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4. BIG PICTURE CONTEXT AND LEADERSHIP

The first key theme regarding 'copmi' systems change as identified by various stakeholder groups across the states, territories and nationally was multi-organisational, big picture context and leadership. Specific aspects are:

- Legal and policy interconnected contexts;
- Critical incidents;
- High level influential champions and national contexts; and
- Historical/social issues and timing.

Enablers and barriers will be discussed. Relevant barriers, as outlined in chapter 3, include poor high level commitment across agencies; changing political agenda including crisis-driven rather than prevention-driven; changing senior managers and lack of support, also insufficient national and jurisdictional links.

4.1 Legal and policy interconnected contexts

Multi-organisational approaches and consideration of the overall context beyond a single organisation are increasingly identified as drivers for change in relation to 'copmi', with poor high- level cross-sector interconnections also being viewed as a traditional barrier. Beyond government or non-government services in areas such as child and adolescent mental health and perinatal, the policy directions of early intervention/prevention/promotion and family-focused approaches, as well as child protection legislation, have essentially been resulting in changes over time.

Given significant numbers of 'copmi' requiring mental health services for themselves, rather than child and adolescent services supporting the children at the point in which mental illness commences, under early intervention approaches, adult mental health are being given additional responsibilities. Increasingly, adult mental health services have a significant role beyond the medical model of individual support for mentally-ill adults. This includes adult mental health services intake information identifying whether there are dependent children involved, the existence of support structures among family and friends, assessment of the situation in terms of parenting (both strengths and weaknesses), as well as identifying other services and referrals needed by the children.

State and territory-based legal and policy frameworks, such as in relation to child protection are highlighting the wider range of child safety issues beyond the physical and sexual aspects of the traditional focus towards also including neglect. The links between adult mental health and drug and alcohol issues are increasingly recognised. Interconnected perinatal support is also occurring such as identifying, assessing and supporting mentally-ill expectant mothers, including in terms of parenting skills prior to and following the birth at various phases.

Child protection is a significant driver for greater interagency cooperation and this is captured in this response from a 'copmi' leader in a government health service:

..child protection enquiries were happening in most states...and that created awareness of the more serious end of the impact of mental health....so that led to more links between health, children services, child protection. And people were being asked and required to consider children within an adult service.

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4.2 Critical incidents

While many jurisdictions have been working progressively towards multi-organisational approaches and seeking to establish government and non-government cross-sector responses and responsibilities, the challenges of achieving this were widely acknowledged by stakeholders in the research. Financial aspects, cultural mismatches, structural impediments and individual personalities and egos were all raised as considerations.

However, several states identified critical incidents attracting the media spotlight and capturing public attention for an immediate political response as significant drivers for galvanizing cross-sector and multi-agency cooperation. For example in one state, response to a critical incident finally resulted in interagency collaboration and agreement on mental health intake paperwork regarding dependent children, as well as parenting assessment and follow-up of mentally-ill adults upon release from an institution. Wide-scale mental health worker training in child protection and increased dual diagnosis work were other outcomes, as well as increasing the range of allied health and other professions having responsibility for mandatory notification. A family support plan has been developed and confidentiality issues which have previously prevented information sharing within and between agencies, are being reconsidered in terms of child safety requirements.

There was some concern expressed however that the crisis-driven response could become counterproductive, with the potential for reactionary political response rather than well-researched and consultative directions being viewed as a barrier. Detracting from the essential consumer partnerships message of a positive framework of prevention/ promotion/early intervention was believed to be a considerable risk and the need for continued ongoing government funding for wider support services was highlighted as essential.

4.3 High level influential champions and national contexts

While leadership across various groups and organisational roles is recognised as a key driver, influential champions at the highest level and national contexts have provided a significant boost to the status and funding of the 'copmi' agenda. At the national level, this means organisational leaders meeting regularly with key political figures within a context of sometimes changing political parties and personnel, and regularly re-telling the 'copmi' story to ensure that issues are understood and ongoing funding is secured.

In some of the states and territories, these champions have been significant political leaders who have been influenced through life experiences of family members to take up the 'copmi' cause. In other cases, the high level champions at a state or national level have been academics or practitioners with significant links to overseas organisations or individuals working in the 'copmi' area. Their role has sometimes involved leadership of government committees and cross-sector practitioner networks or policy development groups. Championing of national mental health and related policy frameworks and state-initiated key conferences led by highly-regarded 'copmi' individuals attracting national and even international audiences, are other aspects in terms of enablers cited by interviewees. Focus group participants highlighted that even though national policies and conference resolutions are not binding in the state and territory context and this has been a barrier to 'copmi' change in the past, where national policies and frameworks are available, they do provide some leverage. This includes signaling key directions and this has the potential to influence jurisdictional decision-making and future action.

For example, some government-based 'copmi' staff highlighted the importance of the national mental health policies and reports for engaging senior bureaucrats in discussing the state situation and its directions and resources provision, particularly in relation to other states. In addition, the 1993 Commonwealth-funded report (Burdekin et al., 1993) received multiple comments as being critically

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important in initially raising the issues of 'copmi' and this led to jurisdicational funding for 'copmi' training for family support workers and to some funding for peer support programs for children. National mental health frameworks including the AICAFMHA national directions provide opportunities to engage senior bureaucrats in considering state policies and future plans, with some opportunity to use rivalry between states to leverage and to be able to talk about relevant issues at the local level. In one state, Australian Government funding in previous years has supplemented the jurisdictional resourcing and enabled a more wide-scale response and in-depth research and planning of future directions. The National Mental Health Plans and the focus on early intervention, prevention and promotion, even without having associated implementation plans, have had a significant impact on the policies and frameworks developed by states and territories.

4.4 Historical/social issues and timing

Underpinning legal and policy frameworks, critical incidents and high level champions, research participants noted the context of historical and social considerations within the local situation and the importance of timing.

While historically mental health services have been focused on their own organisation and some specific mental health conditions, there is increasing social awareness of mental illness in the wider context of depression and anxiety including recognition of the range of backgrounds affected such as politicians at the highest level. The historical 'secretive' approach toward mental illness is being replaced. Recognition of the wider range of people supporting mentally-ill adults is increasing. General practitioners are a particular group of health professionals who are increasingly recognised for their role in working with adults and children with depression and anxiety and for their knowledge of family situations and skills in adopting family-focused approaches. Therefore, general practitioners are being included in cross-sector network committees at the state/territory and area levels and they are now being seen as a vital target group for training in 'copmi' issues and as part of the information network for specialist services such as psychiatry professional bodies.

So, while historical and social issues are key drivers, this is linked to the issue of timing as a critical enabler. In various states and territories and from various stakeholder groups, the issue of historical sequence and opportunism and various factors aligning at a particular point in time has been highlighted as captured in the following comment: '*I see the 'copmi' project being able to be sustained because there was funding…it was the right time. It's not one thing, it's timing, it's not just executive support*' (jurisdictional coordinator).