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Senate Select Committee on Mental Health
Parliament House
Canberra, ACT

To Committee Chair,

The following responses to Terms of Reference (TOR) established for the Committee enquiry, relate to a group until recently considered “hidden” or “invisible” from mental health service provision, that is *children of parents with mental illness.*

Twelve years ago Chapter 16 of the Human Rights Enquiry into the Rights of People with Mental Illness (1993) reported on submissions made to that enquiry and made recommendations for change to improve the situation for the children, which were:

- Mental health professionals should seek information about dependent children in cases where people present for treatment for a mental illness.
- Relevant government departments such as health, education, family services and community services should cooperatively plan, develop, fund and implement services which provide a range of family and child support services for parents affected by mental illness and their dependent children.
- Agencies must be resourced to develop programs to meet children’s varying needs. These include support during a parent’s hospital admission, ongoing support after their discharge, and a range of home-based, centre-based, school-based and community-based activities
- Education authorities and child and adolescent mental health services should institute or modify school-based programs to provide support for school-age children with mentally ill parents. Authorities should support the programs being conducted on a limited basis by ARAFMI and encourage their expansion.
- Governments should allocate adequate resources to non-government agencies which provide programs for children and family members where there is a mentally ill parent. Programs provided by both government and non-government agencies should collect usage data and comply with regular review and reporting requirements. (Report Chapter 31, p. 927).

These recommendations provide context for the responses which follow.

Responses to TOR:

a) The extent to which the NMHS has achieved its aims and objectives.

The issues and needs of the children were not referred to in the original National Mental Health Plan (1992), but have been included in subsequent related documents such as the National Action Plan for Mental Health Promotion, Prevention and Early Intervention, and the current National Mental Health Plan (Objective 23.2).

However, there is no direct reference in the TOR for the Select Committee to the parenting needs of people with a mental illness, or to the children of parents with mental illness although there is evidence demonstrating that the children are more likely than other children to experience emotional and behaviour problems, and more likely to have a diagnosable mental illness.

b) The adequacy of various modes of care for people with a mental illness, in particular, prevention, early intervention, acute care, community care, after hours crisis services and respite care.

Enhancing *preventive* and *early* interventions with parents who have a mental illness will have positive effects for their children, *provided those interventions include procedures and strategies which relate to the parent's role as caregiver for her/his children - placing emphasis on a family focus.*

After hours crisis services have a key role in early intervention with children of parents with mental illness through explaining events to the children, answering their questions, reducing anxiety in the short term, and referring them to child and adolescent mental health services for assessment and appropriate intervention.

It is recommended that after hours crisis service practitioners receive professional education and training to increase their understanding of the effects of parental mental illness for children, particularly crisis events, and that child and adolescent mental health services be funded to provide the assessment and either treatment, or referral to external agencies, depending on the child's needs.

c) Opportunities for improving coordination and delivery of funding and services at all levels of government to ensure appropriate and comprehensive care is provided throughout the episode of care.

Improvement in coordination and delivery of funding and services should occur not only at all levels of government, but *across government departments*, such as health/mental health-child/family welfare-housing-income support. (see Outcome 22 in National Mental Health Plan 2003-2008 which refers to "other areas of health" but does not include child and family welfare).

The second recommendation of the Human Rights Enquiry urged that this inter-agency cooperation be accomplished – this has yet to be achieved systematically, but is central to effective service provision for parents with mental illness and their children. A focus on family would be more readily achieved with an inter-agency approach, compared to the individual focus that has historically prevailed in mental health services.

d) The appropriate role of the private and non-government sector

Traditionally the non-government child and family welfare sector has provided support for children of parents with mental illness and their families. In recent years this has become more explicit in some localities, for example through provision of peer support groups for both parents and children.

In relation to (c) above, the formal strengthening of links between the mental health and child/family welfare sectors would enhance workforce skills through sharing knowledge and expertise, breaking down current organisational barriers existing between sectors. Professional education and training focusing on children of parents with mental illness and their families, such as "Crossing Bridges Downunder" being implemented in New South Wales, has potential to further advance collaborative approaches.

e) The extent to which unmet need in supported accommodation, employment, family and social support services is a barrier to better mental health outcomes.

People with a mental illness who have dependent children require family and social support services that can support them in their caring role as parents in a manner which strengthens that role, and has the flexibility to be available, or withdraw, depending on the parent and family need at any given time.

