



MONASH University

Education

Key family focused initiatives in Australia: organisational implications

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What we can learn from each other



- The Australian context and history
- Those initiatives that led to successful change
- Key messages and lessons learnt



“She'll be right”

- ANCIENT AUSTRALIAN PROVERB



A brief history



Not linear....

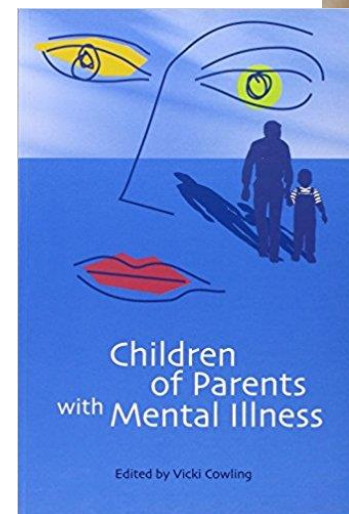




Intersection of research, practice and advocacy



Key, influential leaders in the field



Kylie's story



2006



Evaluation of a model of best practice for families who have a parent with a mental illness

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DARRYL JOHN MAYBERY, ANDREA E. REUPERT, KENT PATRICK, MELINDA GOODYEAR
AND LIN CRASE

Prevalence of parental mental illness in Australian families

AIMS AND METHOD

To provide multiple estimates of the numbers of Australian and Victorian families and children living in families where a parent has had a mental illness. We used the Australian Bureau of Statistics Victorian Mental Health Branch service usage and data collected from 701 community participants to triangulate prevalence information.

RESULTS

According to population estimates, 23.3% of all children in Australia have a parent with a non-substance mental illness, 20.4% of mental health service users have dependent children and 14.4% of the community study participants report having at least one parent with a mental illness.

CLINICAL IMPLICATIONS

The multiple prevalence estimates of the numbers of children in families with parental mental illness provide fundamental information for psychiatric policy, planning and programming.

Each year in Australia one in five adults is thought to experience a mental illness (Australian Bureau of

Statistics, 1997) and across the lifetime one in four will be affected by a mental disorder (World Health Organization,

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The national COPMI initiative

2002 - 2004

- Developing and promoting 'Principles and Actions for Services and People Working with Children Of Parents with a Mental Illness'
- Involved broad consultation across Australia with those with lived experience, plus workers and administrators and a extensive literature review.



