

6. PEOPLE, CULTURE AND MANAGEMENT

People, Culture and Management was the third key theme identified in terms of enablers for 'copmi'. This includes various sub-themes:

- Champions at all levels including consumers; building formal/informal alliances;
- Bottom-up and top-down influencing;
- Leadership commitment and reculturing; and,
- Professional learning including joint conferences, mentors and team meetings.

Similarly, People, culture and management barriers identified previously in Figure 5 were about agency 'silos' and lack of sharing between various government services; lack of training in parenting assessment and recovery-oriented approaches for workers; frequent changes to 'copmi' personnel and intervention services and over-reliance on non-government and advocates to provide services continuity.

6.1 Champions at all levels

Champions at all levels as a key driver for 'copmi' was the message consistently reinforced by all stakeholder groups and across various organisations and jurisdictions. While strategic approaches and policy frameworks developed by states and territories are relatively new directions and non-recurrent funding of key positions continues to be a concern, it is the consumers and practitioner champions within government and non-government organisations who often play a significant role in ensuring some degree of continuity of services: *'There have been a lot of champions along the way....who've been people who have stuck it out and lobbied, like line managers crazy for funding, for recurrent funding'* (State coordinator response).

While many champions were identified within specific agencies, a key enabler identified involved passionate individuals and organisations, bringing people together from across the system, building 'copmi' awareness and developing information about issues and services. In most situations this has initially occurred without any formal agreements, structures and protocols for such collaboration, with these informal networks eventually working together to gain funded positions. One jurisdictional network leader describes some of the processes involved in the championship role, also highlighting some of the challenges:

Leadership is a key factor....I was setting up meetings. ..saying what my vision was... a local area network about children and (then) arranging the next meeting...and over time it means that the inherent tension in that group was about getting others to feel like stakeholders....And from this it came back to commitment...key people keeping the group going and having regular meetings...not necessarily structurally supported....(and eventually) having it on somebody's job description...making those positions permanent or making the work part of a permanent position.

Consumers and carers have also been a significant group, particularly in some states, playing a key role on various high level committees and sometimes involved in training programs and working with non-government organisations to continue small-scale projects including during times when government funding was not unavailable. For example in one state, during a period of government funding shortage, a non-government organisation and consumers worked together to undertake various tasks related to resource material production for training packages for child carers, consumers and families and also for workers. The need for a partnerships approach with consumers and providing a supportive environment is expressed by one leader of a non-government organisation as follows: *'We as an*

organisation were committed to working respectfully with consumers and we were also happy to be told we were doing it wrong'.

Various national and state-based consumer and carer groups have now been established, attracting some grant funding and producing web and hard copy support materials, templates related to the care of children when parents are hospitalized, as well as conducting cross-sector workshop programs. For example, in one state, a consumer group has developed a materials package for teenagers and templates for care of the child when parents are hospitalized and also workshops for government and non-government workers and for children and families.

On a political level consumers are extremely powerful as there is generally a high level of government concern about their responses to events occurring and a commitment to their involvement in relevant issues, with many 'copmi' organisations recognizing this: *'consumers having involvement in it is also helpful...there's considerable concern about consumer attitudes and views'* (organisation leader).

However, over-reliance on consumers and non-government services was also considered a barrier by some of the focus group respondents because a more ongoing government-sponsored commitment is considered to be essential, with policies and an implementation plan providing longer-term sustainability.

6.2 Formal and informal alliances

In many states, the beginnings of a more strategic approach to 'copmi' was initiated by champions using their formal and informal alliances to agitate for funds and build the momentum, sometimes also keeping 'copmi' on the agenda during periods of political change or funding scarcity.

For example, examining the beginnings of 'copmi' in the 1990s in one state, agencies focused on parent mental health and concerned about leaving young children alone when parents were hospitalised, established informal breakfast meetings. These informal events began to support regular interagency collaboration, and there was discussion and an opportunity to hear from consumers about their issues. Some initial data collection was undertaken in relation to the numbers of dependent children, cross-sector workshops eventuated and links were made to national AICAFMHA directions and researchers. A key government/non-government/consumer committee was eventually established:

We let it develop organically. Lots of people wanted lots of order and structure... the only purpose was the discussion.....The informal breakfasts got sufficient people from across services around the table, hearing the issues for a sufficient time so we could make the connection to other things happening (non-government agency leader).

