

Families where a parent has a mental illness

A service development strategy



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Acknowledgements

Reference Group, staff, children, young people and parents of the PATS and VicChamps pilot projects.

Members of the Department of Human Services Parental Mental Health Best Bets Working Party

Members of FAMHN (Families and Mental Health Network)

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Foreword

Family life can be challenging, however, when a family member becomes unwell or stressors increase, relationships and family functioning can become disrupted. Despite enormous rewards, parenting can be difficult at times, even more so for those managing illness and disability and those with limited resources at hand.

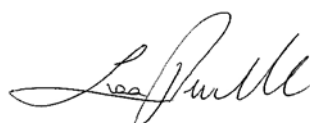
Parents are central to the lives of children and have great capacity to influence their growth and development from the very first moments of life. Parents with a mental illness may at times need extra support to manage the daily challenges of family life. Families that are vulnerable and marginalised due to mental illness have fewer opportunities to participate in community activities and children and parents in these families are more likely to experience an increased range of risks and poorer outcomes.

This strategy has been developed to assist a range of services to provide more timely and coordinated family and personal supports for parents to be and parents experiencing a mental illness, those caring for them and their children. It is part of the Victorian Government's *A Fairer Victoria* commitment to support vulnerable families and improve the safety, health, development, learning and wellbeing of infants, children, young people and families.

The State Government has committed an additional \$8.7 million over five years to expand support for women's mental health generally, of which \$2.4 million will be used to assist with the implementation of this strategy. Training for maternal and child health nurses will be expanded to further develop their expertise in identifying and responding to women with postnatal depression who care for young infants in the critical six months after childbirth. The government is also funding an increase of maternal and child health services to provide more mothers' groups and more in-home support as part of the \$4.7 million to outer suburban councils.

This document builds on the learnings of pilot projects jointly funded by government through the Mental Health Branch, Victorian Health Promotion Foundation (VicHealth) and *beyondblue*, the VicCHAMPS and PATS projects, and represents a second stage of service development. It promotes a greater awareness of the impact of parental mental illness on all members of families. It will also aid in establishing and strengthening partnerships, networks and service innovations between mental health services and other agencies that will support children, young people and parents through accessible mainstream services wherever possible.

Most importantly, the Families where a Parent has a Mental Illness Strategy (FaPMI Strategy) is another step in the prevention of, and early intervention in, mental health problems among children and young people, and increases the range of supports and the quality of care provided to those suffering from mental illness.



Hon Lisa Neville MP
Minister for Mental Health
Minister for Children

24/01/2007

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Introduction

The Families where a Parent has a Mental Illness (FaPMI) Strategy is directed to all Department of Human Services funded and delivered service providers that work with families where a parent has a mental illness. It is also expected to be of value to others delivering primary care and support services, such as, general practitioners and non-government child and family support services.

This strategy builds on learnings from two Victorian pilot projects as well as work undertaken by the Mental Health Branch in consultation with the Department of Human Services Parenting Best Bets Working Group focusing on parental mental health, and the Child Outcomes Leadership Group. These groups include representatives from the Department of Human Services programs that fund and provide a broad range of services for children, young people and families.

This document details a strategy aimed at assisting services to develop more coordinated and effective approaches to address the heightened risk burden of families. It has a particular interest in promoting the inclusion of those not currently accessing supports.

The document describes why a strategy is needed and what the strategy aims to achieve. It gives an overview of the prevalence and impacts of parental mental illness and highlights issues in providing services for these families. The policy and service development context describes the environment in which a strengthened and better coordinated response can be developed and provides examples of ways in which department-funded programs can work together to achieve the objectives and improve outcomes for these families.

Why a strategy?

Families in which a parent has a serious or recurring mental illness are more likely to experience poverty, housing problems, family disruption and disorganisation, marital conflict, a reduction of social and leisure activities, disruption of children's schooling and isolation as a result of the parental illness (Feldman et al. 1987).

For many parents who experience mental illness, particularly those with less severe disorders, access to and participation in social networks and mainstream services meet their needs, their mental illness is effectively treated and the needs of other family members, including children, are addressed through personal supports and local services available to all.

However, perhaps in more vulnerable families, a parent's mental illness is more likely to go unrecognised and may not be easily accepted by the individual concerned. It may be untreated until it is severe and help may not be sought, or may even be actively avoided, because of a fear of services. Symptoms of the illness itself or stigma resulting from the parent's mental illness may impact more broadly on other family members, including the development of children and young people.

Services can also struggle to recognise and respond appropriately to the needs of these parents or may respond only to the needs of the parent within a narrow service focus not aware of, or responsive to, the risks for others, particularly dependent children and young people.

1 The term 'families' in this document does not presume a particular family structure or membership but rather is used loosely as a broad encompassing term. What constitutes 'family' varies significantly with personal beliefs, across communities and across cultures. While most children are cared for by their biological parent/s, some are cared for by others who take on the primary care giving role.

Mental illness

Not all mental illnesses affect families in the same way. The nature and extent of impacts depend on the type of illness, how pervasive and enduring it is, behaviours and lifestyle, as well as the degree of existing coping skills and the support systems set in place.

Mental illness affects one in five people across their lifetime. A mental illness is usually a persistent, diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities, for example, a severe anxiety or depressive disorder, a psychosis or personality disorder (*Promotion, prevention and early intervention for mental health, National Mental Health Strategy 2000*).

Serious mental disorders affect approximately 3 per cent of the population which is the focus of specialist mental health services in Victoria. Young people in the age range 18-24 years are at highest risk of a first onset of serious mental illness.

Parental mental illness

According to estimates based on Australian Bureau of Statistics (ABS) data, between 21.7 per cent and 23.5 per cent of children living in Victoria, approximately 250,000 children, are living in households where a parent has a mental illness (Maybery et al. 2006). The ABS data estimates 34,666 children live in 18,502 Victorian families where a parent has a **severe mental illness** being assisted by specialist mental health services.

