



# From policy to practice – renewed focus on children of parents with a mental illness



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**Creating Synergy Conference  
Side by Side: Family Inclusive Approach  
Friday 5 November 2010**



# NSW COPMI Program Background

- Burdekin Report (1993)
- National Policies and Plans
- National Reports
- NSW Health discussion papers and frameworks oriented to PPEI and partnerships with services and organisations for program implementation



# NSW COPMI Program Background

- Since late 1990s, funding provided to AHSs, including recurrent and enhancement funding.
- Several areas of service development have been targeted including:
  - Designated COPMI positions
  - Training and education of mental health and related staff
  - Interagency work
- Approximately 16 FTE COPMI positions.
- Also combination positions with other relevant work such as parenting, perinatal infant mental health.



# NSW COPMI Program Background

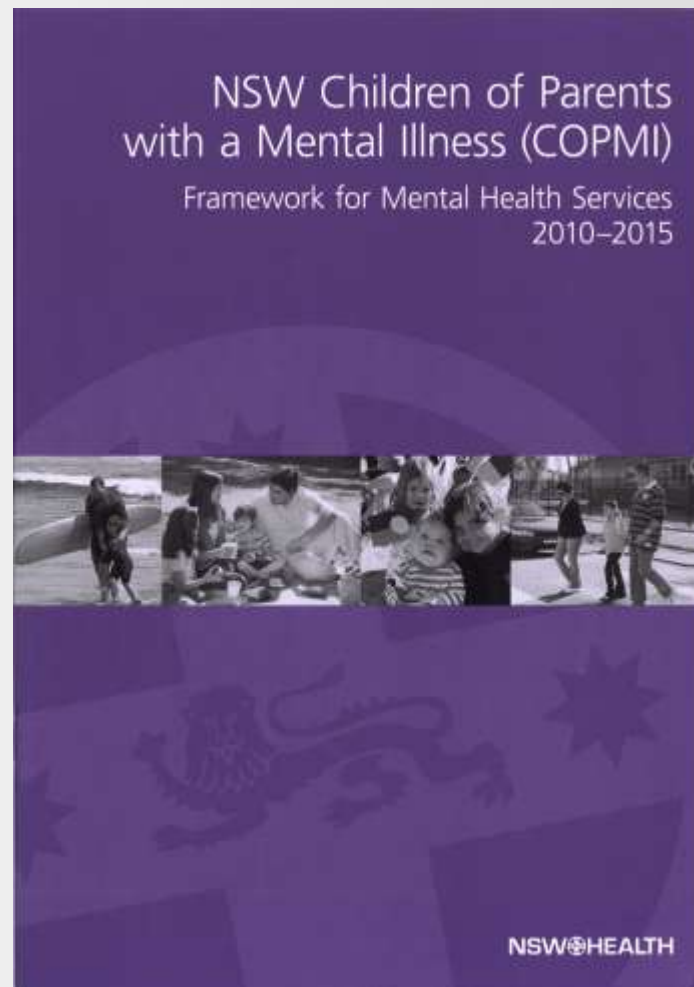
- Resource development
  - Dual Diagnosis Kit
  - COPMI Resource Kit
- Crossing Bridges NSW
- *the clinician*
- COPMI Working Party
- *Family & Carers MH Program*
- NSW Children of Parents with a Mental Illness (COPMI)  
Framework for Mental Health Services 2010-2015





# NSW COPMI Framework For Mental Health Services 2010 - 2015

- Policy document:PD2010\_037 released June 2010.
- Consists of two documents:
  1. Part One sets out the strategic directions for the continuing development of Area Mental Health Services for children of parents with a mental illness and their families.
  2. Part Two is a Support Document that provides information and resources to support the framework and to facilitate the implementation of the framework process.





# NSW COPMI Framework

- Aims to make children of parents with a mental illness and their families a priority for mental health services, as well as key services and agencies.
- Identifies and sets out strategic directions for an integrated approach for Area Mental Health Services, in collaboration with NSW Health partners, to improve the mental health and wellbeing of children and young people in NSW who have a parent with a mental illness.



# Consultation Process

- Very positive response by NSW Health, interagency staff and consumers and carers.
- Positive step in identifying COPMI as a key priority for mental health services.
- Support for an integrated approach.





