

DRAFT
For consultation prior to
September 2003

***Principles and Actions for
Services and People Working
with***

**Children Of Parents With A
Mental Illness**

April 2003

*Prepared by the
Australian Infant, Child, Adolescent and Family
Mental Health Association Children of Parents With
A Mental Illness (COPMI) Initiative
for the
Commonwealth Department of Health and Ageing*



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1 Foreword

I am pleased to present the *Draft Principles and Actions for Services and People Working with Children of Parents with a Mental Illness and their Families* document.

The needs of children of parents with a mental illness were identified in the *Mental Health Promotion and Prevention National Action Plan*¹ released by the National Mental Health Promotion and Prevention Working Party in January 1999. This working party commissioned the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA) to carry out an initial scoping study of the then current responses across Australia to the needs of these children and parents.

In May 2001, the *Children of Parents Affected by a Mental Illness Scoping Project Report*² was launched by the Minister for Health. In response to this report, the Commonwealth Government allocated funding for a three-year national initiative to develop good practice principles and guidelines for services and workers, and complementary resource materials for services/workers, parents and young people—the COPMI (Children of Parents with a Mental Illness) initiative.

This document marks an important milestone in the COPMI project. Following broad-ranging consultations across Australia and an extensive literature search, a Discussion Document³ was developed and widely circulated for comment. Formal responses were received, emanating from all states and territories, from local and national bodies, and from individuals and groups of consumers, carers, young people and service providers across a range of sectors. Consultations relating to the Discussion Document were also held with children and young people living in urban and rural areas of Australia, who have a parent with a mental illness. This draft document is the culmination of the consultation process, and service providers at the individual, team, organisation and systems level will now subject the action statements contained within it to review and evaluation. A final document will then be developed for dissemination in early 2004 to act as a resource and guide for practice through all jurisdictions in Australia. I anticipate that training bodies and members of the Australian mental health workforce will find the action recommendations particularly helpful, as they seek to implement the *National Practice Standards for the Mental Health Workforce*⁴ as they relate to the provision of care, protection and information for children of parents with a mental illness.

An evaluation survey for this document will be available online at <http://www.aicafmha.net.au/> on or around 1st June 2003. You are invited to provide feedback on this document at any time **prior to 1st September 2003**, either via the online survey or directly to Elizabeth Fudge, Project Manager, fudgee@wch.sa.gov.au, by phone (08) 8161 6859, or via Post Office Box 387, Stepney, South Australia 5069.

If you have not already done so, I would also invite you to join the AICAFMHA News List at <http://www.aicafmha.net.au/> to ensure you receive regular updates regarding the COPMI project.

May I take this opportunity to sincerely thank everyone who has contributed to the consultation process. I would particularly like to express my appreciation for the incredible job that Elizabeth Fudge has done in bringing this document together in such a professional manner.

Thank-you for your ongoing interest in the national COPMI initiative and I look forward to your further comments.



Philip Robinson,
Chair, Board of Directors
AICAFMHA
April 2003

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- ¹ Commonwealth Department of Health and Aged Care 1998, *Mental Health Promotion and Prevention National Action Plan Under the Second National Mental Health Plan: 1998-2003*, Promotion and Prevention Section, Mental Health Branch, Commonwealth Department of Health and Aged Care, Canberra.
 - ² Australian Infant, Child, Adolescent and Family Mental Health Association 2001, *Children of Parents Affected by a Mental Illness Scoping Project Report*, Mental Health and Special Programs Branch, Department of Health and Aged Care, Canberra.
 - ³ Australian Infant, Child, Adolescent and Family Mental Health Association 2002, *Discussion Document Principles and National Practice Guidelines re Children of Parents With A Mental Illness*, Australian Infant, Child, Adolescent and Family Mental Health Association Ltd., Stepney South Australia.
 - ⁴ Commonwealth Department of Health and Ageing 2002, *National Practice Standards for the Mental Health Workforce*, National Mental health Education and Training Advisory Group, Commonwealth Department of Health and Ageing, Canberra.

2 Introduction

Not all children of parents with a mental illness will experience difficulties as a result of their parent's ill health.¹ The combination of genetic inheritance, a range of relationship factors within the family and the psychosocial adversities often associated with mentally ill adults, however, appears to increase risks to their offspring—for example, of psychopathology, medical problems, behavioural problems and suicidality.²

Within the populations of families in which a parent has a mental illness, several subgroups have been identified across the spectrum of children³—that is, children who appear 'well'; who appear to be resilient but in need of support; who are vulnerable and in need of services; and, finally, children who are vulnerable and in need of protection owing to risk of death. These children may move in any direction along this spectrum of 'risk' or need over their lifetime. For example, those less than 12 months of age may be at greater risk of neglect or maltreatment, while those in transition phases, such as entering adolescence, may be temporarily at increased risk of mental health problems.

The challenge for service providers is to:

- ?? strengthen and support families and children to enhance protective factors that contribute to the parents' and children's mental health, and
- ?? identify and reduce risk factors in parents with a mental illness, their family and community that contribute to their children's health and wellbeing.