It is estimated that 6.5 per cent of these families are 'step' or 'blended' families, and that approximately 10 per cent are single parent families. However, while some adult clients of specialist mental health services do not live with their children, they may have a significant parenting role, which means this figure may be an underestimate of the impact of parental mental illness on families. On the other hand, parents who live with their children do not all have an active role in parenting; others in the household, for example partners and/or grandparents, may take on the primary caring role.

Postnatal depression is a relatively common mental disorder affecting up to 14 per cent of women around the time of childbirth. It can range from mild to severe. Postnatal depression in a small number of cases can be very severe and life threatening to the parent and child, requiring specialist mental health intervention.

It is also estimated that approximately half of the adults with mental illness who attend a specialist mental health setting also have drug and/or alcohol related difficulties. This complex presentation is termed 'dual diagnosis' and may increase the effect of the parental mental illness on the family.

Without support, parents with a mental illness can be socially isolated and may become burdened by their parenting responsibilities. Stigma and a reticence to seek help for fear of being judged as inadequate as a parent are commonly cited as the reasons why families do not seek support (Cowling 1996).

Partners and carers of parents with a mental illness may experience social isolation themselves and may struggle to understand the mental illness, its impact on parenting ability, and the services available to the family.

Within some adult mental health programs, concerted efforts are being made to incorporate the knowledge acquired from the Victorian pilot projects (VicChamps and PATS) into the core business of the service, such as developing parent, children and family focused practice guidelines and including them in quality and business plans.

Risks associated with parental mental illness

Most children of parents with a mental illness stay quite well. Most are quite resilient and may just need support, some show vulnerability and need services, and others may be more at risk of injury and/or abuse, or of developing severe disorders themselves. Australian studies (Farrell et al. 1999) show that children living in these families are generally more at risk than the general population. Approximately 25–50 per cent of these children will experience some psychological disorder in childhood, adolescence or adulthood compared to 10–20 per cent of others in the population, and 10–14 per cent will be diagnosed with a psychotic illness at some point in their lives, compared with 1–2 per cent of the general population.

Parents with a mental illness may, in difficult times, be more vulnerable in their capacity to maintain a protective relationship for their young children. When unwell, they may be emotionally unavailable and not able to respond to their children's developmental needs. Any disruptions to the child's development may lead to stress management systems that respond at relatively lower thresholds, thereby increasing the risk of stress-related physical and mental illness in the child. Children in single parent families, where the parent has a severe mental illness, are at increased risk of later mental health and adjustment problems compared with children whose parents might have a mild or moderate mental illness and live in a two-parent family. Most single parent households where the parent has a severe mental illness use public specialist mental health services. This means that entry into adult mental health services provides an important opportunity to identify vulnerable children and families, to monitor risk and enable early intervention (Shonkoff & Phillips 2000; Wilson et al. 2004).

What is the aim of the strategy?

The overall aim of the FaPMI Strategy is to reduce the impact of parental mental illness on all family members through timely, coordinated, preventative and supportive action. This, in turn, would deliver greater opportunities and more positive outcomes for all family members.

The priority is on better understanding the needs of families where a parent has a mental illness and the associated risks for all family members, including children. This will be primarily achieved through service and network development.

The objectives

Three service development objectives are the priorities that underpin the strategy:

1. Increase the capacity of specialist mental health services (clinical and psychiatric disability rehabilitation and support services - PDRSS) to provide a **family focused**² response to the parenting needs of their clients and the needs of their clients' children.
2. Increase the capacity of specialist mental health service network partners³ to recognise and respond appropriately to parental mental illness.
3. Establish and strengthen the capacity of networks and support structures involving mental health services and their network partners, in partnership with consumers and carers, to support the needs of all family members through collaborative approaches to service provision.

Some services will require relatively small modifications to the ways they do their work. For others, more integrated service innovations and partnerships will be required.

Background

There has been a considerable interest over the past decade in raising awareness of the challenges faced by parents who have a mental illness. Many specialist mental health services, clinical and psychiatric disability, rehabilitation and support services, have developed local support programs for parents, children and young people who are affected by parental mental illness. In 2002, the Mental Health Branch, Department of Human Services, *beyondblue* and Victorian Health Promotion Foundation (VicHealth) jointly funded two pilot projects, the Victorian Children with a Mentally Ill Parent (VicChamps) and Paying Attention to Self (PATS), for three years. The funding enabled a time-limited trial and evaluation of models of best practice targeted at improved supports and activities for children and young people living within families where a parent has a mental illness.

Two streams of activity were funded providing peer support programs:

- VicChamps (2003-2006) for 5–12 year old children and their families
- PATS (2002-2006) for 12–18 year old young people.

Professional development activities were also delivered to promote workforce and agency change.

The evaluations of these projects have been promising. The children involved in the VicChamps activities reported stronger connections both within and outside of the family and improved self-esteem and resilience (Maybery et al. 2006). Young people participating in the PATS peer support activities reported less depressive symptoms, reduced risk of homelessness, better educational achievements and a decrease in perceived stigma (Hargreaves et al. 2005).

2 A family focused approach considers the needs of all family members. To meet the needs of all family members, mental health services would need to work in partnership with other services that may provide further support and care to the family and document the chosen strategies within their care plan.

3 Network partners of specialist mental health services include, for example, local community agencies, maternity services, primary care and community health services, universal and targeted early years services, child and family support services, school nurses and student wellbeing and support staff, youth services, forensic, emergency services, housing and drug and alcohol services.

Across both projects, more than 2,000 workers increased their knowledge and skills in mental health and in working with children, young people and families where a parent has a mental illness. Partnerships and collaborations have strengthened between services and community organisations and significant changes have occurred in increasing community awareness of the stigma and discrimination associated with mental illness.

The Parenting Best Bets Working Group identified opportunities to assist parents and families in providing safe, healthy and supportive environments conducive to learning for children as they grow and develop. The primary focus has been on parents and children in families carrying a high risk for health and development difficulties in both the short and longer terms.

