

CHILDREN OF PARENTS AFFECTED BY
A MENTAL ILLNESS
SCOPING PROJECT

Report

Prepared by Australian Infant, Child, Adolescent and
Family Mental Health Association

for the

Commonwealth Department of Health and Aged Care

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The opinions expressed in this document are those of the authors and are not necessarily those of the Commonwealth. This document is designed to provide information to assist policy and program development in government and non-government organisations.

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Foreword

The Children of Parents Affected by a Mental Illness Scoping Project represents an important first step in addressing the mental health needs of this vulnerable group within our community. This need was identified in the Mental Health Promotion and Prevention National Action Plan (MHPP National Action Plan) released by the National Mental Health Promotion and Prevention Working Party (PPWP) 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 current responses across Australia to the needs of these children and their parents, and we are proud to present the results of this investigation.

This scoping study draws together theoretical information, identifies the current situation for these children and their parents across Australia, and describes and makes recommendations regarding the issues to be addressed. It also provides a comprehensive listing of current programs to assist networking and development of programs across Australia and practical resources currently available. It will be a valuable practical shelf reference and resource for policy and planning staff, as well as for hands-on practitioners in the fields of child and adult mental health, education, welfare, health and justice.

I would like to thank all those who collaborated in the development and publication of this study, including the federal Department of Health and Aged Care, the project reference group and other agencies and individuals who kindly provided their insights and expertise. I would particularly like to thank Ms Sue McAllister, Senior Project Officer for AICAFMHA, who I believe did an excellent job synthesising the various documents and inputs from a wide range of sources into this very readable report.

I hope that this report will provide a foundation for development of an intersectoral network of support across Australia for these children and their parents to enable them to positively meet the day-to-day challenges of living with a mental illness.

Philip Robinson
Chair
Board of Directors
AICAFMHA
January 2001

Contents

FOREWORD	II
CONTENTS	III
LIST OF TABLES.....	IV
ACKNOWLEDGEMENTS	V
ABBREVIATIONS LIST.....	VI
EXECUTIVE SUMMARY	VII
1. PROJECT BRIEF	1
2. OVERVIEW OF KEY AUSTRALIAN REPORTS.....	2
INCIDENCE	2
IMPACT ON CHILDREN AND FAMILIES.....	3
OPPORTUNITIES FOR MENTAL HEALTH PREVENTION AND PROMOTION	4
MEETING THE NEED	5
3. METHODOLOGY	7
SCOPE OF STUDY	7
PROJECT TEAM	7
METHODOLOGY	7
4. RESULTS	9
STATE SYNOPSES	9
QUESTIONNAIRES	12
CONSULTATIONS.....	21
5. DISCUSSION.....	23
OVERVIEW	23
SUMMARY	28
6. ISSUES	30
7. RECOMMENDATIONS	31
8. REFERENCES.....	34
APPENDIX 1: THE AUSTRALIAN INFANT, CHILD, ADOLESCENT AND FAMILY MENTAL HEALTH ASSOCIATION	36
APPENDIX 2: QUESTIONNAIRE	39
APPENDIX 3: SUPPLEMENTARY RESULTS.....	45
APPENDIX 4: PROGRAM SUMMARIES	47
APPENDIX 5: ANNOTATED BIBLIOGRAPHY AND RESOURCES	64