Mental health promotion, prevention and early intervention

Enhancing mental health and wellbeing is best approached using a health promotion framework that involves strategies such as developing healthy public policy, creating supportive environments, strengthening of communities, developing personal skills and re-orientating health services.⁴ It is outside the scope of this document, however, to address more universal health promotion actions relating to the prevention of mental illness in people who are, or may become, parents. The actions contained within this document focus mainly on Mrazek and Haggarty's⁵ selective prevention interventions 'targeted to individuals or a subgroup of the population whose risk of developing mental disorders is significantly higher than average', as outlined in the *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000a*.⁶

Structure

The Principles underpin, and should be read in conjunction with, the Action Areas. The Action Areas are divided into two components to assist both systems and organisations and individual workers and teams to identify how they are, or potentially could be, involved in the provision of quality services to children of parents with a mental illness and their families. The Action Areas are further divided into key themes identified through community consultations held

throughout 2002 with service providers, consumers of mental health services, their carers and their families (including their children).⁷ They are also based on a review of the relevant Australian and international literature and on discussions held with people recognised as being experts in this field.

Rationale

Early identification of risk factors

Currently in Australia there is a lack of systematic identification of the parental role of many adult mental health consumers or of the needs of their children. Also, some parents of dependent children have not accessed mental health services, yet they are in population groups that have been identified as having additional risks related to their mental health. For example, the effect of resettlement of refugees and migrants has been noted to increase possible mental health impact on their children.⁸

Family preservation and support for family members

Families in which a parent has a mental illness are at increased risk of experiencing poverty, housing problems, family disruption and disorganisation, marital conflict, reduction of social and leisure activities, disruption of children's schooling and isolation as a result of the parental illness.⁹ All of these problems can contribute to family breakdown or the perceived need to remove the child from the parent's care, yet the Australian legislative framework supports the notion that, wherever possible, children should be brought up by their own families. Some parents experiencing the stigma related to having a mental illness also have their role as parents undermined. They often attempt to cope with the trauma of frequent hospitalisation and relapses in the illness without outside support.¹⁰ Some parents fear support services because of the potential for their children to be removed from their care and therefore will not access them.¹¹

Whilst parenting is recognised as being stressful for many parents, 'the presence of mental illness imposes additional burdens which can alter the efficiency and effectiveness of parenting and the capacity to meet children's needs'.¹² A diagnosis of mental illness may make parenting difficult, but the impact of the diagnosis need not be immutable. Good clinical care, active management of symptoms, appropriate assessment and goal setting, and access to effective rehabilitation services and support can enhance outcomes both for the child and the parent/consumer.¹³

Children of parents with mental illness may feel isolated, worry about their parent with the mental illness or feel they need to 'parent' their parent. Some are exposed to violence or conflict in the home.¹⁴ The stigma surrounding those with mental illness in the community also affects the lifestyle and mental health of their children. Fortunately, some of these issues can be addressed by counselling, involvement of the child in peer support groups or other supports. Young carers, for example, are at serious risk of leaving school early,¹⁵ yet with appropriate supports may be able to complete their education.

Addressing grief and loss issues

Where children are separated from the care of their parent with a mental illness, even for relatively short periods of time such as during hospitalisation, both the parent and the child/ren may experience strong feelings of grief and loss. The needs of the child and the parent in these situations, however, may be different.

Children with a parent with a mental illness may experience both the emotional and physical pain of separation from their parent.¹⁶ The lives of some children can be severely disrupted during parental psychiatric admission; especially the children of lone parents who may have to move house and be cared for by someone with whom they have not had frequent contact.¹⁷

Children and parents may also experience feelings of emotional loss within their relationship if the parent with a mental illness is physically present but not emotionally available to the child. In the first few years after childbirth, women are at increased risk for new or recurrent mental illness;¹⁸ however, it is during infancy that a healthy and secure attachment is built by quality interactions between the caregiver and child. This attachment is required for the infant to thrive, and the negative consequences of disruption in the development of secure attachment relationships in infancy can continue on through childhood and into adult life.¹⁹

Some parents experiencing mental illness have also been incarcerated because of crime-related issues. This may amplify grief and loss issues for both parent and child and additional supports may be necessary to maintain the child–parent relationship in these cases.

Access to information, education and decision-making processes

Many children in families where a parent has a mental illness desire information about their parents' illness and prognosis, and, generally, their parents want them to be provided with explanations about events and circumstances surrounding parental illness.²⁰

Education of children and other family members in such areas as recognising early signs of recurrence of the parent's illness; where, when and how to seek help; coping strategies and the importance of self-care can assist children to cope effectively with the parent's mental illness and the stigma which often surrounds it. It may also promote more open discussion about mental health and mental illness in the family, which, in turn, assists the child to gain information from people they trust, with explanations being provided at an age-appropriate level.²¹

Children who have a parent with a mental illness may also experience anxiety about having the same disorder, concerns about the future, and feelings of guilt associated with the illness.²² These can all be addressed, to a large extent, by access to information and opportunities to have questions answered. Universal access to information about mental illness is necessary for groups such as those living in rural or remote areas and young people who prefer anonymity whilst seeking information.

Many children and young people provide a major caregiving role for their parent with a mental illness, especially in single parent families.²³ Those providing care require respect for that role, including the ability to participate in decision-making regarding their family.