Within this cohort, families in which a parent has a mental illness were selected as a priority for concerted action because of the known risks and potential impacts that parental mental illness can have on the everyday lives of family members, which can be lifelong if not effectively addressed. It was agreed that the particular needs of parents, their children and other family members are not well recognised and that opportunities exist within current services and initiatives to improve responses to these families.

The service context

Many services are involved in providing care and support to families where a parent has a mental illness and in responding to mental health problems. Primary health and specialist mental health services in both the public and private sectors assess and treat people who are also parents. The three tiers of government (Commonwealth, State and local) and the private sector provide a broad range of services to support families. Community organisations and local community infrastructure also play a central role in supporting families, promoting family safety, connectedness and inclusion.

The Commonwealth-funded sector will be increasing its capacity to support the mental health of the community through the recently formed Council of Australian Governments (GOAG) agreement. This agreement between the Commonwealth Government and state governments concerns service delivery that can complement the specialist public mental health system. This includes providing Medicare rebates for suitably trained allied health and nursing staff who can provide psychological interventions for mild to moderate presentations of mental health problems.

Network partners of specialist mental health services are organised into a broad system of services available to assist families. This system includes universal services for all families, secondary and specialist services for targeted groups, and tertiary and specialist services for families with more complex needs.

Universal services

The Office for Children provides services for the health, safety, development, learning and wellbeing of children, young people and families in Victoria. These services include maternal and child health; child care and kindergarten; early childhood intervention for children with a disability or developmental delay; primary and secondary school nursing and school-focused youth services that provide and/or coordinate mental health promotion and early intervention in schools.

Most children attend a school, so the school system is a universal platform for the delivery of services that promote positive self-esteem and optimal wellbeing. Improving the learning outcomes of every student is the Department of Education's key objective. This objective is central to the *Blueprint for government schools* (Department of Education and Training 2003), which states that all government school students are entitled to an excellent education and a genuine opportunity to succeed, irrespective of the school they attend, where they live or their home background. Priority 1 of the *Blueprint* is recognising and responding to diverse student needs.

Universal services can be a point of entry into the mental health system of care. They have a major role in health promotion and illness prevention programs. Interventions may be targeted to particular individuals, specific 'at risk' groups or whole populations.

Secondary and specialist services

Some of these services can provide specialist, well-targeted services appropriate to the needs of families where a parent has a mental illness. These may include outreach support, for example, enhanced maternal child health services for parents with complex needs, to increase the accessibility of the service. The focus of the intervention is more likely to be individuals with moderate-severe disorders and/or moderate-high risk of harm, or groups with known elevated risks of disorders.

Drug and alcohol, housing support and family services can contribute to keeping families healthy, linked in to social supports and having sufficient resources to prevent deterioration in mental health. Psycho-social interventions provided at this level tend to focus on more intensive/specialist assessment, treatment and rehabilitation. Family services provided by the Office for Children include outreach, assessment, case management, counselling, in-home support, group work, brokerage, support and information for families with children up to 18 years of age. These services use a child-youth centred, family-focused approach.

Tertiary specialist services

Some tertiary services are for individuals who have been affected by child abuse. Child protection, placement and support and mediation services are offered to families facing difficulties in providing a safe and supportive environment for children and young people in their care. Statutory Child Protection Service, which responds to child protection notifications; placement services for children who are unable to live at home; and treatment services such as Centres Against Sexual Assault, are specialised services provided by the Office for Children. Take Two is a specialist intensive therapeutic service for children who have suffered abuse and neglect and are under statutory orders.

The Enhanced Maternal and Child Health Service assertively responds to the needs of children and families at risk of poor outcomes. It focuses on children for whom there are multiple risk factors or indications of a significant level of risk. This service is provided in addition to the suite of services offered through the universal Maternal and Child Health Service. It provides a more intensive level of support, including short-term case management in some circumstances. This may be provided in a variety of settings such as the family's home, the maternal and child health centre or other locations within the community.

Victorian specialist public mental health services

Funded by the Department of Human Services, specialist mental health services provide assessment, diagnosis, treatment, rehabilitation and clinical case management services to people with a serious mental illness and include both residential and non-residential components.

They are managed by public hospitals and organised according to age and specialisation.

The clinical services are divided into three main age streams:

- child and adolescent mental health services (CAMHS) 0–18 years
- adult services 16–64 years
- aged services 65 years and over.

Statewide and specialist services relevant to families where a parent has a mental illness include:

- Spectrum
- Specialist mother-baby mental health services
- Victorian Institute of Forensic Mental Health (Forensicare)
- Koori services
- Victorian Transcultural Psychiatry Unit.

Dual diagnosis teams are managed by adult mental health services but work across CAMHS, adult and aged mental health services. Dual diagnosis refers to the co-morbidity of mental disorders and substance use disorders.

Primary mental health teams are managed by the adult public mental health service and provide consultation, liaison, education and training to primary care providers, such as general practitioners. Primary mental health teams also provide short-term treatment, crisis prevention and assessment services for people with high prevalence mental health disorders and early intervention for psychosis and other significant psychological disorders.

Psychiatric, disability, rehabilitation and support services (PDRSS) complement clinical services in the mental health system. They provide psychosocial assessment, rehabilitation and support, and are managed by non-government organisations within the community. They are increasingly involved in joint service provision with clinical services and have many shared clients with those services.

While Victoria has a broad range of services that are engaged with or can provide for the varying needs of members of families, families where a parent has a serious mental illness are under-recognised by these services.

Current service delivery

In May 2006, a survey was sent out to a broad range of department-funded service providers across Victoria to map the various responses to the needs of families where a parent has a mental illness. Common issues identified by the 40 respondents included:

- lack of time, appropriate training and/or skills, and support by management for work in this area
- the need for a more coordinated and improved response targeted at the particular needs of these families
- more systematic provision of information and resources appropriate to both families and family members that take account of their common and differing needs arising from parental mental illness as well as useful information for those providing services
- expanded professional development and consultation across services around the needs of, and ways of responding to, these families
- only a small proportion of services are running programs for parents, children and young people.

