: Adolescent and Child Collaborative Community Intervention Service (ACCCIS), Anxiety Disorders Service for Children & Youth, and Tourette Syndrome Service.

McVety explained how the Winnipeg Regional Health Authority's Centralized Intake provides a single point of entry for all Child and Adolescent Mental Health services in Winnipeg. Staff at Centralized Intake assess the specific situation and determine whether the youth would be best served at MATC, St. Boniface General Hospital or Health Sciences Centre.

Parents, caregivers, service providers, doctors and/or counsellors can make referrals to Centralized Intake. Self-referrals are also accepted if the adolescent is 16 years of age or older.

Centralized Intake

Child and Adolescent Mental Health Program

Phone: 958-9660

Monday to Friday
9:00 a.m. - 5:00 p.m.

Adolescent and Child Collaborative Community Intervention Service (ACCCIS)

ACCCIS provides consultation, assessment and treatment services to children, adolescents, and adolescents who are transitioning to young adulthood. Children and adolescents who are seen by the ACCCIS team experience symptoms of post traumatic stress disorder (PTSD) and associated conditions.

Services available include:

- consultation to selected group homes
- assessment (psychiatric, academic, occupational therapy and recreation)
- individual and family counselling
- access to an off-site McEwen Community School
- medication management
- public education
- specialized off-site community groups

ACCCIS has a multidisciplinary team that includes a psychiatrist, social workers, nurses, occupational therapist, recreation therapist, and a classroom teacher.

Anxiety Disorders Service for Children and Youth

The Anxiety Disorders Service for Children and Youth provides consultation, assessment, education and treatment for children and adolescents from birth to 17 years of age who have a broad range of anxiety disorders. Parents/caregivers are included in the assessment and treatment.

Services available include:

- school liaison and consultation
- specialized groups such as the "FRIENDS" group, OCD group, parents group
- assessment (psychiatric, psychological, educational and occupational therapy)
- individual and family treatments
- public education about Anxiety Disorders to individuals, groups, schools and the community

The Anxiety Disorders Service for Children and Youth Team includes a social worker, nurses, occupational therapist, education coordinator, community liaison worker, psychiatrist, and psychologist.

Tourette Syndrome Service

The Tourette Syndrome Service at St. Boniface General Hospital provides consultation, assessment and treatment services to children and adolescents from birth to 17 years of age who have symptoms of Tourette's Disorder (TD), also known as Tourette Syndrome (TS).

Services are also provided for associated conditions such as: Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD), Pervasive Developmental Disorder (PDD), and Learning Disorders (LD). TS with an associated condition is often referred to as TS plus (TS+). Caregivers are included in the assessment and treatment process.

Services available include:

- monthly support group meetings for the child with TS
- school liaison and consultation
- specialized groups such as handwriting/ fine motor & "How Does Your Engine Run?"
- assessment (psychiatric, psychological, educational and occupational therapy)
- individual and family treatments
- medication management
- public education about TS to individuals, groups, schools and the community

The multidisciplinary team includes psychiatrists, education coordinators, psychologist, social worker, occupational therapist, nurse, outreach support worker, and secretary.

For more information on services provided by the Child and Adolescent Mental Program at St. Boniface General Hospital, contact Maureen McVety at 237-2677.

To make a mental health referral for a child or adolescent in Winnipeg, call Centralized Intake at 958-9660.

YOUTH
EMERGENCY
CRISIS
STABILIZATION
SYSTEM



949-4777
Toll Free: 1-888-383-2776

2007 APIN Conference

Just a Phase? Exploring Adolescent Mental Health & Wellness



The **Honourable Kerri Irvin-Ross**, Minister of Healthy Living, opened the conference. APIN Steering Committee member and conference emcee **Fran Coulter** presented Minister Irvin-Ross (above) with an inukshuk made by students at École River Heights.

Marion Cooper of the Winnipeg Regional Health Authority (pictured right) set the day in context by addressing what we mean by positive mental health and describing the various ways in which service providers can help support and promote positive mental health, particularly for adolescents.

Jane Litchfield (pictured top right) of Marymount provided a brief look at post traumatic stress disorder and helped to dispel myths about PTSD that fuel a survivor's isolation and silence.

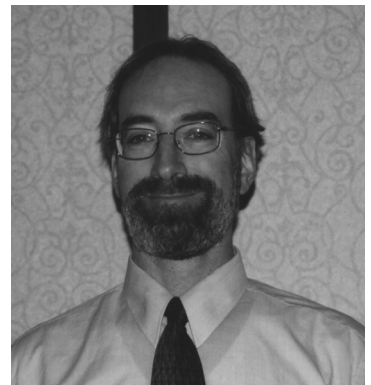


View the speakers' powerpoint presentations online in the Resources section of APIN's website: www.apin.org

Darlene Hendler (pictured middle right) of Health Sciences Centre looked at the cultural impacts of body image, eating disorders, promoting a healthy body image, and where to access help and resources.



Dr. Laurence Katz (pictured bottom right) talked about suicidal and non-suicidal self-injury in adolescents, focusing on diagnosis and assessment issues, and the use of Dialectical Behavior Therapy (DBT) for treatment.



There is no health without mental health.
- World Health Organization, 2004



Nicole Laping from the AFM Youth Unit provided current trends and statistics on teen alcohol and drug use, why kids become involved, signs of involvement, interventions and community-based resources.



Jody Thomson of Women's Health Clinic led an energetic session addressing post partum adjustments – coping with change.



Kim Slocombe and **Pat Pahl** of The Family Centre introduced the idea of "solution-focused work" with families and children – working effectively and efficiently with families to help them access the resources within.