Care and protection of children

Acknowledgment of the right of children to care and protection includes a recognition that some parents may need support in meeting their children's needs. It is also recognised that in certain situations children may need protection from maltreatment, and it is vital to ensure communication, coordination and collaboration within and between all services and agencies involved with the family where a child is at risk.²⁴

The difficulties in assessing parental competence of mentally ill parents (and others) in child protection cases have been well documented.²⁵ Further research in the area appears warranted; however, some key factors in such assessments have been noted to be important—a focus on the parent–child relationship, a functional approach emphasising behaviour and skills in everyday performance and a multi-method, multi-source, multi-session approach to assessment.²⁶

Partnerships and cross-agency processes

Integration between adult mental health services and child and family health and support agencies is essential to a holistic approach to the provision of family services where a parent has a mental illness.²⁷

Consumers and carers report that poor inter-agency coordination and lack of access to family services are exacerbated when a parent has a co-morbidity such as alcohol or substance abuse, and in situations where mental health services are predominantly provided to the parent by an individual private practitioner.²⁸

A partnership approach between the mental health system and the child protection and justice system can enhance opportunities for family preservation and/or have major implications for children at risk.²⁹

Recognition of diversity

Parenting is heavily influenced by culture and background, as are individual responses to mental illness of a family member.³⁰ Currently in Australia, however, access to services addressing the needs of families from Indigenous or culturally and linguistically diverse backgrounds, where a parent has a mental illness, is extremely limited. Existing services often lack the flexibility to accommodate the rich diversity of Australian families, in terms of their unique physical, emotional, social, locational and spiritual dimensions.³¹

People from both Aboriginal and Torres Strait Islander communities experience high rates of mental health problems,³² yet their needs are not well met either in terms of cultural understanding or service response. Services generally do not take into account Aboriginal people's concepts of the holistic value of health and their spiritual and cultural beliefs.³³

The 'stolen generation' issue is especially relevant in the context of Aboriginal people, with reduced parenting skills identified in the Bringing Them Home Report³⁴ as one of the effects of removal of Aboriginal children from their families.

Australian migrants represent a diverse range of cultures, and are characterised by different needs, problems and understandings of mental health and mental illness. In addition, the risk of mental health problems may be increased by some of the factors associated with the immigration process.³⁵ Families of survivors of torture and trauma are an example of those who may require additional support. Many refugees or migrants also have needs relating to their transition to a new culture and/or to their previous traumatic experiences. In general, refugees experience very high rates of mental ill health and psychological distress.³⁶ For those also required to undergo mandatory detention upon entering Australia, the effects of living in detention can undermine and significantly limit their already compromised capacity to nurture and care for their children.³⁷

Workforce development and service reorientation

A focus by mental health services on family-unit assessment and intervention is viewed by many as the strategy that will best effect change in outcomes for children of parents with a mental illness.³⁸

Adult mental health workers have identified that they require skill development and maintenance and the support of their employing organisations in order to identify the needs of their adult clients' children and other family members. Child protection and other service providers in the community also report the need for improved skills and knowledge in the area of mental illness.³⁹

Young people report that their situation is improved when service providers such as teachers, police officers, school counselling staff and general practitioners demonstrate some understanding of mental illness and the pressures on the children and other family members when the parent is unwell.⁴⁰

Research and evaluation

Although there has been a range of programmes and resources developed to address the needs of parents and children where a parent has a mental illness in Australia in the past decade, very few have been systematically examined to ascertain long-term outcomes and/or whether other programmes and strategies would work as well.⁴¹ Evaluation information is required to enhance the efficacy, sustainability and efficiency of these programmes.

Many issues remain unsolved in the area of provision and evaluation of services for families who have parents with a mental illness. These include adequate ways of defining outcomes of interventions for the child and for the family and the identification of which individuals and families need what level of help. Research is also needed to indicate the best assessment strategies to maximise the best interests of the child in care and protection decisions.⁴²

The *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*⁴³ advocates for research and evaluation to inform early intervention for targeted populations. Programmes for parents with a mental illness and their children and families would benefit from such attention.

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- ⁴² Lennings 2002.
- ⁴³ Commonwealth Department of Health and Aged Care 2000a.

3 Guiding principles

Children's rights¹

Every child has the right to:

- ?? the protection, support and care necessary for their wellbeing
- ?? participate and be heard in discussions and decisions that will affect them
- ?? be brought up by their own family unless it is contrary to the child's best interest
- ?? maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interest
- ?? education and information which is linguistically, culturally and developmentally appropriate.

Parents' and families' rights, roles and diversity

- ?? Parents (or, where applicable, the members of the extended family, other carers or legal guardians) have strengths, responsibilities, rights and duties in the upbringing and development of their children.²
- ?? Parental and family mental health and wellbeing are significant determinants of children's health and wellbeing.
- ?? Australian families are diverse, with unique physical, psychological, emotional, social, cultural, linguistic and spiritual dimensions, networks and family and community identity.

Rights and responsibilities of people with mental illness

Individuals seeking promotion or enhancement of mental health or care and protection when affected by a mental illness have rights and responsibilities as stated in the Australian Ministers' Mental Health Statement of Rights and Responsibilities.³

Promotion, prevention and early intervention

- ?? Promotion, prevention and early intervention strategies all play vital roles in the enhancement of the mental health and wellbeing of children and families.
- ?? Early development (particularly of the brain) is strongly influenced by the quality and consistency of the nurturing environment and security of relationships surrounding the young child.

