1. INTRODUCTION

1.1 Background to 'copmi' study

The Council of Australian Government (COAG) *National Action Plan on Mental Health 2006-2011* has been released and this includes a $1.9 billion investment in mental health reform, with funding provided across a range of different government departments (Parham, 2007). This includes funding for Children of Parents with a Mental Illness through the national body, Australian Infant Child Adolescent and Family Mental Health Association (AICAFMHA).

The recent initiatives build on policies and initiatives which have been occurring over the past two decades. Since the early 1990s, there has been an increasing awareness and concern about mental illness within Australian society, with the impact on families and particularly children increasingly highlighted. In 1993, a key report regarding mental illness, the *Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness* (Burdekin, Guilfoyle & Hall, 1993) emphasised the importance of support for families and children of mentally-ill adults. Around this time, the *National Mental Health Strategy* (1992) and *First National Mental Health Plan* (1993) were released, with a national evaluation in 1997 indicating insufficient progress in addressing the issues (Australian Government, 1997). The *Second National Mental Health Plan* (1998-2003) and *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health* (2000) and associated monographs focused on the importance of promotion and early intervention, and children of parents with a mental illness were included (Fudge & Robinson, 2008a).

Throughout this time, data was released which indicated increasing concern for children with mentally-ill parents and the potential impact on their own mental health. Nationally in Australia, the estimates showed one in five adults experiencing a mental health problem in their lifetime, with around 29%-35% having dependent children (Cowling, 1999; Farrell et al., 1999). Mental health services clients with dependent children are likely to be females in their mid-thirties, with young children less than six years old, 70% of whom are living with them (Farrell et al., 1999). Over 20% of children and adolescents are living in households where at least one parent has a mental illness (Farrell et al., 1999; Victorian Government Department of Human Services, 2007).

Over one million children are affected, with about half having a significant risk of developing a mental illness themselves, which represents about three times the rate for children without a home background involving mental illness (Maybery et al., 2006; Commonwealth Department of Health and Aged Care, 2001). Post-natal depression affects between 10-15% of new mothers and insecure attachment, language delay, emotional and behavioural problems and cognitive deficits are issues for the children of these mothers (Kowalenko et al., 2000). In terms of parents with a severe mental illness, research indicates parenting skills are sometimes significantly affected and this results in increased risk of losing custody of children (Oyserman et al., 2000).

Drawing on relevant data from child welfare services in the United Kingdom, Jenkins (ed.), 2004) makes estimates of between 50-70% of notifications of at-risk children having a parent with a mental illness. Parenting centres report half of referrals are of mothers with depression and family support non-government organisations report a high proportion of referrals involving complex needs such as mental illness combined with drug and alcohol issues (Jenkins (ed.), 2004). Refugees and Aboriginal and Torres Strait Islanders (ATSI) have high rates of mental illness such as post-traumatic stress disorder/anxiety for the former group, (with little systematic data for ATSI but high anecdotal information) and this is likely to be exacerbated by economic and social disadvantage (Jenkins (ed.), 2004).

Long-term outcomes for children who come from families with mental health conditions may be high levels of depressive symptoms, conflict at home, social isolation and stigma and socio-economic issues. Emotional and behavioural difficulties, high suspension rates and low connectedness and engagement at school, substance abuse, suicide, involvement in crime, high risk of homelessness and joblessness and inconsistent contact with mentally-ill parents are other concerns (Raphael, 2000; Commonwealth Department of Health & Aged Care, 2001).

Various reports have indicated effective interventions for reducing risk and improving outcomes for 'copmi'. These include cross-agency approaches, staff training, supporting parents by further developing parenting skills and building resiliency in children and adolescents and increasing their knowledge base (Cuff & Pietsch, 1997; Cowling, 1999; Falkov, 1998).

This current study involves undertaking a critical analysis of 'copmi' systems change implemented within government and non-government organisations in Australia. A significant aspect of the research has been conducting focus groups and interviews with national and state and territory organization representatives about their responses to the challenges of providing support for children of parents with a mental illness within their organisational context, including the enablers and barriers. The report is commissioned by AICAFMHA as the national body, with details of the national scene provided in the next section of this chapter. State and territory documents and historical change aspects and national reports are then outlined in the following chapter.