List of Tables

TABLE 1: CLASSIFICATION OF RESPONSES	13
TABLE 2: NUMBERS OF PROGRAMS IN EACH STATE SPECIFICALLY TARGETED AT CHILDREN OR PARENTS WITH A MENTAL ILLNESS/MENTAL HEALTH PROBLEM.....	14
TABLE 3: FUTURE PLANS TO PROVIDE OR MODIFY PROGRAMS FOR CHILDREN WITH PARENTS AFFECTED BY MENTAL ILLNESS	14
TABLE 4: NATIONAL PRIORITY MENTAL HEALTH TARGETS ADDRESSED BY THE PROGRAMS	15
TABLE 5: CLIENT STRATEGIES USED BY PROGRAMS	16
TABLE 6: SERVICE DELIVERY INITIATIVES USED BY PROGRAMS	17
TABLE 7: SERVICE STRATEGIES USED BY MENTAL HEALTH PROGRAMS NOT PROVIDING A SPECIFIC PROGRAM.....	17
TABLE 8: MENTAL HEALTH OUTCOMES ADDRESSED BY PROGRAMS	18
TABLE 9: TYPES OF AGENCIES WITH WHICH PROGRAMS COLLABORATED	18
TABLE 10: DEGREE OF INTERAGENCY COLLABORATION	19
TABLE 11: REACH OF PROGRAM	19
TABLE 12: LEVEL OF RESEARCH EVIDENCE UNDERPINNING PROGRAMS	20
TABLE 13: NUMBERS OF LEVELS OF RESEARCH EVIDENCE INDICATED.....	20
TABLE 14: PROGRAM EVALUATION STRATEGIES USED	21
APPENDIX 3	
TABLE A1: FUTURE PLANS BY STATE	45
TABLE A2: CLIENT STRATEGIES USED BY PROGRAMS BY STATE: NEW SOUTH WALES	45
TABLE A3: CLIENT STRATEGIES USED BY PROGRAMS BY STATE: VICTORIA	46
TABLE A4: PROGRAM TARGET AGE GROUP(S).....	46
TABLE A5: PROGRAM TARGET AGE GROUP(S) BY STATE	46

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Over the course of the project, other opportunities arose for consultation, and the association wishes to thank these agencies and individuals for their participation, advice and support:

The Interagency Collaboration for Children of Parents with Mental Illness (ICCOPMI), a network of service providers concerned with services for children of parents affected by mental illness in Western Australia
The South Australian Forum on Children and Young Relatives of People with Mental Illness
Ms Suzanne Pope, Project Officer, Centre for Mental Health, New South Wales Health Department
The National Mental Health Promotion and Prevention Working Party (PPWP)
The federal Department of Health and Aged Care

Abbreviations List

ACHS	Australian Council of Healthcare Standards
AICAFMHA	Australian Infant, Child, Adolescent and Family Mental Health Association
AMH	adult mental health
ARAFMI	Association of Relatives and Friends of the Mentally Ill
AusEinet	Australian Network for Promotion, Prevention and Early Intervention in Mental Health
CAMHS	Child and Adolescent Mental Health Service
CASPAS	Children and Adolescents Support Program Access Service
CHAMPS	Children And their Mentally ill ParentS project
CHASP	Community Health Accreditation Standards Program
COMIC	Children of Mentally Ill Consumers
COPSMI	Children of Parents Suffering Mental Illness project
DHS	Department of Human Services (South Australia)
ICCOPMI	Interagency Collaboration for Children of Parents with Mental Illness (Western Australia)
MHPP	Mental Health Promotion and prevention (National Action Plan)
NHMRC	National Health and Medical Research Council
NNAAMI	National Network of Adult and Adolescent Children Who Have a Mentally Ill Parent/s Inc
NSAHAS	Northern Sydney Area Health Service
PPWP	National Mental Health Promotion and Prevention Working Party
TCP	Tasmanian Children's Project
THEMHS	Annual Mental Health Services Conference of Australia and New Zealand

Executive Summary

This scoping study was commissioned and endorsed by the Mental Health and Special Programs Branch of the Department of Health and Aged Care, and carried out by the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA). Funding for the project came from the federal Department of Health and Aged Care. The project brief was as follows:

To undertake a project that will identify current major State and Territory evidence-based initiatives in relation to how each jurisdiction is addressing the needs of children of parents with a mental illness, and future plans for work in this area. It is expected that the project will result in a report that outlines major activities, identifies gaps and makes recommendations regarding future work and action in this area. Activities will include:

- ❖ gathering information from, and consultation with, State and Territory mental health branches on key projects and services for children of parents with a mental illness in their jurisdiction and any future plans they have for work in this area; and
- ❖ analysis and reporting of project findings, including the evidence base of current activities, their availability and sustainability, and recommendations for future action.

The Department of Health and Aged Care contracted AICAFMHA to carry out this scoping study, employing a part-time project officer in September 1999 with a view to submitting a draft of the report to the PPWP in February 2000. Consultation with the PPWP and the federal Department of Health and Aged Care regarding the recommendations was completed in July 2000 and the report was completed by August 2000.

PROJECT DESIGN

Information was gathered via the following strategies:

- ❖ consultation with the project reference group, which included representatives from all States, and further individual consultations with other State and Territory contacts that developed through networking of the project;
- ❖ consultation with professional and consumer groups when opportunities arose; and
- ❖ wide distribution of a questionnaire seeking information as required by the project brief.