Collaboration

Partnership and collaboration with and between non-government and government human services, parents, children and families are key strategies in the provision of timely support and enhancement of health outcomes for children and their families.

Quality and effectiveness

Quality and effectiveness are key goals in the development of research, information collection, service provision, workforce development and community education for families affected by parental mental illness.

¹ Based on the United Nations Convention on the Rights of the Child 1990, United Nations, New York.

² Based on the United Nations Convention on the Rights of the Child 1990, United Nations, New York.

³ Commonwealth Department of Human Services and Health 1995, *Mental Health Statement of Rights and Responsibilities*, Commonwealth of Australia, Canberra.

4 Action areas - Individual workers and/or teams

Section 4.1 Identification of risk factors

Adult mental health workers, in conjunction with **child and family health workers** can effectively assist in the identification of risk factors for parents and children where parents have a mental illness by:

- 4.1.1 identifying any parental roles and responsibilities of consumers (including pregnancy) at initial contact.
- 4.1.2 ensuring that the safety, health, developmental, and support needs of children are assessed at the time of first identification of a parent's mental illness and reviewed periodically thereafter, particularly at times of key mental health intervention for the parent.
- 4.1.3 notifying **child protection services** if they have formed the belief that a child is at significant risk of neglect or maltreatment.
- 4.1.4 assisting parents with a mental illness to identify their strengths and any support needs they may have in caring for their children.
- 4.1.5 working with **early childhood** and other relevant **education sector** staff to ensure early assessment of any infants or children of parents with a mental illness who appear to be developing signs of physical or psychosocial problems.

Child and family health workers can also assist in the early identification of risk factors by:

- 4.1.6 enquiring about the mental health of parents in their routine care provision of children, parents and expectant or intending parents.

Section 4.2 Support for families and children

Mental health workers and **community workers** (and where a risk to a child's safety has been identified, in partnership with the **child protection services**) can provide support for families by:

- 4.2.1 examining and responding to the needs of the family as well as of specific members.
- 4.2.2 ensuring adequate ongoing support and monitoring of family preservation and the needs of the family.
- 4.2.3 providing information about local support services and assistance to access these services if necessary.

Community workers , mental health workers and relevant staff in the **education sector** can also assist in increasing the capacity of the family and it's members by:

- 4.2.4 advocating for and providing services to assist *children* of parents with a mental illness to remain well by having access to factors which increase resiliency such as:
- ?? a contact person in the event of a crisis regarding their parent
 - ?? someone to talk with
 - ?? opportunities to meet adults with whom they can develop supportive links
 - ?? participation in activities where they can meet other children
 - ?? opportunities to talk about their feelings and experiences
 - ?? opportunities for peer support
 - ?? opportunities for support in the community environment
- 4.2.5 advocating for and providing services and information to assist *parents* with a mental illness, their partners and family members to build on their strengths and implement strategies which increase resiliency and help their children remain well.
- 4.2.6 advocating for and providing services to assist *young carers* of mentally ill parents to participate in social and leisure activities, education, training and employment at rates approaching those of their peers who do not have caring responsibilities.

Mental health workers also have a key role to play in the prevention or minimisation of factors which place parents with a mental illness and their children at risk by:

- 4.2.7 supporting people with a mental illness who intend to have children or are currently pregnant to access early antenatal care and to prepare for the care and support of their infant/s.
- 4.2.8 supporting access to advice regarding family planning for people with a mental illness who are contemplating having a child or more children.
- 4.2.9 reducing factors for parents with a mental illness that may impact on their child's health and wellbeing through strategies such as pharmacological management and counselling.

Mental health workers , in association with **child and family health workers, community workers** and the **education sector** as required can also assist continuity of care of children in families affected by parental mental illness by:

- 4.2.10 assisting parents while they are well to plan with their families for care for the children and management of related family affairs should the parents experience a relapse of their illness and require separation from their children.

Section 4.3 Addressing grief and loss issues

Mental health workers and **child protection workers** (and the **justice sector** where applicable) can effectively assist family members where a parent has a mental illness to minimise or address feelings of loss and grief by:

- 4.3.1 working together to implement prevention and early intervention strategies aimed at promoting the child–parent relationship and avoiding child–parent separation.
- 4.3.2 supporting the right of the child who is separated from one or both parents to maintain personal relations and contact with both parents on a regular basis except if it has been assessed to be contrary to the child’s best interests.
- 4.3.3 planning for and assisting in the reunification of the parent and child/ren following separation.
- 4.3.4 offering and maintaining appropriate support to both the parent and child in the event of loss of primary care provision by the parent to the child/ren.
- 4.3.5 offering strategies to promote and strengthen the child–parent relationship to the parent even if the child is not in their care.
- 4.3.6 diminishing multiple-care placements for children and planning for permanency of placement as soon as possible if this has been assessed and judged to be necessary.