While parents and children in these families share a range of common needs, many of which mainstream services can meet, some require more targeted service responses.

Historically, specialist mental health services have had limited capacity to incorporate the needs of members of these families into their treatment approaches. Similarly, primary care providers may lack the knowledge and understanding of adult mental illness to provide the necessary care and support to families. Education providers often recognise the need for additional support to particular families but may not have the training to respond to and support such families.

The policy and service development context

Existing policy and a range of service development activities provide a ready platform upon which improved services to children and parents in families where a parent has a mental illness can be built.

The Government's social policy action plan, *A Fairer Victoria* (2005), provides a supportive context for service development. It articulates four priority themes:

- improve access to vital services
- reduce barriers to opportunity
- strengthen assistance for disadvantaged groups and places
- ensure that people get the help they need at critical times in their lives.

These themes are pertinent to the FaPMI Strategy as they highlight the need for greater access to services and more timely interventions.

Policy and service development work at national, state and local government levels has contributed to knowledge and practice wisdom in this area and will aid development of a more strategic approach across Victoria (see Appendix 1).

Useful guidance for work in this area is also found in:

- *Principles and actions for services and people working with children of parents with a mental illness* (2004) developed by the Australian Infant, Child, Adolescent and Family Mental Health Association as part of the national Children of Parents with a Mental Illness (COPMI) project. www.copmi.net.au/files/PrinciplesandActions_final.pdf
- The evaluations of the Victorian COPMI pilot projects:
 - Hargreaves J, O'Brien M, Bond L, Forer D, Basile A, Davies L & Patton G (2005) *Paying Attention to Self PATS: an evaluation of the PATS program for young people who have a parent with a mental illness*. Centre for Adolescent Health, Melbourne
 - Maybery D, Reupert, AE & Goodyear M (2006) *Evaluation of a model of best practice for families who have a parent with a mental illness*. Charles Sturt University, Wagga Wagga
- *Working together with families and carers* (2005) Chief Psychiatrist Guidelines, Mental Health Branch, Victorian Department of Human Services.
- *Caring together – an action plan for carer involvement in Victorian mental health services* (2006), Mental Health Branch, Victorian Government Department of Human Services, Melbourne, Victoria.
- The principles that guide the Victoria's new *Children, Youth and Families Act 2005*, the *Child Wellbeing and Safety Act 2005* and the Victorian Government's every child, every chance policy documentation: www.office-for-children.vic.gov.au

Service development considerations

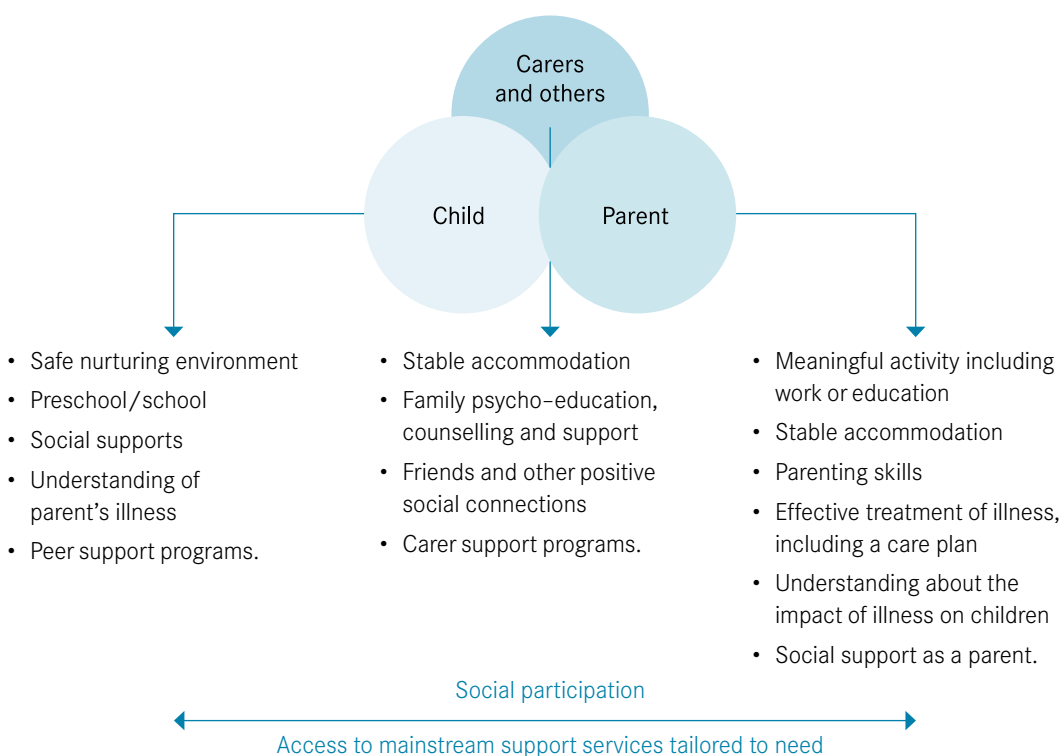
Families where a parent has a mental illness may experience a broad range of circumstances, and all family members are subject to different risk and protective factors that may influence the affect of parental illness on the individual parent and the rest of the family. Promoting early detection and early intervention of the illness and enabling the family to seek appropriate support as required will strengthen the capacity of families where a parent has a mental illness.