Workforce capacity building

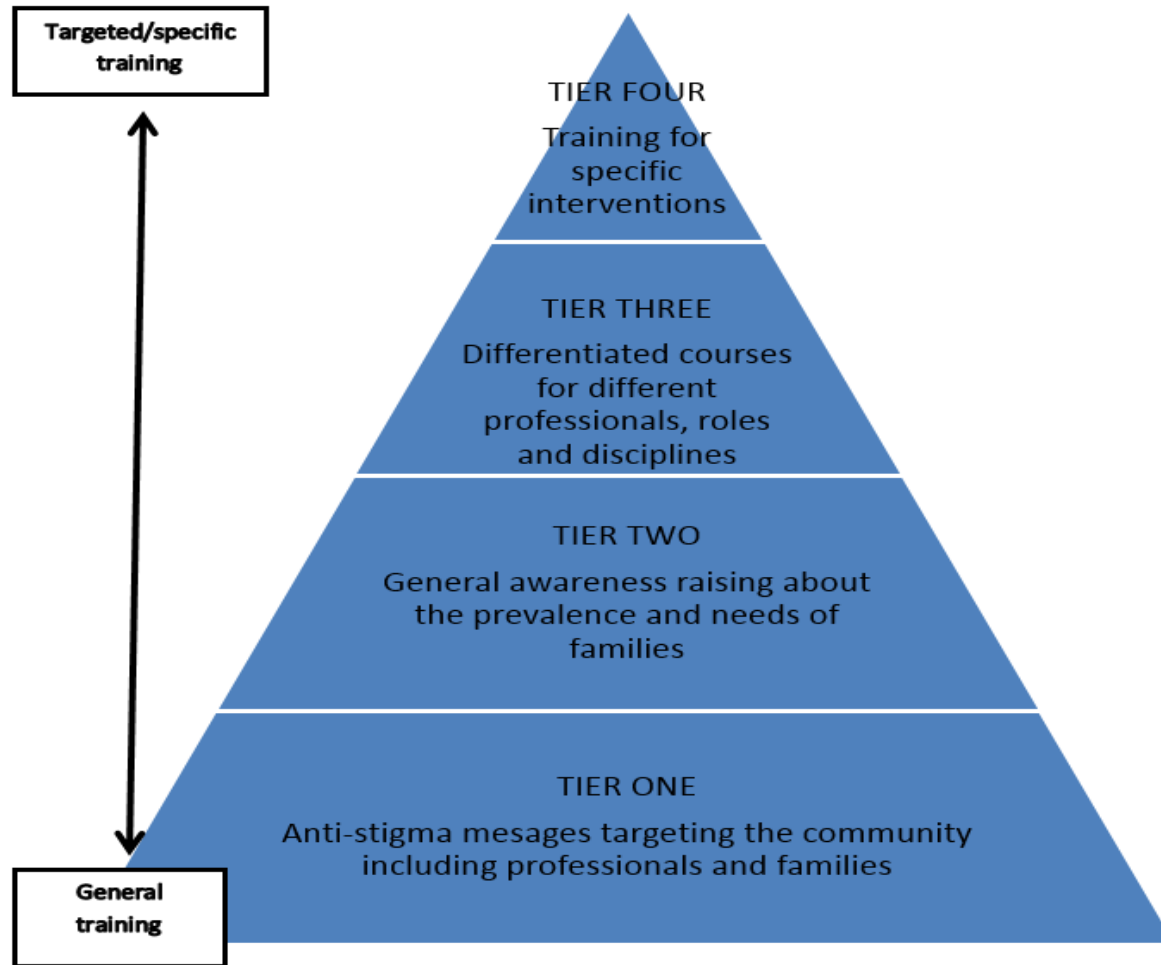


Figure one: A four tiered approach to professional development in the area of parental mental illness

MJA OPEN
The Medical Journal of Australia

Parental mental illness is a family matter

16 April 2012
Volume 1 - Supplement 1

Taking stock

Parenting and mental illness: a prevention opportunity

Working together

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CLINICAL HISTORY

The 20-year-old male

The early years

CLINICAL REUSE
Prevention of urinary stone

Supporting kids

Keywords:
interventions for resistance
breaking; depression; cycle

Parenting potential

RESEARCH

CLINICAL FOCUS

Families matter

Summary



COPMI

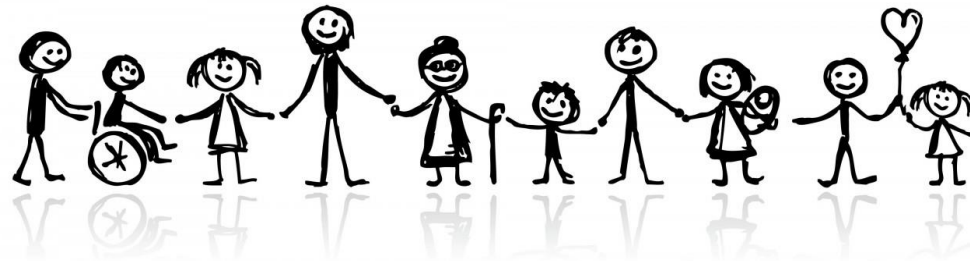
Children of Parents
with a Mental Illness



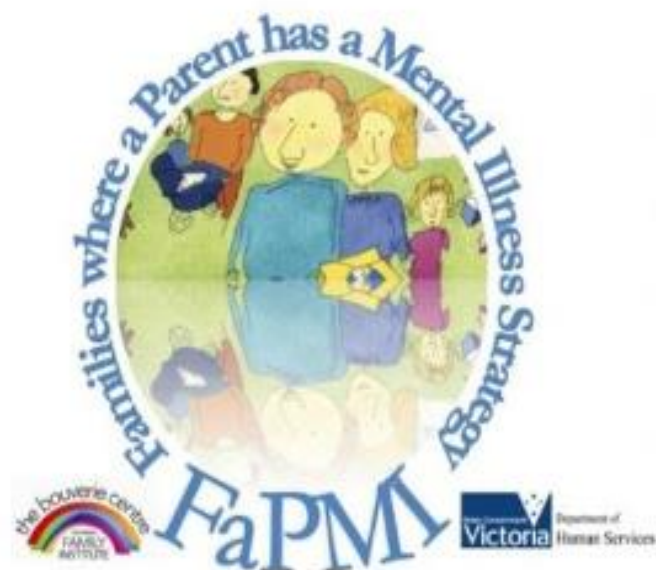
Moving from a focus on children to families



The FaPMI strategy



What sectors are involved with the FaPMI Strategy?



