

Report to Senate Select Committee on Mental Health

1. *Background information*

People with mental illness in the community

It is estimated that up to 50% of the population will experience mental illness at some time in their lives. Half of the males and two thirds of the females that make up that proportion of the population will be parents (Mordoch & Hall, 2002). The shift in the focus of the mental health system away from institutionalisation and towards the community care of the mentally ill has led to greater acceptance and understanding of the lifestyle of the mentally ill (Cowling, McGorry, & Hay, 1995). Hence, the increasing number of the mentally ill who are now raising children can be attributed to the change in the nature of mental health care.

COPMI (Children of Parents with Mental Illness) potentially more at risk

Hislop and colleagues (1987) has demonstrated that a higher incidence of psychological difficulties occurs among the children of parents with mental illness than is reported to exist in the general population. In the general population 10-20% of children will suffer from some form of psychiatric disorder, for children of parents with mental illness the risk is considerably higher, an estimated 25-50% will suffer from a psychiatric disorder (Worland, Weeks, & Janes, 1987). Despite their obvious vulnerability, little attention has been directed towards understanding the child's perspective of parental mental illness either by researchers or mental health practitioners (Mordoch & Hall, 2002). In the current system, mental health professionals have no legal responsibility to identify adult patients who have a dependent child, let alone to provide any form of assistance to the child (Handley et al. 2001). Considering that an estimated 27,000 children are raised by a parent with mental illness each year and that many of those children will go on to develop a psychological disturbance, there is a clear need for a change in the approach of mental health service (Handley et al., 2001).

Identifying Protective factors

As not all children who are raised by a parent with mental illness encounter psychological difficulties, it is necessary to focus on developing a clearer understanding of the factors which lead to 'adaptive' performance in children who are raised in such adverse circumstances (Hislop, Hay, & Zubrick, 1987). The factors that are identified, in terms of child characteristics and environmental variables might form the basis of intervention programs. When working with children, interventions might be directed towards strengthening positive relationships with others and enhancing existing strengths.

Protective factors are defined as 'certain personal and environmental resources that buffer the effects of normative and non-normative stress on health' (Dumont & Provost, 1999, p345). Kauffman and colleagues (1979) found that the factors found commonly amongst the highest performing children were the presence of a close friend, positive contact with another adult and a positive or warm relationship with their parent. Similarly, Gamezy (1983) found that the protective factors for children who adjusted well to stress, included personality aspects such as high self esteem, a positive family environment, and finally the presence of external support in the child's life. Others have strongly suggested that age appropriate information about mental illness for children is a strong protective factor. Falkov (unpublished study)

suggests that those children able to provide the clearest (most coherent) accounts of their parent's illness, also showed least evidence of emotional or behavioral problems.

Interventions focusing on prevention and early intervention

The National mental health Strategy (2000) identifies 'parental mental disorder' as a risk factor for children aged 5-11. Parental mental illness frequently co-exists with unemployment, low family income, isolation from family and friends, discord and violence in the family. The Strategy also identifies protective factors which include a sense of self worth and connectedness; self efficacy in problem solving; coping skills and social skills; belonging to a positive peer group; and having a role model or mentor. Middle childhood is identified as an effective time to promote structures and provide interventions which focus on enhancing these protective factors and promote resilience.

2. Background to the VicChamps program

Champs peer support programs were first run in 1996 as part of a Commonwealth funded research Project (the C.H.A.M.P. Project) based at the Mental Health Research Institute, between 1995 and 1997. Over the past ten years, Champs programs and the project worker coordinating the programs, have been sporadically funded. From the end of 1997 up until July 2003, this work has been supported by the Eastern Health Mental Health Program out of their core funding.

In Feb 2003, VicHealth, Beyondblue and Mental Health Branch, Department of Human Services Victoria, invited submissions from relevant organisations and their partners to design, implement and evaluate a program to promote the mental health and wellbeing of children who have a parent with a mental illness. \$555,000 was allocated over three years (185K/annum) with an additional \$150,000 for evaluation, research, documentation and dissemination of the program model.