Section 4.4 Access to information, education and decision-making

Adult mental health workers can play a key role in supporting consumers’ children’s access to information, education and decision making processes by:

- 4.4.1 ensuring children have access to age-appropriate information about the parent’s mental illness, whilst maintaining the right of the consumer to confidentiality.
- 4.4.2 encouraging consumers to speak with their children about their mental health and illness, and providing resources (e.g. booklets, videos) and support to assist them.
- 4.4.3 supporting parents to discuss early warning signs of their illness with their older children and/or other supportive adults to ensure they know of appropriate actions to take, especially actions that are protective of very young children.
- 4.4.4 supporting the involvement of children, where appropriate, in decision-making processes with their parent/s regarding the ongoing care of the consumer and support of the family.
- 4.4.5 providing or brokering age-appropriate debriefing services where necessary for family members, including children, following a mental health crisis of a parent.
- 4.4.6 providing opportunities for children to have their questions answered about their own risk of developing a mental illness and of any genetic risk to subsequent offspring.

- 4.4.7 ensuring that young people who have major caregiving responsibilities for their parent have access to relevant information about their parents' treatment.
- 4.4.8 promoting the parent's insight into their illness and its implications for their family by providing information about diagnosis, prognosis and services.

Child and family health workers and **community workers** can also facilitate children's access to information and education by:

- 4.4.9 encouraging and supporting parents to speak to their children about their illness and being aware of materials and resources to assist them to do so.

Section 4.5 Care and protection of children

Mental health workers, child and family health workers and relevant **education sector** staff all play key roles in the care and protection of children of parents with a mental illness. Their effectiveness is enhanced by:

- 4.5.1 working collaboratively with each other, with a nominated child protection case manager and with the consumer's family to assess the short- and long-term effects of the parental illness and its treatment on the child/ren and develop a safety and monitoring plan for any child assessed to be at risk of neglect or maltreatment.

5 Action areas - System responses

Section 5.1 Identification of risk factors

Mental health services and **child and family health services** can support the identification of risk factors relating to children of parents with a mental illness by:

- 5.1.1 putting in place mechanisms for the non-discriminatory identification of parents who have a mental illness (including 'expectant' parents) and of their children under 18 years of age.
- 5.1.2 assisting **information services** to provide appropriate information regarding referral to services for families affected by parental mental illness.

Child and family health services, community service providers and the **child care and education sector** can also assist by:

- 5.1.3 putting in place mechanisms for early detection of risk factors in children which are associated with parental mental illness (e.g. social isolation, a history of adverse childhood events, and school absenteeism) and strategies to address any identified health, social or school participation needs.

Section 5.2 Support for families and children

Support for families is enhanced when **community service providers, child and family health services, mental health services** and **child protection services** (as appropriate) work together to ensure that:

- 5.2.1 practical and 'family friendly' domestic help is available to assist families to remain intact and supported during parental hospitalisation and in transition/rehabilitation periods, and also as a preventative intervention service.
- 5.2.2 parental support groups and parenting skill programmes are available in the community that can respond to the needs of parents with a mental illness, acknowledging that many of the issues are generic to all parents and others are specific to the situation of living with mental illness.
- 5.2.3 support programmes are available to key care providers of children of parents with a mental illness.
- 5.2.4 planned care and flexible respite care services are available for both children and parents (separately and together as requested and/or appropriate) during parental crisis and at other times. Continuity of education for the children, in addition to other needs, should be considered within respite care decisions.
- 5.2.5 supported, targeted and evidence-based early intervention programmes of sufficient duration and intensity are available to prevent or minimise the longer term

consequences of disrupted or dysfunctional child–parent relationships.

- 5.2.6 consumers and their partners have access to relationship support (if relevant) to enhance their capacity to work together as parents.
- 5.2.7 parents have access to information about the possible implications of their mental illness, treatment and/or co-morbid factors (e.g. substance abuse) on their parenting and to information/training in building their coping skills and enhancing their relationship with their children.
- 5.2.8 families who are isolated (e.g. living in rural and remote communities, or from culturally and linguistically diverse backgrounds) have access to information, training, care and practical domestic supports if required.

Promotion of the wellbeing of children and families is supported when **mental health services** and **community services** work with **families** and relevant other **public and private sectors** to:

- 5.2.9 identify psychosocial factors which increase the health risks often associated with parents with a mental illness (e.g. poverty, homelessness and social isolation) which also impact on their children, and advocate for action to address these issues.
- 5.2.10 engage the media to provide easily accessible information regarding mental illness that also contributes to reducing the stigma associated with mental illness.

Australian or state and territory legislation relating to mental health (e.g. mental health acts) can support and promote children and young people’s mental health by:

- 5.2.11 recognising the needs of those whose parents have a mental illness.

5.3 Addressing grief and loss issues

To prevent or minimise the feelings of grief and loss often experienced by parents with a mental illness and their children, **mental health services** in association with **child protection/child welfare services** (and **the justice sector** where applicable) can:

- 5.3.1 ensure policy, practice and procedures recognise and support the importance of secure attachment for infants’ health and future wellbeing.
- 5.3.2 provide information, counselling and financial support to informal and formal temporary carers who care for the children during periods of parental illness or as a preventative strategy to maintain the parent’s health.

Mental health services (and **the justice sector** where applicable) can also:

- 5.3.3 provide safe ‘family friendly’ visitor facilities within adult mental health treatment and rehabilitation centres and/or correctional services facilities.
- 5.3.4 provide mother–infant/toddler residential services in order to facilitate attachment, to support the continuation of breast-feeding where this is already in place, and to assist the mother–child relationship and subsequent child development.