Parents state that anxiety about their children affects their recovery, and that barriers to recovery from mental illness affect their parenting. Flexible family and social supports which work collaboratively with mental health services are required.

f) The special needs of groups such as children, adolescents, the aged, Indigenous Australians, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence.

The report on *The Social and Emotional Wellbeing of Aboriginal Children and Young People* (the Western Australian Aboriginal Child Health Survey) states that children in the primary care of a person who had used mental health services in WA were one and a half times more likely to be at high risk of clinically significant emotional or behavioural difficulties than children in the primary care of a person who had not accessed these services (p. 14, Summary Report).

The service needs of Aboriginal children and young people, particularly those who live with a parent who uses mental health services, should receive more attention at the policy and service level at National, State and regional levels.

The use of alcohol and other substances together with mental illness increases the risk factors for children of parents with mental illness, including risk of homelessness, and child abuse and neglect.

Resources and training to improve professionals understanding, and capacity to respond to parents with dual diagnosis who care for dependent children is recommended.

g) The role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness.

Children and young people should be included here as primary carers. A Commonwealth funded study by Carers Australia (2001) reported that approximately 6% of all people under 26 years in Australia are carers. Just under 50% of this group are under 18 years, with an average age of 12-13 years. *Approximately one quarter of young carers provide care for someone with a mental illness.*

Article 12 of the UN Convention on the Rights of the Child states that children have a right to be listened to and have their views taken into account on matters that affect them.

Training and support for young carers should be a routine part of case management of adult clients of mental health services who are parents.

h) The role of primary health care in promotion, prevention, early detection and chronic care management

It is recommended that research be undertaken to determine the type and range of training and resources General Practitioners require to further enhance their capacity to fulfil prevention and early intervention, and early detection roles with children of parents with mental illness.

i) Opportunities for reducing the effects of iatrogenesis and promoting recovery focussed care through consumer involvement, peer support and education of the mental health workforce, and for services to be consumer operated.

Iatrogenic effects of parental mental illness occur for children and young people through the *lack of attention* given to the needs they have arising from the illness experienced by their parent.

> Children of parents with mental illness have a greater likelihood that other children of having emotional and behavioural problems – this is not routinely assessed.
>
> Children and young people are not given information by mental health professionals which would reduce anxiety, confusion, and worry about their parent, and themselves (will they also have mental illness).
>
> Parents do not seek help and support due to fear of their children being taken from them by child welfare authorities.

Parents should be employed as <u>*consumer consultants*</u> *to mental health services – to be available to consult to practitioners, and to support parents receiving mental health services.*

j) The overrepresentation of people with a mental illness in the criminal justice system

Children of parents with mental illness are *over represented in the child protection* system. Procedures for early identification and intervention, and timely support for the parent and family should be implemented, and the outcomes measured – in an assertive attempt to reduce this prevalence rate.

l) The adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers.

Further community education about mental illness is required. Parents and families are frequently reluctant to speak about the mental illness of a family member with children in the beliefs that their children will experience discrimination, or that a report will be made to welfare authorities who will take the children away (see above). Consequences of this silence for children are:

> *feeling isolated – they do not know that other children share their family experience*

being unable to speak with other adults, such as school counsellors about family issues which may be affecting the child's health and wellbeing

Schools are opportune settings for increasing community understanding, and changing attitudes towards people with mental illness.

The SKIPS Program (Supporting Kids in Primary Schools) is an example of school based education about mental illness to Grade 5 and 6 children, which at the same time enhances teachers' awareness of the needs of children of parents with a mental illness.

m) The proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness

Professional development and education for practitioners in these sectors is recommended – to focus on the parenting needs and issues of parents with mental illness, so that they are supported in that role and can readily access the services needed in order to meet the daily, and developmental needs of their children. The "Crossing Bridges Downunder" professional education program referred to above could be effectively delivered to professionals in housing, employment, law enforcement and general health services.

n) The current state of mental health research

Concerning children of parents with mental illness research is required to:

determine the number of children who have a parent with a mental illness

provide evidence concerning

- factors that enhance positive health outcomes for children and parents
- effective strategies for intervention with the children
- effective programs to support parents in that role
- models of effective collaboration between families, child and adolescent and adult mental health services, child protection services and other key stakeholders to ensure the safety and wellbeing of the children (AICAFMHA: www.copmi.net.au)

Yours sincerely,

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