# Consumer and Carer Input

*"...We never spoke about mum getting sad when I was younger. It was only later when someone came to our school and told us about depression and mental illness that I realised that was what mum had and dad had been hiding from us. Because I felt I couldn't tell anyone and dad had always kept it quiet, I just didn't know what support was out there..."*

A boy's story





## Consumer and Carer Input

*“...Growing up with a mentally ill mum definitely has had an impact on my life...it wasn't until my brother and I became teenagers, less reliant on mum that I noticed a remarkable difference. There was no longer a need for her to get out of bed in the morning, and if we didn't push her, she wouldn't. She started to turn to alcohol to deal with her demise. It was at this stage that I felt the tables turned and at times I felt like the mother. I would beg her to get out of bed in the morning, take her shopping and encourage her to cook the family meal...”*

Loren's comments



# Consultation - Common Themes

- Interagency collaboration
- Development of KPIs
- Resource implications
- Addressing MH issues for Aboriginal and CALD communities
- Collaborative workforce development





# Key Aims

- Identify children of parents with a mental illness.
- Maximise collaborative approaches with all sectors and agencies to address the needs of children and their families.
- Where needed, protect the safety and wellbeing of children of parents with a mental illness.
- Identify areas for improvement and ensure programs and services meet the needs of the Aboriginal and Torres Strait Islander communities and CALD populations.
- Promote a family focused service model that enables a comprehensive assessment of the care needs of the client and their family.



# Key Principles

- Prevention of mental disorders in children enhances their development and wellbeing as well as their transition into adulthood.
- The stigma of mental illness can affect all family members, not just the identified person, and may result in disadvantage and inequality.
- A focus on families highlights that all individuals have the right to services which meet their needs.
- Responsive, accessible and integrated services need to take account of the social context.





# Key Principles

- The family is a focus for service design and a key target for integrated service delivery.
- There is diversity of need and the requirement for collaboration and support within and between services and agencies.
- AMH staff should provide a range of services (assessment and interventions) and in collaboration with key partners.
- Targeted interventions to meet the needs of priority groups.



## 4 Strategic Directions

1. Promote the wellbeing and reduce the risks associated with mental illness for infants, children, adolescents and their parents/carers and families.
2. Identify and provide responsive services for families where a parent has a mental illness.
3. Strengthen the capacity of interagency partners to recognise and respond to the needs of children of parents with mental health problems.
4. Support the workforce to provide appropriate family focused interventions and care to parents with a mental illness, their children and families.



# Strategy 1 - Examples

<b>Action</b>	<b>How</b>
Improve parental knowledge about parenting and appropriate forms of child management (especially for those in contact with services).	Support the provision of and/or provide parenting programs and programs for children (e.g., Triple P, Incredible Years, supported play groups).



## Strategy 2 - Examples

<b>Action</b>	<b>How</b>
<ul style="list-style-type: none"><li>• Identify and record parents with a mental illness at initial contact and at assessment.</li><li>• Identify any issues such as risks for the children (e.g., are they being cared for by a responsible adult whilst their parent is in hospital?).</li><li>• Identify health, developmental and support needs of children and adolescents so that strategies are put in place to address their needs.</li></ul>	<ul style="list-style-type: none"><li>• Systematic use of standardised procedures and modules [e.g., MHOAT, FFA].</li><li>• Develop pathways to care linking mental health services and paediatric and family/community health services to supplement basic good practice.</li><li>• Develop and document care plans that are inclusive of parenting responsibilities and children's needs including the needs of young carers and relapse prevention activities.</li></ul>



## Strategy 2 - Examples

<b>Action</b>	<b>How</b>
<p>Develop integrated mental health services to give immediate priority and provide timely access to mental health assessments and early interventions for children of parents with a mental illness.</p>	<p>Possible options:</p> <ul style="list-style-type: none"><li>• Rotate AMHS staff into CAMHS/YMHS (on a fulltime basis) and CAMHS staff into AMHS</li><li>• Create or develop consultation-liaison roles between CAMHS &amp; AMHS</li><li>• Support CAMHS workers to provide clinical service in AMHS teams working jointly (family work) and separately (with children)</li><li>• Physically co-locate family based CAMH and AMH services.</li><li>• Develop clearly articulated service partnerships and agreements between CAMHS and AMHS.</li><li>• Identify strategies and protocols that promote and support active partnerships and collaborative practice between AMHS, CAMHS, Infant, Child, Youth and Family Mental Health services and D &amp; A services.</li><li>• Provide incentives to assist rotation and recruitment of workers in rural areas.</li></ul>