VicChamps, a partnership between the Eastern Health Adult Mental Health Program (EHAMHP), Supporting Kids Project (a community collaboration with funds managed by Upper Murray Family Care), and Charles Sturt University Wagga Wagga, was awarded the grant and began in July 2003. The partnership brings the diversity of rural and metropolitan perspectives as well as mental health and health and welfare experience.

"This has enhanced our understanding of each other and what the other person might be going through". (parent)

3. Outline of the VicChamps project

There are three key components that have been incorporated in to the project.

3.1 Peer support programs for children (Champs) and parents

Peer support programs for parents and children are acknowledged as being supportive, and educational through the exchanges of experience shared in the groups and provision of information, building on peer connections and creating connectedness to the community beyond the province of mental illness.

VicChamps is a project developing a model of best practice, promoting the health and wellbeing of children 5-12 years who have a parent with a mental illness.

The project has been funded for three years by VicHealth, Beyondblue and Mental Health Branch, Department of Human Services, Victoria. Evaluation conducted by Charles Sturt University, Wagga Wagga

Urban based programs.

- Programs for children aged 5 – 7.
- Programs for children aged 7 – 12
 - After school
 - School holidays
 - Special excursions
- Planned Parent Support group
- Kids Club (Graduates)
- Champs camps



Rural programs.

- Programs for children aged 5 – 12
 - After school
 - School holidays
- Parents group stands alone.
- Champs camps

In summary, since September 2003 a total of just over 250 children have participated in programs across the two VicChamps program areas. Of these, over half have participated in more than one program. The box below summarises the total number of programs that have been offered across Eastern Health and Eastern Hume regions.

- **Ten school holiday programs**
- **Two special holiday outings (including an overnight stay in the Melbourne Zoo)**
- **Seventeen After School programs**
- **A monthly Kids Club for Champs graduates since Feb. 2005 (ongoing) involving over 20 children and their parents regularly**
- **Six Champs camps**

“I learned I could do things I didn’t think I could do and to face my fears...” (group participant aged 10)

The overall aims of the Champs peer support programs are to:

- reduce isolation and improve social connectedness
- provide opportunities to engage with parents and carers
- provide recreational, social and creative skills
- provide respite for children and parents
- provide support and age appropriate information about mental illness and emotional wellbeing to children
- develop and establish strong collaborative role for health professionals and family workers
- build on children’s strengths and promote resilience by bolstering protective factors.

The programs provide education about a range of mental illnesses and mental health disorders through a variety of creative activities, as well as promoting health coping strategies. They offer a strengths based approach and encourage involvement from parents, carers and other significant adults in the children’s lives.

VicChamps is a project developing a model of best practice, promoting the health and wellbeing of children 5-12 years who have a parent with a mental illness.

The project has been funded for three years by VicHealth, Beyondblue and Mental Health Branch, Department of Human Services, Victoria. Evaluation conducted by Charles Sturt University, Wagga Wagga

3.2 Education in the Community

The community education component has aimed to address the needs of the many children of parents with a mental illness whose families don't access mental health services and might go unsupported. It also helps to reduce the impact that stigma about mental illness has on children and families where a parent has mental illness by bringing understanding and inclusiveness, helping these families to access the support they require. The activities undertaken in this area are:

- Pamphlet and poster distribution, media use and use of community facilities.
- Website – www.champsworldwide.com
- Participation in relevant networks
- Education of primary school communities through established program; Supporting Kids in Primary Schools (SKIPS)

The student sessions resulted in three students approaching me after the program to confide that they too had a parent who “suffered with depression” or had schizophrenia.” (Welfare teacher)

3.3 Enhance workforce and community capacity to identify, assess, support and refer at-risk children

In order to assist agencies to have an awareness of and responsiveness to these children and their families there was a need to enhance the workforce capacity of existing service systems. This was done via:

- Network development to facilitate consultation and referral between agencies
- Professional development of Health and Welfare service providers utilising the already established ‘Getting There Together’ (GTT) program which includes consumers and carers as presenters
- Professional development of mental health workers through a capacity building model of portfolio holders within each team including consumers and carers as presenters
- Secondary consultation
- Development of Family plans to assist families in crisis.
- Capacity building of workers to run peer support programs through joint group facilitation