In planning and delivering a systematic and coordinated response to the needs of these families, consideration needs to be given to:

- relapse prevention for pregnant women or parents who have a mental illness that addresses the needs of their dependent children as part of core case planning, management and support
- the capacity to identify and support mothers who develop a mental illness during pregnancy and/or early in the postnatal stages
- fostering a positive relationship between mother and infant to enable secure attachment
- supports that can develop the parenting skills of parents with a mental illness
- increasing awareness amongst the workforce supporting these families of the effects of the parent's mental illness on the child, and knowledge and skills in addressing these effects
- providing for the developmental needs of the infants, children and adolescents arising from the effects of their parent's mental illness
- support for young carers of parents with a mental illness
- support for partners and other carers (for example, grandparents) of adult clients living with children.

The protective factors that may prevent negative impact on families may differ according to the family member. Some of these needs are illustrated in Figure 1.

Figure 1: Needs of family members are both common and different



Service development principles

The document *Principles and actions for services and people working with children of parents with a mental illness* (2004), developed by the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA) for the Australian Government Department of Health and Ageing, provides a sound underpinning for work with families where a parent has a mental illness and provides a valuable resource for services as they plan activities at the local level. This resource is well researched and has been developed with national endorsement as being an appropriate response. It is accessible via the COPMI website: www.copmi.net.au/files/principlesandactions_final.pdf

These service development principles highlight the need for a shared responsibility across all services, and society generally, for children's wellbeing and safety. To optimise children's wellbeing, consideration should be given to supporting:

- the particular needs of parents with mental illness for support in their parenting role
- the developmental needs of infants, children and young people living in these families
- the needs of partners, siblings, grandparents and others in their caring role.

Achieving the FaPMI objectives

This section is provided to assist services to work towards the three service development objectives. It will be up to individual services, FaPMI networks and partnerships to determine how these developments can best be implemented locally.

Service development objective 1: Increase the capacity of specialist mental health services (clinical and PDRSS) to provide a **family focused**⁴ response to the parenting needs of their clients and the needs of their client's children.

Achieving this objective will require 'family focused practice' to become a more dominant feature of treatment and care planning in mental health services. Identification of parental status at the point of triage will enable the development of treatment and care plans that take into account parenting needs, alleviate possible stressors and consider the needs of dependent children and others in the family. Recognising the needs of family members and connecting them to appropriate supports will become an integral part of management planning.

Children and young people should be consulted and respected for their understanding of their parents' health status and needs. Those who offer a caring role for their parent should be asked their views and opinions and be given useful information about their parent's illness and the supports available to help them with their own needs. Staff should be aware of the mental health needs of children and young people, which may fluctuate over time with the stage and degree of their parent's illness.

Examples of key activities

1. Provide education, training and support to the mental health workforce, both clinical and PDRSS, that promotes family focused service. This will promote an understanding of the impact of mental illness on parenting capacity, child safety and the developmental needs of children and young people.
2. Modify intake and assessment processes to include information about family constellation, the needs of dependent children, an initial assessment of risks and protective factors for all family members, including children. Document actions in treatment and management plans. This may include supporting children's access to information, education and their understanding of decisions about their parent's health and treatment.
3. Develop local policy and protocols regarding family focused practice, including case review procedures.
4. Put in place processes to address the needs of children and young people in their caring role for a parent with a mental illness.
5. Work with management in mental health services to ensure that FaPMI policies and guidelines are embedded into core practice.

4 A family focused approach considers the needs of all family members. To meet the needs of all family members, mental health services would need to work in partnership with other services that may provide further support and care to the family and document the chosen strategies within their care plan.

Key performance indicators

- Participation in workforce training.
- Evidence of intake processes identifying and documenting parental status, the number and ages of dependent children, and their level of risk and protective factors.
- Evidence of FaPMI policies in mental health services that support family focused practice across the continuum of care.

Proposed outcomes

- Parents who have a mental illness are able to access mental health services for treatment and rehabilitation that are also mindful of their parenting role.
- Dependent children and young people, whose parent has a mental illness, will have their needs recognised by their parent's mental health service and so have their own mental health optimised.

Service development objective 2: Increase the capacity of specialist mental health service network partners⁵ to recognise and respond appropriately to parental mental illness.

Families where a parent has a mental illness often do not seek support and are reluctant to initiate contact. Through a greater understanding of the impact of mental illness on parenting ability and a better knowledge of the mental health system, non-mental health support services can provide more flexible service delivery, for example through targeted outreach services, specialist support groups and referrals to clinical and PDRSS when appropriate.

Children, young people and adult carers of the parent with a mental illness may be compromised in their own mental health due to the stress of supporting the individual who has a mental illness. They may need support to enhance their resilience and their own mental health. Support services will be better informed to recognise the impact of parental mental illness on other family members and to consider this when planning service delivery and making referrals.

Examples of key activities

1. Provide education and support to mental health service network partners about the characteristics of mental illness and its impact on parenting and family relationships, the skills required in working with parents with a mental illness and their families, and the development of service models that encourage access and participation.
2. Develop policies and responses that take into account parenting and mental health issues and the impact of mental illness on parenting ability.
3. Increase knowledge of resources specifically developed for families where a parent has a mental illness.

5 Network partners of specialist mental health services include, for example, local community agencies, maternity services, primary care and community health services, universal and targeted early years services, child and family support services, school nurses and student wellbeing and support staff, youth services, forensic, emergency, housing and drug and alcohol services.

4. Provide resources to assist staff in responding to families, including information for these families as well as where advice can be sought and how to make appropriate referrals.
5. Train workers in evidence-based best practice peer support groups that may be provided within mainstream services, for example, child and family, youth or education services.
6. Train workers in community and school health promotion activities that promote a greater understanding of mental illness.
7. Provide links to other training opportunities provided by key agencies, for example, the Bouverie Centre and the Queen Elizabeth Centre.

Key performance indicators

- Participation in workforce training.
- Evidence of assessment processes seeking information about parental mental health problems and difficulties.
- Evidence of FaPMI policies that focus on service needs and programs for families where a parent has a mental illness.

Proposed outcomes

- Families where a parent has a mental illness will receive appropriate support to help them manage adverse circumstances and maximise each family member's resilience.