## Strategy 3 - Examples

<b>Action</b>	<b>How</b>
<p>Develop effective pathways to care between AMHS and CAMHS, Youth Mental Health, Early Psychosis Services, Child &amp; Family and maternity services and other agencies, including NGOs and consumer and carer services.</p>	<ul style="list-style-type: none"><li>•Develop intra-agency partnerships to improve referrals and early response for COPMI.</li><li>•Identify target groups, types of services to be provided, roles and responsibilities of the agencies involved, barriers and inclusion of monitoring and evaluation.</li></ul>



## Strategy 4 - Examples

<b>Action</b>	<b>How</b>
Ensure all mental health staff attend training programs relevant to the needs of COPMI (e.g., CBNSW).	AHS executive to support AMHS and CAMHS staff to attend COPMI training (CBNSW) and have access to regular supervision.
Modify CBNSW and/or develop training programs for other human service agencies (e.g., Drug & Alcohol, CS, ADHC).	<ul style="list-style-type: none"><li>•Relevant working groups (including government, NGO and consumer/carer representatives) to inform competency-based workforce development relevant to COPMI.</li><li>•Training materials to be developed/sourced to reflect the needs of the broad range of agencies involved in supporting COPMI.</li></ul>



# Other Developments

- NSW Government's response to the *Report of the Special Commission of Inquiry into Child Protection* (conducted in 2008) is "Keep Them Safe".
- Sets out the NSW Government's 5 year Plan to improve the safety and wellbeing of children and young people.
- Key changes include:
  - Raising the threshold for reporting children at significant risk of harm
  - New model to link families with support services earlier
  - Expanded services and a focus on prevention and early intervention
  - Creating new partnership with the non-government sector
  - Cultural change



# Keep Them Safe

- The Action Plan recognises the need to address underlying factors that lead to abuse and neglect such as poverty, isolation, domestic violence, mental illness and D&A.
- Also recognises that we need to get help to families earlier to prevent escalation into the statutory child protection system.
- Carer D&A and mental health issues are significant factors in child protection reports and in assessment of need for statutory intervention.
- Funding allocated for 5 years:
  - \$10 million for a Keep Them Safe D&A initiative
  - \$18 million for mental health





# Whole Family Teams

- Funding to support families where there are parental mental health and/or drug and alcohol problems and child protection concerns.
- Four sites to host co-located mental health and drug and alcohol pilot “Whole Family” teams.
- Focus on family strengths and difficulties as they specifically relate to parenting.
- Assessment, individual, group and family interventions.



# Protocols & Training

- NSW Health will give immediate priority to ensuring that its policies and procedures can assist MH and D&A services to identify adult clients who have children and promote timely access to appropriate services for these clients and their families.
- Existing training programs to be revised and adapted into a joint mental health and drug & alcohol training program to improve understanding of parenting, the needs of children and child protection issues (MHDAS: Supporting Parents Training).



# Into the Future

- Baseline and evaluation.
- AMHS able to identify adults with mental illness as parents.
- Support for COPMI through improved partnerships and collaborative approaches to support children.
- Parenting prioritised as a policy issue.
- Coordinated services (identification, assessment, interventions) for parents and families.
- Professional development and support for staff to meet the challenges and needs of parents with a mental illness and their families.



# Final Words From a Young Person

*“Remember a tree starts from a seed and grows with nutrition and care, a cake starts from ingredients which are lovingly blended and baked and a home merely starts as a house, it is given life by its inhabitants and their treasures. You cannot just expect great things to come to you. You have to put in the work, enthusiasm, respect, love and effort to achieve things. You have to plant the seeds, blend the ingredients and give the house life. You can try or you can wait, but every minute spent waiting is a minute gone, wasted, irretrievable.*”

<http://www.youngcarersnsw.asn.au/MultiPage.aspx?PageID=156>





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