Specialist Mental Health

- Adult Mental Health Service
- Aged Persons Mental Health Program
- Child & Adolescent Mental Health Service
- MHCSS (Mental Health Community Support Services) such as NEAMI, EACH, MIF, MIND, Mission.
- Victorian Transcultural Psychiatric Unit (VTPU)
- Carer services

Integrated Family Services/ Child FIRST

- Child FIRST
- Regional IFS such as Anglicare, Connections, Community Health, and VACCA.

Alcohol and Other Drug Services

- AOD services
- Liaison with AOD Strategy group via Dual Diagnosis work group

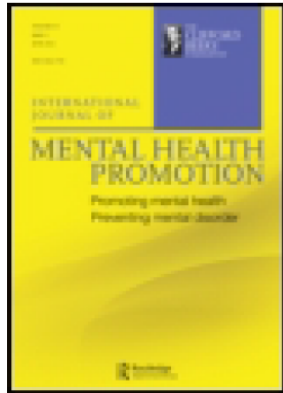
Early Years & Peri-natal Support

- Maternal & Child health nurses
- Maternity services
- Mother Baby services
- Early years services

Universal Services

- Education, including: schools, student wellbeing & support staff and school nurses
- Local government services
- Primary care & Community Health services
- Youth Services
- Indigenous Health services
- Culturally and linguistically diverse services (CALD)

The Victoria Mental Health Act (2014)



International Journal of Mental Health Promotion



ISSN: 1462-3730 (Print) 2049-8543 (Online) Journal homepage: <http://www.tandfonline.com/loi/rijm20>

Legislative policy to support children of parents with a mental illness: revolution or evolution?

Phillip Tchernegovski, Darryl J. Maybery & Andrea E. Reupert

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NSW Ministry of Health
2015

Evidence Check

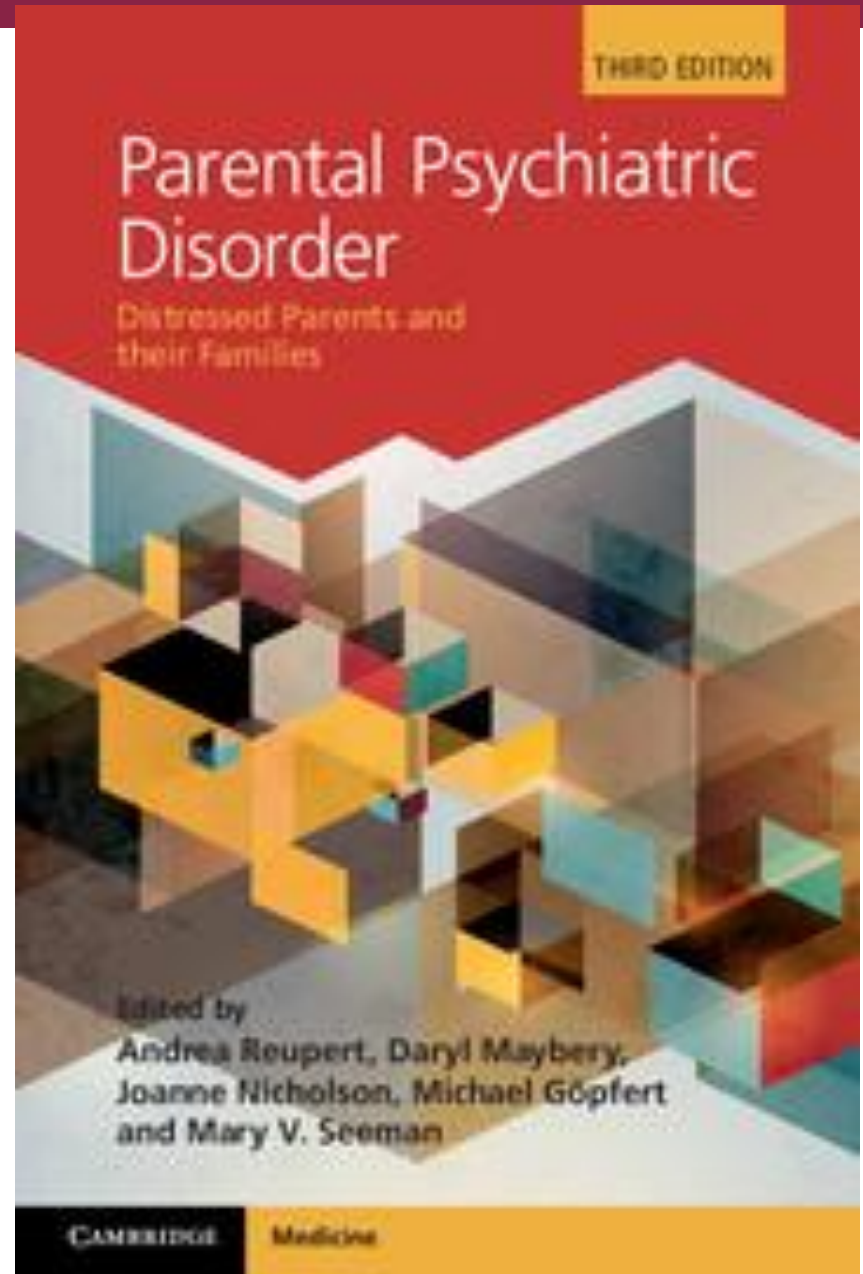
Parenting as a focus
of recovery from
mental illness