“ I have learned to stress less and that it is not my fault when my Mum gets sick”. (Champs program participant aged 9)

4. Evaluation

The evaluation of VicChamps was conducted by Charles Sturt University, Wagga Wagga. A full report will be available by May 2006. The peer support programs pre and post measures looking at children's self esteem, coping skills, social connectedness and capacity to problem solve. The SDQ (Strengths and Difficulties) questionnaire was used pre and post with parents and qualitative questionnaires were used for children and parents post program to look at program satisfaction overall. Changes in the capacity of workers to meet the needs of these families was measured using surveys administered every six months.

At this stage a number of themes are emerging.

VicChamps is a project developing a model of best practice, promoting the health and wellbeing of children 5-12 years who have a parent with a mental illness.

The project has been funded for three years by VicHealth, Beyondblue and Mental Health Branch, Department of Human Services, Victoria. Evaluation conducted by Charles Sturt University, Wagga Wagga

- Significant improvements post program in children's self esteem, connectedness and capacity to problem solve.
- A reduction in the number of barriers for workers being able to meet the needs of parents who have a mental illness and their children
- Teachers in primary schools who have participated in the SKIPS program feeling more confident in identifying and supporting children of parents with a mental illness.
- Increased ownership by management in both adult mental health and the community sector in identifying and providing support to these families.

"Personal stories were great"

"(Better) Understanding the hurdles that families face"

"(more) strategies for working with young people"

(mental health workers, 2005)

5. *What more is to be done?*

Nationally, there are a small number of programs available and the Commonwealth funded COPMI project, based in Adelaide, is a vital 'conduit' through which these various programs communicate and attempt to work collaboratively. However not all programs offer a direct service in the form of programs for parents or children and the majority are pilot projects, including VicChamps and the National COPMI project. VicChamps has therefore been focussing on lobbying for future and recurrent funding to ensure equity of access to programs and support nationally.

A number of gaps have been identified in the provision of services for these families. These include:

- Poor coordination between services (protective services, adult and child MH, Family and local government services, community services eg. police, education)
- No recurrent funding.
- Inadequate undergrad training for health/ welfare and education in family sensitive practice including working with parents and their children.
- Insufficient evidence based practice (although this is slowly changing).

Currently, VicChamps has:

- Received transitional funding to enable the project to be extended until September 2006. This includes a .4 EFT to contribute to the development of an state-wide COPMI strategy with the Mental Health Branch
- Established strong partnerships and Networks between family services, community health and adult mental health to help run peer support programs.
- Received support from senior management at the Eastern Health Mental Health Program to further develop and have ratified the policies and procedures recommended from the project, regarding best practice for parents, children and families.

VicChamps is a project developing a model of best practice, promoting the health and wellbeing of children 5-12 years who have a parent with a mental illness.

The project has been funded for three years by VicHealth, Beyondblue and Mental Health Branch, Department of Human Services, Victoria. Evaluation conducted by Charles Sturt University, Wagga Wagga

6. *Recommendations*

- **Provision of resources (human, physical, financial) to ensure equity of access nationally to support programs for children 0-18 who have parents with a mental illness; their parents and their families.**
- **Ongoing training and education for workers in mental health, health and welfare and education sectors in working with parents with a mental illness and their children.**
- **Mandatory competency standards.**
- **Need for key performance indicators (KPI's) to reflect the importance of this work.**
- **Need for mental health promotion programs to embrace the needs of parents with mental illness and the their children in primary schools.**
- **Creating strong and enduring partnerships between all the services sectors including carer and consumer organisations to ensure seamless services for children with parents regardless of type and severity of the mental illness.**
- **Establish a Foundation for children and young people 0-18 who have a family member with a mental illness. This Foundation would provide the activities (eg peer support programs, camp) and support for families.**
- **Commitment to ongoing f evaluation and research in to this area of work.**
-

For further information please contact:

Rose Cuff on 9871 3983

rose.cuff@maroondah.org.au

Becca Allchin on 9871 3224

rebecca.allchin@maroondah.org.au