Section 5.4 Access to information, education and decision-making

The **education sector** and **child/youth information services** can assist in meeting children's information needs by:

- 5.4.1 providing information and supporting universal access for children regarding mental health, mental illness and relevant support services which is non-stigmatising and culturally and linguistically appropriate (e.g. via curriculum, help-lines, websites, library resources).
- 5.4.2 providing education for relevant support staff regarding parental mental illness, its potential impact on children and age-appropriate responses, resources and supports that may be required by children where a parent has a mental illness.

Section 5.5 Care and protection of children

Adult mental health services can play a key role in the care and protection of their consumer's children by:

- 5.5.1 supporting family-oriented practice, through workforce development, resource allocation and organisational policy.
- 5.5.2 ensuring parents have access to legal advice regarding child protection.

The **justice sector** can support the care and protection needs of the children of parents with a mental illness by:

- 5.5.3 ensuring that advice/evidence regarding the assessment of parenting competence of individuals with a mental illness is based, where possible, on:
 - ?? child-parent observations in natural settings over a period of time, acknowledging the often episodic nature of mental illness.
 - ?? linking specific qualities and functional aspects of parental behaviour with protective or risk factors for the child.
 - ?? a multi-method, multi-source approach that includes information from **mental health professionals** who are familiar with the parent's mental health status.

Child and adolescent mental health services can provide valuable support to **child protection services** by:

- 5.5.4 working collaboratively and providing skilled personnel to assist in assessment of parenting ability and family capacity where the parent has a mental illness and a child's safety, development and/or wellbeing are at risk.

Section 5.6 Partnerships and cross-agency processes

Government can facilitate high quality service provision for families and children affected by parental mental illness in partnership with **all relevant stakeholders** by:

5.6.1 developing and supporting the implementation of protocols to enhance partnerships between **mental health services, community service providers, child protection services, the justice sector, the education sector, families** and other **key stakeholders** regarding care and protection of children and the enhancement of family and individual mental health and wellbeing in families where a parent has a mental illness.

Outcomes for parents and their children are also enhanced when **adult mental health services** take a strong leadership role in:

5.6.2 establishing, building upon and implementing local protocols, linkages, coordination and provision of education across **all sectors** involved with children of parents with a mental illness to enable agencies to identify and respond appropriately, flexibly and at the earliest opportunity to children and families who would benefit from support.

5.6.3 improving access to culturally appropriate information for families, provided in a range of community languages, on the services available to support families in which a parent has a mental illness.

5.6.4 establishing communication processes within the **mental health sector, across agencies** and in partnership with **families**, to ensure coordinated support, assessment (as required) and care planning for families.

5.6.5 Working with **disability services and key addiction services** (drug, alcohol and gambling) to ensure a coordinated approach to parents with co-morbidities and their families.

Governments can also support a partnership approach by:

5.6.6 actively encouraging both public and private providers of **adult mental health services** to be appropriately responsive to the needs of children of their clients/consumers.

Mental health services, community service providers and education sector student support staff can facilitate recognition of the diversity of needs of Australian families by:

5.6.7 working together with **Indigenous and transcultural agencies and populations** (at the national level) to develop, implement and evaluate culturally appropriate service guidelines for key population groups with regard to families where a parent, or other family caregiver of children, has a mental illness. Key population group examples include:

- ?? Aboriginal and Torres Strait Islander families
- ?? people with a recent refugee or migrant background
- ?? culturally and linguistically diverse families where the parents are first- and the children second-generation migrants.

Mental health services can also work with **refugee and migrant organisations, child and family health services, government agencies** and the **education sector** to:

5.6.8 address family health enhancement, assessment, early identification and early intervention needs of children deemed to be at risk of mental health problems because of their own refugee and/or detention experience and/or to the impact of parental mental illness as a result of the parent's refugee and/or detention experience.

Section 5.7 Workforce development and service reorientation

Children of parents with a mental illness could benefit from the development of workforce standards in the **child protection, education sector (student support staff)** and **community services** areas which:

5.7.1 relate to knowledge and skills in the area of parental mental illness.

Undergraduate, post-graduate and in-service education and training for those whose work includes the care and protection of children, and those whose work relates to the mental and physical health and wellbeing of children and families (e.g. **GPs, teachers, police officers, midwives, childcare workers, paediatricians, child and maternal health nurses, psychiatric trainees, psychologists, social workers, physiotherapists, occupational therapists and speech pathologists**) supports improved outcomes for children of parents with a mental illness when it includes:

5.7.2 information regarding the identification of potential risk factors and burdens associated with having a parent with a mental illness.

5.7.3 education about enhancing and strengthening family wellbeing and how to access supports for children and their families affected by parental mental illness.

5.7.4 education about working in partnership with **families, mental health services** and other agencies to provide improved outcomes for the support, care and protection of children within families affected by mental illness.

5.7.5 skills and knowledge in utilising a family systems-based approach to working with families where a parent has a mental illness.

5.7.6 education and training regarding the care and protection of children and their families where a parent has a mental illness.