Service development objective 3: Establish and strengthen the capacity of networks and support structures involving mental health services and their network partners, in partnership with consumers and carers, to support the needs of all family members through collaborative approaches to service provision.

Partnerships between mental health services and other support services are essential to a coordinated and integrated approach to the provision of family services where a parent has a mental illness. Formalising these partnerships will ensure agencies coordinate their responses to families and share information when appropriate.

Services and agencies that can respond to the needs of families where a parent has a mental illness can vary from region to region. Forming or modifying local networks to enhance a family focused approach will enable the regular sharing of up-to-date information. Local networks will also assist in driving the development of work that supports families where a parent has a mental illness while providing support to professionals.

Examples of key activities

1. Establish or enhance local network partnership groups to provide opportunities for planning, knowledge and resource sharing. FaPMI partnerships can be usefully developed within or as part of other local partnerships, such as Primary Care Partnerships, municipal early years groups and youth networks.
2. Undertake new and/or access existing service and resource mapping collaboratively and share information about agency roles and responsibilities.
3. Obtain agreement between network partners and local mental health services regarding protocols and pathways that promote access to advice, support and referral for those in need of specialist treatment and care. These protocols are regularly reviewed.
4. Through the process of creating or building on existing interagency partnerships, identify services that can offer support to families where a parent has a mental illness, foster knowledge and understanding between services, improve referral pathways and develop better access to services.
5. Provide education and training to run group peer support programs for parents, infants, children and young people as well as health promotion activities in schools.
6. Continually monitor the effectiveness and sustainability of interagency partnerships as part of quality assurance activities. These processes will build the credibility of the work at a local level and facilitate further development in the area.

Key performance indicators

- Evidence of a local FaPMI support network or of this focus included in existing networks.
- Evidence of local protocols and agreed referral pathways.
- Collaborative practice across organisations is enabling appropriate service delivery for families where a parent has mental illness, within mainstream service delivery, for example, peer support groups and parenting support groups.

Proposed outcomes

- Each family member, including dependent children and young people, can be involved in networks and service planning so that local policies and service development are relevant to the needs of families where a parent has a mental illness.
- Families where a parent has a mental illness have appropriate access to universal and targeted services that can support their needs.

Support for implementation of the FaPMI Strategy

The strategy represents an opportunity for a range of organisations to increase their interest in the parenting and support needs of members of families where a parent has a mental illness, which typically fall within mainstream service mandates but are sometimes not well served.

Local implementation plans

The specialist public mental health services will lead discussions and assist in the planning and development of key network activities aimed at achieving the objectives of the strategy. This may be assisted by the appointment of a FaPMI coordinator or portfolio holder, who would typically build on previous local scoping that might:

- map the local agencies currently providing, or able to provide, services to these families
- perform a local gap analysis conducted in consultation with families where a parent has a mental illness
- establish/enhance an existing local FaPMI network
- develop/enhance partnerships and service agreements to meet the needs of the this population in the local area
- lead local family focused policy development that meets the needs of children and other family members as well as parents where a parent has a mental illness
- develop ways of disseminating resources locally and develop clear referral pathways between services for families where a parent has a mental illness
- arrange or deliver training, consultation and support to mental health and network partner workforces regarding the needs of these families as outlined in the objectives of the strategy
- build in appropriate evaluation procedures as part of a local quality improvement framework
- be sustainable and responsive to community needs at any given time.

Supporting structures and mechanisms

Coordination and advisory structures will be put in place to assist with the implementation of the strategy across sectors and services.

Central FaPMI coordinaton

- A new statewide coordination position will be established in an organisation that will be responsible for overseeing the implementation of the strategy across Victoria.

The statewide FaPMI coordinator will:

- oversee the implementation and coordination of the FaPMI Strategy on behalf of the Department of Human Services
- establish and sustain management and advisory mechanisms and processes, including a statewide advisory group
- train and support the local FaPMI coordinators
- report through their agency annually and as requested to the department on progress and achievements.

Statewide FaPMI Advisory Group

This advisory group will consist of representatives from government, consumer and carer groups, peak bodies and key service providers. The group will draw on the experience and practice wisdom of its members to inform and guide the implementation of the strategy. The group will:

- provide information and guidance from a range of perspectives
- assist with a consultation strategy regarding feedback on potential FaPMI policy direction
- support the implementation of the FaPMI Strategy through their individual organisations.

The Statewide FaPMI Advisory Group will review its function after 12 months.

The expectation of local FaPMI coordination

The strategy is targeted at all mental health services and networked partner services. The expectation is that services will put in place structures and processes that support the implementation of this new approach. Some funding has been allocated to seven services where there are high numbers of parents with mental illness and where there is an established infrastructure that can support the newly appointed FaPMI coordinators. Two half-time positions will be established in metropolitan and five in rural adult mental health services. These coordinators will be located within the primary mental health and early intervention teams or with an alternative suitable community program nominated by the area mental health service.

The primary mental health team is considered an appropriate host for these positions as it is strategically positioned to use a partnership approach to address identified gaps in service delivery and enhance links between primary care and specialist mental health services.

The local positions will champion the FaPMI Strategy and coordinate activity within the catchment of their employing service. These positions will build on existing infrastructures and partnerships, establish new networks where necessary and will be well placed to assist network partners to better support these families.

The local FaPMI coordinators, with the support of the central FaPMI coordinator and other local infrastructures will:

- support the early identification of families with care and support needs in their local area
- provide specialist mental health services with training and consultation to promote family focused practice that takes account of the needs of all family members, particularly children, in the parents' assessment and care planning
- provide training for non-mental health services such as maternity services, primary care and community health services, universal and targeted early years services, child and family support services, school nurses and student wellbeing and support staff, youth services, justice, emergency, housing and drug and alcohol services and community organisations about mental illness and its impact on all family members
- develop local FaPMI networks, or build on appropriate existing networks, forging strong partnerships between specialist mental health services and their network partners
- advocate for and support endeavours to provide support programs for parents with a mental illness and for their children and young people, within the mainstream child and family, youth and education services and within specialist mental health services as appropriate.