PROJECT BACKGROUND

The Mental Health Promotion and Prevention National Action Plan: Under the Second National Mental Health Care Plan, 1998-2003 (MHPP National Action Plan) (1999) was established in January 1999, and identified several areas requiring attention with regard to children with parents affected by mental illness. These included researching effective community-based interventions, evaluating the effectiveness and sustainability of prevention initiatives, and developing positive outcomes for these children, including improved support, mental health and parenting, and better knowledge and understanding of parental illness.

A number of recent Australian reports and policy papers were located by the project. These indicated the lack of statistical information on the number of children who have a parent with a mental illness in Australia. Australian studies have found that, during survey periods, between 29% and 35% of adult mental health (AMH) service clients are female parents of dependent children under the age of 18 (Cowling 1999; Hearle et al. 1999; and Farrell et al. 1999). Seventy per cent of these children are living with their mother. The reported prevalence of emotional and behavioural difficulties among children with a parent affected by a mental illness varies but is reported to be much higher than for the general population (Farrell et al. 1999). These children are also over-represented in out-of-home care services (Cuff & Pietsch 1997a).

Having a mental illness can make it difficult at times for parents to provide for their children's needs, which include love, physical and emotional nourishment, security, protection, stimulation, an appropriate learning environment and socialisation (Pope 1998; Kowalenko et al. 1999). However, families containing a parent affected by mental illness can be supported to effectively parent their children. In addition, interventions that target the risk factors experienced by these children, and develop their ability to cope with adversity, can decrease the risk of these children developing poor mental health.

This report summarises the recommendations made by these previous Australian reports, which fall under the following main themes:

- ❖ interventions needed to support children, for example services to provide continuity of care, peer support, education on mental illness, and improved resilience and coping skills;
- ❖ interventions needed to support the parent, for example planned care and respite services, those that provide validation and support of the parenting role, family-focused mental health services, and practical in-home help; and
- ❖ policy/service-level changes should be aimed at better identifying and meeting the needs of these children and their families.

SELECTED PROJECT FINDINGS

The project was successful in gathering a great deal of relevant information and identifying issues that require attention. As it was limited to a scoping study and the time frames were short, it did not encompass a full literature review or wide consultation (apart from that described above) and so does not map services in detail.

However, the findings clearly illustrate that there is an emerging awareness across Australia regarding the existence of this group of children and the developmental risks they may be experiencing, and a move towards identifying and meeting these needs. Policy frameworks to support mental health services in recognising the needs of both the parents and their children and responding effectively are either in place or under development in most States.

As would be expected, some States, for example Victoria and New South Wales, are further developed in their responses to these children and families than others, but initial collaborative or research work to identify and address these needs could be identified in all States. Fifty programs were classified as specifically addressing the needs of these children and/or their families where their responses indicated that children of parents affected by mental illness were the particular targets of the intervention, either directly or indirectly. Indirect strategies included activities such as interagency networks to facilitate effective responses, or working with AMH services to identify those clients who have children and what, if any, their support needs might be. Direct strategies were classified as any that worked directly with the child or the parent, including support groups, respite care tailored to their needs, and so on.

Of these 50 programs, 44 responded in time to be included in the analysis. Programs were all targeting those strategies and responses currently understood as most helpful for these children and their parents. This included addressing the needs of the child and/or the needs of the parent, and initiating change at a policy or service level.

Considering the issues identified by the study will help the States and Territories continue to move forward in addressing the needs of these children and families. A flexible network of support should be available in our community, which clearly requires a high degree of interagency collaboration. These children and their families are highly individual and have different types and degrees of need at different times, so the type of support required will vary and must be flexible and responsive. These children, and indeed their parents, may present to a wide range of non-mental health agencies, who should be aware of this, know how to respond appropriately and know the resources that are available.

There are a number of challenges to such interagency collaboration that require consideration. Agencies are not always aware that the adult who has a mental illness is also a parent, and they are often concerned about the AMH client's right to confidentiality. The parents themselves may fear that they will lose their children if they indicate they need help. Agencies should also be clearer about their responsibilities, roles and practices.