Mental health services can also assist in providing more responsive services by:

- 5.7.7 developing practice guidelines regarding the role of **child and adolescent mental health service workers** and other **child and family-oriented agencies** in relation to the ongoing workforce development of **adult mental health service workers** in the area of services to children of mentally ill parents.
- 5.7.8 implementing training and development to assist staff to understand mental health and illness within Aboriginal frameworks and within the framework of other cultures to ensure appropriate services to families from culturally and linguistically diverse backgrounds.

Section 5.8 Research and evaluation

To enhance the efficacy and efficiency of services to children of parents with a mental illness **governments and other funding bodies** can:

- 5.8.1 request and fund service providers to ensure process and outcome evaluation of programmes developed specifically for children, parents and other carers where the parent has a mental illness.
- 5.8.2 adopt and build upon child and family enhancement and intervention programmes that have been evaluated and found to be both effective and consistent with best practice resource utilisation (including funding and policy development).
- 5.8.3 offer incentives to people and organisations working with adults affected by mental illness and their families to develop skills in the area of family sensitive practice and in the design, research and outcome evaluation of new and existing programmes.

Governments can also support research into the following to assist service providers to improve their support, care and protection for children and families where a parent has a mental illness:

- 5.8.4 identification of factors that enhance positive health outcomes for children and parents.
- 5.8.5 identification of children's risk status.
- 5.8.6 development of knowledge, tools and mechanisms regarding identification of appropriate levels of intervention for children who appear 'well', those who appear to be resilient but in need of support, those who are vulnerable and in need of resources and those who are vulnerable and in need of protection.
- 5.8.7 identification of effective interventions for children and families, using a range of child and family-oriented measures (e.g. schooling attendance and retention, and social connectedness).

- 5.8.8 development of models of effective collaboration between **families, child and adolescent and adult mental health services, child protection services** and other **key stakeholders** with the aim of ensuring the safety and wellbeing of children who have a parent with a mental illness.
- 5.8.9 development of information and models to provide culturally appropriate services and information to children and families.

6 Glossary

Aboriginal—a person of Aboriginal descent who identifies as an Aboriginal and is accepted as such by the community in which he or she lives.¹

Adult mental health service—an organisation that provides, as its core business, primary, secondary and, in some cases, tertiary treatments and support to adults with mental disorders and/or mental health problems. The mental health service should be specialised and complimentary to other health services. The definition includes service providers in both the private and public sector.²

Adult mental health worker—a person who works with adults with a mental disorder and/or mental health problem and their families.

Carer—‘A person whose life is affected by virtue of close relationship and a caring role with a consumer’.³

Child—a person aged 0–18 years. The term ‘young people’ is also used to denote children but specifically refers to those aged more than 12 years.

Child and adolescent mental health service—an organisation that provides, as its core business, primary, secondary and, in some cases, tertiary treatments and support to children and adolescents with mental disorders and/or mental health problems. The mental health service should be specialised and complimentary to other health services. The definition includes service providers in both the private and public sector.⁴

Child and adolescent mental health worker—a person who works with children and adolescents with a mental disorder and/or mental health problem and their families.

Child and family health service/worker—an organisation or individual practitioner who provides primary, secondary or tertiary health care services to children and/or families (examples include general practitioners, paediatricians, infant and maternal health nurses, community child health services, allied health practitioners, midwives and other peri-natal service providers).

Child protection services—agencies operating under state/territory legislation relating to the care and protection of children. Services provided include investigation into concerns regarding child maltreatment or neglect, assessment, case planning, protective intervention and supervision of children and families under relevant court orders.

Community service provider—an organisation that provides a direct welfare or social support service to individuals, groups and families in the community.

Community service worker—a person who works with individuals, groups and families in the community to enhance their welfare.

Co-morbidity—‘Co-existence in one person of more than one illness or disorder’.⁵

Consumer—‘A person making use of, or being significantly affected by, a mental health service’.⁶

Continuity of care—integration and linkage of components of individualised treatment and/or care across agencies according to individual needs.

Debriefing—the act of discussing or talking through a recent experience, such as a crisis.⁷

Early childhood—the first 6 years of childhood.

Early intervention—‘Interventions targeting people displaying the early signs and symptoms of a mental health problem or mental disorder. Early intervention also encompasses the early identification of people suffering from a first episode of a disorder’.⁸

Education sector—systems and individual services that provide, as their core business, education to the community. The sector involves both private and publicly funded services and includes pre-schools, schools, universities and vocational training services.

Effectiveness—a measure of the extent to which a specific intervention, procedure, regimen, or service, when deployed in routine circumstances, does what it is intended to do for a specified population.⁹

Evidence-based practice—a process through which professionals use the best available evidence integrated with professional expertise to make decisions regarding the care of an individual. It is a concept which is now widely promoted in the medical and allied health fields and requires practitioners to seek the best evidence from a variety of sources; critically appraise the evidence; decide what outcome is to be achieved; apply the evidence in professional practice; and evaluate the outcome. Consultation with the client is implicit in this process’.¹⁰

Family—There is wide variation in the composition of Australian families which can include combinations of mother, father, same-sex parents, stepmother, stepfather, infants, children, young people, other family members, and non-related carers.¹¹

Family preservation—In the context of this document, family preservation refers to the promotion and preservation of the wellbeing of families where children are at risk of being removed owing to concerns about their safety. Family preservation strategies include, but are not restricted to, increasing parenting skills and confidence, addressing poverty and housing issues, enhancing family relationships, and the provision of in-home intensive support at times of crisis.

