‘Flying over the radar’
Changing practice to support children and families where a parent has a mental illness

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Please note: The views expressed in this webinar are those of the presenters, and do not necessarily reflect those of the Australian Institute of Family Studies or the Australian Government.
Acknowledgements

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• Family members with lived experience
Children of parents with a mental illness:

- 23% of Australian children under 18


- More likely to experience social, emotional, developmental and educational difficulties

- Higher risk of experiencing mental illness themselves
Families and mental illness

• High variation in experiences associated with:
  • Diagnosis, symptoms, treatments and recovery
  • Co-occurring health problems
  • Social and financial situation
  • Support networks and community participation
  • Trauma/intergenerational trauma

• Other vulnerabilities:
  • Drug and alcohol
  • Family violence
  • Homelessness
Families and mental illness

Protective processes:

• Parenting and the parent-child relationship
• Communication, understanding and problem solving
• Active involvement in the community
• Supportive network of relationships (within and outside of the family)
• Help-seeking
• Hope
Interventions to prevent mental disorders and psychological symptoms in the offspring of parents with mental disorders appear to be effective.

Invisible children

These children are invisible to the mental health system and their needs are being ignored

Very little is known about what happens to the children of mentally ill parents and their needs are largely ignored. Young people who do not receive appropriate support may be adversely affected for the rest of their lives
Report of the National Enquiry into the Human Rights of People with Mental Illness
Flying under to flying over the radar
Organisation

System
Organisation
Supervisor
Worker
Parent
Child

Community Supports and Services
Supervisor
The diagram illustrates the relationship between the Child and various roles and systems, including System, Organisation, Supervisor, Worker, Parent, and Community Supports and Services. The diagram emphasizes the interconnectedness and support network for children of parents with a mental illness.
Lived experience partnerships
National partnerships

• COPMI national initiative and the FaPMI (Families where a Parent has a Mental Illness) initiative
The work in Victoria

- FaPMI Service Development Strategy
- Large scale trial of a brief intervention ‘Let’s Talk About Children’
- FaPMI Practice Standards
Principles enshrined in the Act include:

• Children, young persons and other dependents of persons receiving mental health services should have their needs, wellbeing and safety recognised and protected

• Carers (including children) for persons receiving mental health services should be involved in decisions about assessment, treatment and recovery, whenever this is possible

• Carers (including children) for persons receiving mental health services should have their role recognised, respected and supported
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Aims to reduce the impact of parental mental illness on all family members, especially dependent children by:

- Capacity building
- Systemic and sustainable change
- Located within adult mental health services
- Partnership building
Strategy objectives

- Increase capacity of **specialist mental health services** and mental health community support services to **provide a family focused response** to FaPMI

- Increase capacity of specialist mental health services’ **network partners** to recognise and respond to FaPMI

- Establish/strengthen capacity of **networks and support structures**
Broadening the lens beyond mental illness...

- Collaborations with family violence, homelessness, child and family, criminal justice, alcohol and drug treatment services sectors
- Adopting a Child Aware approach to respond to and support vulnerable children and families
- Linking with Victoria’s ‘Vulnerable Children - Our Shared Responsibility Strategy 2013-2022’
Practice change

Adult mental health service worker practice + Adult mental health service organisational practice = Enhanced service delivery for Families
Change agents = implementation

- Establishing readiness
- Knowledge building
- Skill development
- Culture and environment
- Implementation and evaluation
- Sustainable practice change
Changing workers’ practice

• ‘Keeping Families and Children in Mind’ supported implementation
• ‘Let’s Talk About Children’ implementation
• ‘Keeping in Touch with Your Children’ inpatient menu
• Family, children and carer specialist positions
• Joint training calendars
• FaPMI ‘prompts’ (e.g. lanyards)
Changing the practice of organisations

- ‘Care of Children’ form completed at intake
- Policy for children visiting inpatient units
- Mandatory and essential skills training
- Inclusion of family services into mental health orientation
- Intake and assessment documentation
- Audits to collect numbers of parents and children
Enhancing service delivery

- Delivery of PATS and CHAMPS peer support groups
- Circle of Security
- Brokerage funds
- Supporting Kids in Primary Schools
- Aboriginal FaPMI project
- Supported playgroups
Let’s Talk About Children

Developing an Australian-first recovery model for parents in Victorian mental health and family services

- ‘Let’s Talk’ is a brief 2-3 session recovery oriented intervention for parents with a mental illness and their children
- Developed in Finland by psychiatrist Tytti Solantaus and her team
- The model is a collaborative process that assists the practitioner and the parent to explore the needs of the child, the impact of mental health, and the supports they may need in their parenting role
Four year project
Project partners:

Mental Illness Research Fund

sane AUSTRALIA
eastern health
the bouvierie centre
beyondblue
NorthWestern Mental Health
MONASH University
Neami National
State Government Victoria
Department of Health
Four year recovery model study

Aims to:

• Adapt Let’s Talk for Victorian adult mental health, mental health community support and family sectors

• Develop an evidence base for the model for each sector (e.g. positive parent and child outcomes)

• Determine how to implement on a larger scale

• Determine the economic value and cost-effectiveness of a larger roll out (longer term) of the parent recovery model by Victorian and Australian governments
Let’s Talk About Children

Worker
- Client as a parent
- The needs of the child
- Conversations about parenting
- Resourcing the parent
- Referrals
- Supporting conversation

Parent
- The role of parent
- Impact of mental illness on family
- Normalising parenting stress
- Parenting self-agency
- Active, positive parenting
- Assertive, limit setting

Awareness raising

Strengthening confidence

Reflective action
Let’s Talk in different sectors

• Trialling in:
  • Clinical adult mental health
  • Specialist mental health services
  • Alcohol and drug services
  • Gambling services
  • Family services

• Potential for use in a range of other settings (e.g. prisons, housing services ..)
FAPMI Practice Standards

- Essential and recommended
- Five stages – screening through to monitoring and evaluating care
- Aim to provide practical and realistic expectations of the adult mental health service workforce that enable services to better adapt practice to respond to FaPMI
- Published 2015 in the International Journal of Mental Health Nursing
Let’s Talk About Children

• COPMI national initiative
Resources available

- Family information and resources
- Professional resources, training and education
- Organisational/implementation guidance and resources

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