However, many jurisdictional and government and non-government area coordinators and leaders highlighted the difficulty of cross-agency work, including the barrier presented by frequent personnel changes or discontinuity of services during funding transition periods. Given short-term funding, usually for two or three years, as the funding finishing timeline approaches and funding continuity is unclear, those holding the position being to seek other roles. So even if funding is eventually secured, there is a loss of personnel and formal and informal alliances interconnections have to be formed yet again. The impact of discontinuous funding on people and projects and particularly cross-sector work is indicated in the following statement by a senior official of one government service: *'...wonderful creative ideas about what they could do... they were really passionate and there was a wonderful energy with professionals working with consumers and young peopleand all of a sudden they were left hanging'*.

A successful strategy outlined was that some agencies have used their own funding for small-scale

projects and to continue informal networking. This has occurred even when government funding has not been available, thereby keeping 'copmi' on the agenda and pressuring for additional resources. Reflecting on the importance of this role, one non-government organisation leader states:

...the other learning that we had is that if you have people that hang in long term ..and keep links to, you know in this case, the mental health division....with all that effort it stays on the agenda.....it's enough for us...What we will do no doubt is attract more grant money for projects like that ...Small capacity building projects generate a lot if you can hold a continuity around them.

While many cross-sector alliances are formed through interested individuals, formal alliances also play a role in bringing together a range of people to represent their agencies and with varying levels of interest and motivation. Through information sharing and collaborative work, there is also the potential to shift attitudes and disseminate new ideas across a wide range of situations, with some degree of discomfort for certain groups sometimes being part of the process: '*...after a while shaming other organisations that we really should be doing that....it's not good enough that you're not doing it*' (government coordinating leader).

Learning how to work across agencies and government services and address territoriality was certainly raised as an issue and various examples were given in different jurisdictions of the difficulties. For example, within one jurisdiction, a video was made by one service but was not able to be shared because funding came from one particular service. Different cultures for government services cause problems, with adult and child mental health being cited in various jurisdictions as an example. This is reflected in this statement from an area-based coordinator: '*You've got to be careful with adult services about how you approach that because they get narky*'.

In cross-sector committees, different cultures and agendas need some careful management and one jurisdictional cross-sector committee leader highlights some of these aspects:

...different agendas were brought to the table....At the start they were quite vocal about what the project should be doing.... I think through discussion people really understood that there weren't the structural things in place...I think its naïve to think that all of the tensions were ironed out....The primary goal for the project was to get 'copmi' onto the agenda in as many places as possible (jurisdictional cross-sector committee leader).

Given funding limitations and the lack of opportunity and formal governance infrastructure for government cross-agency work, alliances have also been used to raise the 'copmi' profile and disseminate material widely. One jurisdictional government leader outlined a strategy for distributing materials across relevant workforce groups through participation in conferences for education and nurses: '*seeking opportunities...so it's becoming more everyday language ...(and) distributing materials widely*' (government leader).

6.3 Bottom-up and top-down influencing

Consumers, practitioners and leaders having the opportunity and skills to influence senior level people across a range of service areas, as well as to motivate workers was a sub-theme identified in the focus group research within the context of the People, culture and management theme.

In regard to the issue of influencing senior level people and also bringing workers onside through provision of effective training programs, some research participants indicated various processes they had utilized to achieve this. One government jurisdictional leader outlines these approaches:

....You need high level (support)...and convince them that it's worthwhile and then drive it up to the top. That's actually what makes it sustainable because people at the top change.. So within the health or community services area, you really do need some champions there who will drive it and that comes from relationships. You need to do quite a bit of lead up work ...and also that can be across departments. Education is a very obvious one... offer to come and talk to people. So spreading the word...getting funding ...in an ideal world I would get coordinators in every service... People criticize us for rolling it out on a shoestring budget but I still think it's been worthwhile...We've got change...it's hard to measure but you know there's a lot of activity going on. You know with the satisfaction in the training and the response from people that they're using 'copmi' resources, that the links are being made.