Health—a state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities.¹²

Infants—children aged less than one year.¹³

Information services—services that provide information to the community, including via telephone ‘information-lines’, and websites.

Justice sector—systems and individuals that provide, as their core business, services in relation to law and justice in the community. The sector includes police, the courts and legal professionals.

Mental health promotion—‘Action to maximise mental health and wellbeing among populations and individuals’.¹⁴

Mental health—the capacity of individuals and groups to interact with one another and their environment in ways that promote subjective wellbeing, optimal development and use of mental abilities (cognitive, affective and relational) and achievement of individual and collective goals consistent with justice.¹⁵

Mental health service—an organisation or individual that provides, as its core business, primary, secondary and, in some cases, tertiary treatments and support to children and/or adults with mental disorders and/or mental health problems. A mental health service should be specialised and complimentary to other health services. The definition includes services in both the private and public sector.¹⁶

Mental health workforce—the personnel employed in the provision of mental health services (see above). In Australia, five professions make up the bulk of the mental health workforce: mental health nursing, occupational therapy, psychiatry, psychology and social work.¹⁷

Mental illness/disorder—a significant impairment of an individual’s cognitive affective and/or relational abilities which may require intervention and may be a recognised, medically diagnosable illness or disorder. Mental illnesses/disorders are of different types and degree of severity and some of the major mental disorders perceived to be public health issues are depression, anxiety, substance abuse disorders, psychosis and dementia.¹⁸

Outcome—a measurable change in the health of an individual, or group of people or population, which is attributable to an intervention or series of interventions.¹⁹

Parent/s—‘The person or people who are a child’s primary care givers. There is wide variation in the composition of Australian families, and parenting can include combinations of mother, father, stepmother, stepfather, other family members, and non-related carers. Regardless of the combination, parents (both male and female) have a profound influence on child development and mental health’.²⁰

Peri-natal—relating to the periods shortly before and shortly after the birth of a baby.

Prevention interventions—‘Interventions that occur before the initial onset of the disorder to prevent the development of disorder. The goal of prevention interventions is to reduce the incidence and prevalence of mental health problems and mental disorders.’²¹

Protective factors—factors which help mitigate negative effects and adversities. They may be intrinsic to the individual (e.g. good social skills, temperament) or external to the individual (e.g. social support, cultural context).²²

Respite care—a service that provides a break for people who have a caring responsibility (e.g. parents and young carers). It can be provided in the home or in another location.

Resilience—‘Capacities within a person that promote positive outcomes, such as mental health and wellbeing, and provide protection from factors that might otherwise place the person at risk of adverse health outcomes. Factors that contribute to resilience include personal coping skills and strategies for dealing with adversity, such as problem-solving, good communication and social skills, optimistic thinking and help-seeking.’²³

Risk factors—‘Those characteristics, variables or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected at random from the general population, will develop a disorder’.²⁴

Service provider—a person (usually with professional qualifications) who receives remuneration for providing services to people and/or families. The definition includes service providers in both the private and public sector.

Selective prevention interventions (for mental health)—interventions targeted to individuals or a subgroup of the population whose risk of developing mental disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of mental disorder.²⁵

Stakeholder—any party to a transaction which has particular interests in its outcome.²⁶

Strengths-based approach—a strengths-based approach involves starting with peoples’ strengths and building upon them rather than focusing on deficits and failure. In the family context, it is based on the assumption that all parents have strengths to bring to the parenting

task and that families are often the best people to develop their own solutions (although they may need help to do so).

Torres Strait Islander—a person of Torres Strait Islander descent who identifies as a Torres Strait islander and is accepted as such by the community in which he or she lives.²⁷

Young carer—a child or young person who ‘provides care to another family member, usually a parent, who has a physical illness or disability, mental ill health, a sensory disability, is misusing drugs or alcohol, or who is frail’.²⁸

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 - ⁹ WHO (World Health Organisation) 2000, *WHOTERM Quantum Satis: A Quick Reference Compendium of Selected Key Terms Used In The World Health Report 2000*, WHO, Geneva.
 - ¹⁰ Commonwealth Department of Health and Aged Care 2000b, p. 126.
 - ¹¹ Commonwealth Department of Health and Aged Care 2000b, p. 128.
 - ¹² WHO 2000.
 - ¹³ Al-Yaman, Bryant & Sergeant 2002, p. 316.
 - ¹⁴ Australian Health Ministers 1998, p. 12.
 - ¹⁵ Australian Health Ministers 1998.
 - ¹⁶ Commonwealth Department of Health and Aged Care 1997.
 - ¹⁷ Commonwealth Department of Health and Ageing 2002, *National Practice Standards for the Mental Health Workforce*, Publications Production Unit, Commonwealth Department of Health and Ageing, Canberra.
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 - ¹⁹ Australian Health Ministers 1998, p. 27.
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 - ²³ Commonwealth Department of Health and Aged Care 2000b, p. 130.
 - ²⁴ P.J. Mrazek & R.J. Haggerty 1994, *Reducing the Risks for Mental Disorders: Frontiers for Preventive Intervention Research*, National Academy Press, Washington, DC, p. 127.
 - ²⁵ Commonwealth Department of Health and Aged Care 2000a.
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