In conclusion

The FaPMI Strategy builds on many years of developmental work in the COPMI area and complements the national COPMI initiative, outlining the priorities for Victoria. It capitalises on policy development so that families where a parent has a mental illness can access the support they need to maintain positive relationships and foster healthy developmental growth in their children.

Services that are offering assessment, treatment, rehabilitation and support to these families need to embed family focused practice in their core service delivery. Opportunities for innovative practice may be generated through joint training and networking between mental health services and their network partners. Families where a parent has a mental illness should be able to access universal and targeted services as required and be involved in service planning that ensures greater sensitivity to the needs of parents and their partners, children and young carers and other family members.

The challenge is to bring together the knowledge and expertise across sectors into a systematic and strategic response that improves service delivery and, therefore, outcomes for families where a parent has a mental illness.

Appendix 1: Policy and service innovations

National and state policy

The National Children of Parents with a Mental Illness (COPMI) project, supported by the Commonwealth Government Department of Health and Aged Care, has shown national leadership in this area. It has supported state initiatives and policy development and has produced resource booklets for parents with a mental illness as well as a workforce resource: *Principles and actions for services and people working with children of parents with a mental illness* (2004). The project also provides a central ‘clearinghouse’ role for state and territory COPMI initiatives.

In 2005, the Office for Children was established within the Victorian Department of Human Services, bringing together key policy areas responsible for funding and/or providing services to children and families – early years, child and family support services, child protection, juvenile justice and youth services – within one organisational framework. The Office for Children has conducted extensive consultation to develop **every child every chance**, which is a significant reform to Victoria’s child, youth and family services, child protection and out-of-home care. *every child every chance* is committed to ensuring that all our children and young people have access to nurturing and stimulating environments in which to grow and reach their full potential (www.office-for-children.vic.gov.au)

The new *Children, Youth and Families Act 2005* and the *Child Wellbeing and Safety Act 2005* provide a legislative framework to strengthen early intervention and the provision of supports for families that are vulnerable and at risk. The principles underpinning these Acts have been considered in developing this strategy. They prioritise the safety and wellbeing of children and outline what should be kept in mind when developing services for children and families. The new legislation provides the foundation for the next step in enhancing and building on the existing local approaches of Family Support Innovation Projects (FSIP). It extends the earlier intervention reforms by establishing visible and coordinated points of entry into family services at a sub-regional catchment level across the state.

Interest across the Department of Human Services in assisting services to work more effectively with these families has been evident through the work of the Parental Mental Health Best Bets working party. This group considers and advises on issues and identifies opportunities for whole-of-department initiatives to improve the responsiveness to parental mental health concerns as they relate to the wellbeing of both children and their parents. Vulnerable parents and their families are a priority group.

To support the Office for Children’s recent policy directions, a new strategic framework for family services is under development in Victoria and is based on principles that outline an inclusive framework for all services to take responsibility for the wellbeing of children in their community.

Service developments and innovations

Service developments targeting the inclusion of vulnerable and disadvantaged families and reducing the higher risk burden for family members have been the focus across government departments, within services and for local community action for some time.

Early recognition and appropriate responses, including the timely treatment of parental mental illness, is key to minimising the impact on other family members.

Partners, dependent children, other family members and support services outside of the mental health system are the first to come into contact with a parent experiencing a mental illness. The risk of parental mental illness is more likely in circumstances where there is little or no positive social support; at times of key life experiences and critical transitions such as pregnancy, the birth of a child or the death of a partner, relocation, loss of employment; relationship or family breakdown – any of which can bring people into contact with one or more of a range of services.

Seeking help for other health problems, such as physical illness and substance abuse, can also bring the needs of these families to light and offer opportunities for early intervention. The involvement of parents and families with child protection or the community intake services, Child FIRST (Child and Family Information, Referral and Support Teams), being established under the new *Children, Youth and Families Act 2005*, also offer opportunities for support and early intervention.

Family Support Innovation Projects (FSIPs) have been progressively established across Victoria to assist vulnerable children and families through access to earlier supports and collaborative approaches with other sectors. An evaluation of FSIPs shows evidence of reduced Child Protection involvement in these families, positive outcomes for families in engaging mainstream services such as schools, and improved collaboration of service providers in working with the families.

The new entry points to family services (inclusive of FSIPs) in designated sub-regional catchments, to be known as Child FIRST, will assist vulnerable children and families to access the range of services and supports they need to build their capacity to support their children's healthy development. Anyone, including professionals, can make a referral to Child FIRST where there are significant concerns for a child's wellbeing or development. Nine stage 1 Child FIRST entry points into family services will be established with the commencement of the new legislation on 14 March 2007.

Every Child FIRST will be supported by a community-based child protection worker to enable collaboration between intake services and child protection, ensuring timely involvement if a child is at risk of significant harm.

Neighbourhood Renewal (www.neighbourhoodrenewal.vic.gov.au) is a Victorian Government initiative that brings together the resources and ideas of residents, governments, businesses and community groups to tackle disadvantage in areas with concentrations of public housing. This initiative is being led by the Office for Housing in the Department of Human Services as part of the Government's *Growing Victoria Together*. Their goal to build new partnerships across government and communities is relevant to addressing some of the needs of families where a parent has a mental illness.

Best Start is a prevention and early intervention project that aims to improve the health, development, learning and wellbeing of all Victorian children from conception to eight years of age. Best Start improves outcomes for children by bringing together parents, health, education and community services, and government at the local level in new partnerships that concentrate on ways to better meet the needs of all young children and their families. It is the strength of the community partnerships that have proven to be the cornerstone of the success of Best Start.

ANew (a new approach to supporting women in pregnancy) has reoriented maternity services towards becoming more responsive to the psychosocial needs of new mothers in the antenatal and postnatal periods.