Relationship-building with a range of people from senior levels and with workers and building trust was also emphasised in another jurisdiction in relation to a coordinator and the processes used for the purposes of influencing future directions: *'(X) put well presented ideas to the top of the organisation and worked for changes in the system and got things written down in black and white.... (She was) trusted at high level but networked with a range of people on the ground'*.

Influencing leaders and then formalizing agreements to achieve long term change is supported by another jurisdictional statewide leader in commenting that: *'...the most important thing is to engage with the people in leadership, the people in authority....so it can't be taken away'*.

Another perspective about change coming from the bottom up highlighted how this works in an opportunistic and informed manner: *'it comes from the bottom up...with change...you seize the opportunities when they're there...(it's) opportunistic but informed' (area-based leader)*.

In addition to bottom-up influencing, a key change factor identified by various stakeholders in various jurisdictions is top-down influencing and leadership. Positional power provides opportunity to establish structures and processes for continuity and follow up at various levels of responsibility so that new ideas can be systematically established. Enthusing, building shared understandings and new language and mindsets is part of the leader's role.

6.4 Leadership commitment and reculturing

Connected with top-down influencing, a key skill identified for leaders is their capacity to work within and across organisations to reculture and build a shared vision and build towards new directions. Focus group participants in various government and non-government organisations across jurisdictions highlighted that this is a particularly significant focus for 'copmi'. A major reculturing is currently underway because services have traditionally supported the individual needs of adult consumers or children with mental health issues rather than operating within a family sensitive/recovery-oriented context and using early intervention approaches. As one government state coordinator has indicated in relation to individuals and organizations who are leading the way across whole systems within the jurisdiction in shifting the 'copmi' culture: *'Places like (X) have been a very strong voice to government saying, we need to work with whole families, we can't just work with individual clients, we need to take a systemic approach'*.

Working with whole families really does mean adopting a cross-sector as well as a systemic approach, with those in leadership roles working together and motivating and enthusing their own teams at all levels to rethink their work and ways of operating. This means considering 'copmi' in terms of adult mental health client needs for parenting skills and children's needs for support as carers and for knowledge about mental health and opportunities for respite and to share their experiences with others

or for counselling:

Different departments, education and community health are thinking of children but not thinking in 'copmi' terms. So it's like 'copmi' is the vehicle of mental health but it's almost like, you know we have to get another whole language to get people on board ...not talking about "copmi" but about children, families and mental health (non-government leader).

It was highlighted in the focus groups that resolving conflict is a key high quality leadership skill which is important in cross-agency work given different agendas and different cultures. Leaders need to be able to support committee members and inter-team groups to sort through their differences and focus on improved services for 'copmi': *'it's a really valuable tool, conflict, if it's managed well'* (government leader response).

A particular barrier between services which was frequently highlighted in the consultations was division between adult and child mental health services:

...there's a clear divide between the adult sector and the child sector...there's not been a relationship...you've got to connect the adult sector with the child's problem if you want to address child abuse....but services aren't set up for that...even in mental health, CAMHS and adult mental health don't have that much to do with each other, only an individual case now and again but actually not planning services and understanding how each other works and it needs a strong driving force to address that (area based leader).

The associated barrier when agencies operate as 'silos' and there is a lack of systematic sharing, partnership agreements and leadership is poor quality services for adults with mental health issues and for their children, apart from some individual workers and services. This is indicated in a jurisdictional leader's comment:

.....it shouldn't be about weaving your way from one control agency to another.... and if you can't do that, we'll pick that up...not signed off...otherwise you're leaving it up to individuals and personalities and if you've got someone good it's great.

However, there was also a concern that shared approaches across services could result in loss of expertise and lack of ownership by any group of the 'copmi' work.

6.5 Professional learning

Focus group consultation attendees highlighted that ongoing professional learning and development is an important part of the reculturing process. This involves building new skills and knowledge for those working in the 'copmi' area and supporting the development of shared vision and values in relation to family-sensitive practices and early intervention, prevention and promotion.

Since the 1990s, one or two day conferences involving 'copmi' leaders within and across states and territories, nationally and internationally have played a significant enabling role, through sharing of information, development of strategic alliances and dissemination of new ideas into local contexts for future consideration.