A number of States have already begun addressing the initial identification of these 'hidden' children by asking AMH clients on intake whether they are parents. Other positive changes that are underway in some services include developing strategies in AMH services that are holistic and family oriented, and reorienting services to prevention of mental illness and promotion of mental health. This will be assisted if AMH workers are educated about identifying the needs of children, and of parents with regard to their parenting role, and initiating appropriate referral and liaison with other agencies. Many workers indicated that the amount of time this takes, as well as current record keeping and funding arrangements, are a barrier to working in this manner.

Of the 44 programs located, 21 were able to provide support directly to the child, while the remainder were involved in more indirect strategies. A few were able to provide services that have been identified by parents who have a mental illness as a high priority. These include services such as support and skill development groups for the children, similar groups for the parents, in-home support (for example, immediately after hospitalisation), planned and emergency respite care with consistent caregivers, and supported accommodation. While these types of services are resource intensive, both consumers of AMH services and workers from a range of agencies clearly indicated that such services were greatly needed.

While one program had begun to identify the needs of children of migrants experiencing significant mental health problems, the needs of Indigenous communities and children living in rural and remote areas (as opposed to regional country centres) are yet to be specifically addressed.

Finally, responses indicated that workers acknowledged the importance of using research evidence as a foundation for their practice and were interested in accessing this type of information. However, workers were hampered by time and resource constraints in identifying and analysing the research, and by the fact that the evidence regarding effective interventions for these children and their parents is scarce. In addition, respondents to the questionnaire did not always have a clear idea about what was meant by the National Health and Medical Research Council's (NHMRC) evidence-based standards. Nevertheless, a high level of commitment to program evaluation indicated that, with expert assistance, there may be opportunities for program providers to participate in further developing the research evidence base by upgrading their program evaluations to contribute to this type of research information.

RECOMMENDATIONS

Some recommendations can be made on the basis of information gathered so far by this scoping project. The following recommendations were developed with the assistance of the reference group for the project and further refined after consultation with the PPWP and the federal Department of Health and Aged Care. Recommendations are grouped under three headings: mental health services, intersectoral collaboration and research and education. Details of each recommendation are given in full in chapter 7.

Recommendation 1: Mental health services

Recommendation 1.1: An expert multidisciplinary group should be convened to develop and disseminate guidelines for child and adult mental health services on appropriate responses to children with parents affected by mental illness and the parents themselves. The Commonwealth should then publish these standards and encourage their adoption by mental health services.

Recommendation 1.2: An active dissemination and communication strategy should be developed for the guidelines prepared under Recommendation 1.1 to ensure their rapid uptake by mental health services.

Recommendation 1.3: The States and Territories should give consideration to putting in place programs that adhere to current understanding of the most effective responses to the needs of these children and their families, and meet the needs identified by the children and parents themselves.

Recommendation 2: Intersectoral collaboration

Recommendation 2.1: Mental health services should take a leadership role in developing protocols, linkages and coordination across all sectors involved with children. This collaboration would aim to help other agencies identify and respond appropriately to children who would benefit from support as a result of a parent's mental illness.

Recommendation 2.2: Information on the needs of children with parents affected by mental illness, their parents and families should be widely disseminated to all sectors.

Recommendation 2.3: State and Territory mental health agencies should investigate strategies for educating and supporting all agencies or organisations who are likely to come into contact with parents who have a mental illness and their children about the special needs of these clients.

Recommendation 2.4: Barriers to appropriate and collaborative service delivery for children with parents affected by mental illness should be clearly identified, along with practical strategies for overcoming these.

Recommendation 3: Research and education

Recommendation 3.1: The nature of mental health practice should be examined by a multidisciplinary reference group of key mental health professionals with a view to reorienting it to support the clinical practice guidelines identified by Recommendation 1.1.

Recommendation 3.2: The expert group established under Recommendation 1.1 should give consideration to previous recommendations regarding support for children with parents affected by mental illness when developing guidelines.

Recommendation 3.3: A central, easily accessible and updated resource should be developed that provides access to, and analyses, current research evidence regarding the needs of children with parents affected by mental illness and their families, and also promotes the guidelines developed under Recommendation 1.1.

Recommendation 3.4: States and Territories should investigate strategies to provide expert research assistance to service delivery staff to enable them to develop program evaluations based on research principles, and to support them in documenting, analysing, publishing and otherwise disseminating this information.

Recommendation 3.5: Knowledge regarding 'good practice' programs and activities for children with parents affected by mental illness should be promoted and shared widely.