Koori Maternity Services seek to provide culturally appropriate care and support of Aboriginal women and their babies in pregnancy through to the early postnatal period, to improve their health and wellbeing outcomes. Ten of the 27 Victorian Aboriginal Community Controlled Health Organisations receive some level of funding through the Koori Maternity Services Strategy, although in two of these communities the level of funding is relatively modest.

The In Home Support for Aboriginal Families initiative seeks to:

- improve the health, development, learning and wellbeing of Aboriginal children 0-3 years
- strengthen support and improve parenting capacity for Aboriginal parents and their families that is respectful of their cultural identity to promote Aboriginal child and family wellbeing
- promote partnership between Aboriginal communities and Koori Maternity Services, Maternal and Child Health Services, Koori Early Childhood Education Program, kindergartens, Multifunctional Aboriginal Children's Services centres, playgroups, supported parent groups and playgroups initiative, family services, Healing and Time Out services, Family Support Innovations, Best Start, child care centres and all other relevant early childhood, health and support services.

The three **Specialist Mother-Baby Mental Health Services** in Victoria deliver bed-based and outpatient services to mothers experiencing severe postnatal mental illness, including postnatal depression. Each hospital service covers a geographic catchment that incorporates metropolitan and regional/rural areas. They provide inpatient treatment for women whose postnatal disorders need more specialised treatment than can be delivered by primary health or community-based specialist mental health services. This includes women with an established serious mental illness who require psychiatric inpatient care following childbirth, also those with severe postnatal depression and psychosis.

Growing Communities, Thriving Children (GCTC) and the Mother-Baby Postnatal Depression Program. The Victorian Government has commenced a new initiative, Growing Communities, Thriving Children (GCTC), through the Office for Children. This will increase the social infrastructure in nine rapidly expanding local government areas that bridge the interface between urban and rural communities by expanding and enhancing maternal and child health services and introducing an in-home personal assistance program.

A 2006–07 mental health service development is to be delivered through specialist mother-baby mental health services and is focused on improving responses to postnatal depression (PND). Mother-baby mental health services will provide primary and secondary consultation and education to maternal and child health nurses. The development has been aligned in its allocation and implementation to support the GCTC initiative.

Appendix 2: Programs and resources

Listed below are examples of training packages, programs and resources that have information available via the links provided. A range of other resources are still in development. Updates can be found at the COPMI website:

www.copmi.net.au/jsp/resources/resource_view_workforce.jsp

Being Seen and Heard *Royal College of Psychiatrists UK*

This training package provides practical and creative suggestions about working with children and parents.

www.rcpsych.ac.uk/campaigns/partnersincare/beingseenandheard.aspx

Champs *Eastern Health Mental Health Program*

Peer support programs for children aged 7–12 who have a parent with a mental illness.

www.easternhealth.org.au/champs

Children of Parents with Mental Illness Project *Carol Clark, Ruah Community Services, WA*

Three competency-based modules intended for participants from a range of agencies, particularly Department of Community Development, mental health, education and population/community health.

www.ruah.com.au/compi.html

Crossing bridges *Adrian Falkov, Kate Mayes & Marie Diggins Published: 1999, UK*

Training resource designed to enhance practice and improve services for families in which mentally ill adults live together with dependent children.

www.pavpub.com/pavpub/trainingmaterials/all_interest_results.asp

(Currently being adapted as Crossing Bridges Downunder)

Families in Mind *Government of South Australia*

Pilot workforce development program regarding children and families affected by parental mental illness within South Australia.

www.wch.sa.gov.au/services/az/divisions/mentalhealth/sa_copmi/index.html

Getting There Together *Eastern Health Mental Health Program*

This is a professional development package for working with families where a parent has a mental illness. It includes consumers and carers as co-presenters.

www.easternhealth.org.au/champs

Hidden Children: Hard Words

Hard Words was re-edited by Victorian Department of Human Services Mental Health Branch in 2000. This is an animated version of children's experiences of living with a parent who has a mental illness. The video is very useful for workforce training and for working with families where a parent has a mental illness.

This video is distributed by ARAFEMI (Association of Relatives and Friends of the Emotionally and Mentally Ill). It can be ordered on the website: www.arafemi.org.au/video.asp

Kids in Mind Tasmania *Julia Fassina & Tracey Bullen, Department of Mental Health*

A suite of initiatives focused on improving the services and supports available to children of parents with mental illness.

www.copmi.net.au/jsp/copmi_programs/copmi_program.jsp?copmiprogram_id=34

PATS *Centre for Adolescent Health, Melbourne*

Peer support programs for young people aged 12–18 who have a parent with a mental illness.

www.rch.org.au/pats

Promoting positive mental health in families *Ruth Phelan, Central Coast MHS*

A spiral bound resource booklet of reproducible fact sheets designed to support workers and families around issues to do with parenting and mental illness.

www.copmi.net.au/jsp/resources/files/parenting_kit_index.html

SKIPS *Eastern Access Community Health*

Supporting Kids in Primary Schools – the program consists of workshops for school staff and children in Grades 5 and 6.

www.each.com.au/services/community_skips.asp

Supporting families with parental mental illness *British Columbia Schizophrenia Society, 2002*

This manual contains all the information needed to hold a workshop that will inform audiences about the issues involved in supporting families with parental mental illness.

www.bcscs.org/Get_Information/Information_for_Families/supporting_families_with_parental_mental_illness.html

Tresillian Home Visiting Intervention Program *Tresillian Family Care Centre, NSW*

To improve parent-child relationships, to optimise children's cognitive and emotional development, and to enhance family functioning within targeted high-risk groups through the use of extended home visiting.

www.cs.nsw.gov.au/tresillian/research.htm

National Network of Adult and Adolescent Children who have a Mentally Ill Parent

Offers self-help support, discussion groups and counselling with adults who have experienced a parent with a mental illness.

www.nnaami.org

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