The Prato collaborative



2015

- New conceptual frameworks
- Best practices
- Implementation strategies



Evolution or revolution ??

- Policy is important but not sufficient
- Leadership commitment
- Identifying, supporting, encouraging 'champions' at all levels
- Work with existing policies, paradigms, systems
 - Embed rather than add
 - Sensitive to timing and what has currency in services/policy
- The need for quantifiable data PLUS the voices of those with lived experience
- Public support e.g. media campaigns
- Embed research and evaluation into all activities
- Systems approach e.g. at intake, staffing



A word about training

- Awareness raising is important... but



- Must have subsequent skill focused training and supervision, alongside commitment and an “authorizing” environment
- “Opening the door” to parenting and mental illness
- An interagency, interdisciplinary approach – strengthening the village

It takes a village

- It takes a village – more than one agency is required to support a family



Clearly articulated beliefs and vision

You have to
know what
you want
before you
can get it



Clearly articulated beliefs about parental mental illness

- Professionals need **to partner** with parents
- Professionals need to maintain a **curious**, not judgemental stance
- Most/all parents find **parenting challenging** and could do with extra support
- Parents are the **experts in their family** and can act as catalysts for change back in their family
 - We can support children through their parents
 - Its better for consumers' mental health to have their parenting acknowledged





Education

Clearly articulated vision



Family focused practice needs to be embedded and part of standard service delivery

Family Focused Practice is:


- Identification of family (INCLUDING **CHILDREN**)
- Assessment of strengths and needs
- Family planning and goal setting
- Provision of instrumental, emotional and social support
- Psychoeducation
- Liaison between families and services
- Coordinated system of care between families and services



Foster, K., Maybery, D., Reupert, A., Gladstone, B., Grant, A., Ruud, T., Falkov, A. & Kowalenko, N. (2016). Family-focused practice in mental health care: an integrative review. *Child & Youth Services*, 37(2), 129-155.

A photograph of two young girls standing side-by-side in front of a wood-paneled wall. The girl on the left is wearing a vibrant red traditional Chinese qipao with gold floral embroidery. The girl on the right is wearing a light-colored, possibly silk, qipao with a colorful floral pattern. Both girls have long, wavy hair and are smiling at the camera. A small white rectangular object is visible on the wall to the left of the girls.

Being a parent is everything to me...
My kids are my life and the reason I get up in
the morning. I'd do anything for them.

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Being a parent is everything to me...
My kids are my life and the reason I get up in
the morning. I'd do anything for them.
(mother with a mental illness)