In terms of the knowledge and skills of the mental health workforce across a range of roles, the comment was repeatedly made within the consultations about the poor level of understanding of issues. This is still seen as a barrier in terms of 'copmi' systems change as reflected in this comment from a jurisdictional training leader:

The issue is that we have a significant number of workers spread out doing all sorts of jobs with people in the community but they don't have the key bits of information that really help to make the best of the opportunities they have in the work with the individual and families they're engaged with... in the case of prevention, early intervention and really getting change happening... the opportunities aren't picked up on.

Nonetheless, over the past decade as more strategic 'copmi' approaches have been established within jurisdictions, training sessions have been used extensively to build the skills and understanding of adult mental health and other workers about the impact of adult mental health issues on families and children. The value of training programs is highlighted in the following interview comment: *'So I think training is about getting people to see that they've got a few extra skillsif it's adult services they think what do I do with children ..So getting people to open up their minds and getting people to work a bit more holistically with the family ' (area-based 'copmi' leader).* Beyond information on services for referral purposes and developing an understanding of using a whole family approach, building the skills of clinicians in asking questions about whether there are dependent children and knowing how to conduct an assessment about parenting skills are key aspects of training which are currently receiving attention.

Some agencies in some jurisdictions have mandated training for all of their adult mental health workers, or induction of new staff involves 'copmi' as part of the orientation and training program. In other jurisdictions, cross-agency training involving child protection, education, adult mental health, child and adolescent mental health, nurses and general practitioners is occurring. Non-government organisations, consumer and carer groups, and jurisdictional bodies at the central or area level are the key providers.

The involvement of consumers in conferences and training sessions was noted as vitally important in many jurisdictions and across various stakeholder groups, as reflected in this comment by a statewide coordinator: *'One of the drivers for change is actually having people like...consumers and carers getting up there on an equal footing and speaking about the changes that have happened ...And using that world (of consumers and carers) to get them (workshop attendees) to listen to you'.*

Consumers themselves commented on some of their past experiences and how they feel that sharing their stories at training sessions has made a difference and supported change for others using various services. This is reflected in the following story about the experiences of a pregnant woman with a mental illness being advised to have a termination:

...(I was) advised to have a termination and there was pressure to do this and I needed to seek support from various groups. Things changed for the better then but there was still a lot of judgment put upon me, constantly saying, are you doing the right thing? It's not that they weren't supporting but supporting in a way that made me feel like I was doing the wrong thing even though I felt so strongly about this. ...But I know now that there's a service....and they work with mothers and infants...and they're doing a lot of work about education and changing of attitudes.... I had a worker from the mother support program...and it didn't get through to her and she came to this workshop that I was speaking with...to find out more about what she could do to work with me and I was one of the presenters there....they don't know themselves what's the best thing.

Several organisational leaders in various jurisdictions commented that, in addition to conferences and training sessions, they are also recognising that more ongoing professional learning approaches are needed. One leader of a statewide program reflects this in her interview comment:

...the whole idea of training we have to be careful about...you go along to the training and there's nice food and you have a nice chat...and within three days it's all forgotten and nothing changes.

And that's our big challenge, to look at the way we can organise change and support these families and it's real... so that people who can have these two day training (sessions), hear about real things and have a chance to make a difference and it's real language... (and) to go back to their team leader or their manager or their network and they can keep talking about it and keep getting support from somewhere and they can build local ownership.

Various approaches to ensuring more ongoing professional learning are occurring across jurisdictions and services. These include managers working alongside staff in delivery of services and modeling; 'copmi' as an ongoing item on team meeting agendas; co-locating services and teams to create opportunities for ongoing interaction; performance management processes highlighting 'copmi'; and developing e-learning programs. For example, one state has funded a statewide coordinator and some area-based positions, with regular meetings planned as a group and between the coordinator and area-based individuals, all linked to the performance management context and ensuring a coordinated approach to implementation of the state plan. Another area-based leader was working with her team of adult mental health workers in regard to 'copmi' in joint work with clients and she describes the benefits of the process as follows: *'it assists them....so that it's not just another job they have to do....it assists them in working with the client....and they have access to another clinician... and they do a better joband the clinicians learn extra skills'*.

Several focus group attendees also raised the issue of professional learning for health and other relevant professional undergraduates to ensure they were aware of the 'copmi' issues, although this was not widely occurring in the current context.