1.2 The national scene

AICAFMHA and COPMI

At the national level, the Australian Infant Child Adolescent and Family Mental Health Association (AICAFMHA) was established in 2000 in response to various conferences which included participants from various backgrounds and organisations from around Australia. Conferences which reflect the progress towards the establishment of AICAFMHA include the Inaugural Child and Adolescent Mental Health Conference in Adelaide in 1995, followed by the second national conference in Melbourne in 1996 which resulted in the formation of a national steering committee. Further confirmation of directions occurred during the Plenary session and feedback at the Third National Conference held in Sydney in mid 1998, with this Plenary session being a critical milestone for the Association. Organising conferences, distributing newsletters, developing a membership base, involving consumers, establishing a website and completing nationally funded projects were key activities in developing the national association (AICAFMHA).

As a national body, in the initial phase AICAFMHA worked in partnership with other relevant groups to develop its guiding principles. A commitment to representation and sharing; principles and data regarding best practice; advocacy; and collaboration with other relevant bodies in Australia and overseas has been the focus (Fudge & Robinson, 2008).

The overall aim of the Association has been to actively promote the mental health and well being of infants, children, adolescents and their families or carers (AICAFMHA).

While there were various strategies and organisations providing support for 'copmi' around Australia, a key concern which led to the establishment of the national body was that responses were often motivated solely by individuals or groups with a passion for the area. Isolated programs and services emerged that were generally poorly funded often of a small scale, generally poorly evaluated and were rarely embedded within

the broader policy or organisational framework of their host agencies (Fudge, 2002).

In 2001, the *Children of Parents Affected by a Mental Illness Scoping Project* was commissioned by the Australian Government from AICAFMHA for the purpose of systematically bringing together theoretical information, as well as identifying existing Australian programs for prevention, promotion and early intervention within the states and territories and nationally, also making recommendations for future action.

AICAFMHA was subsequently successful in obtaining funding from the Australian Government Department of Health and Ageing for the Children of Parents with a Mental Illness (COPMI) initiative in 2002. This initiative was supported by various national consumer, academic and practitioner networks including COMIC (Children of Mentally Ill Consumers), AUSIENET (Australian Network for Promotion, Prevention and Early Intervention for Mental Health) and the University of Queensland (Fudge & Robinson, 2008).

The overall aim of COPMI was 'to promote better mental health outcomes for children (0 - 18 years) of parents with a mental health problem or disorder' (COPMI).

The national COPMI initiative was established with the following objectives (Fudge & Robinson, 2008):

- Development and uptake of good practice principles and guidelines for services and people working with these children;
- Availability of appropriate resource materials for children and families and support workers; and
- Provision of high quality information to the Commonwealth Department of Health and Ageing to enhance future policy development.

Based on wide-ranging consultations and feedback, the COPMI National Consultation Group and COPMI Reference Group were established, with the *Principles and Action for Services and People Working With Children of Parents with a Mental Illness* being released in 2004. In this document, there is a focus on both systems and individual workers identifying their potential involvement in the provision of quality services. Key themes are promoting well-being and reducing risk; support for families and children; addressing grief and loss; access to information, education and decision-making; care and protection of children; partnerships and cross-agency processes; workforce development and service reorientation; and research and evaluation. Booklets, website development, and networking, (including through the COPMI e-discussion list) were other outcomes of this establishment phase (Fudge & Robinson, 2008).

In 2004, AICAFMHA received additional funding to increase awareness and uptake of the COPMI good practice principles and to support education and training, and access to the resource material. Specifically, workforce development programs, continued promotion and dissemination of outcomes and resources, and increased engagement with the media have been the focus (Fudge & Robinson, 2008).

Further funding was provided by the Australian Government from 2008 to enable national COPMI work to be continued and expanded until mid 2010. Desired outcomes for this phase are the increased availability of information for families and workers about factors and resources to enhance children's resilience and to reduce risk factors for children, also increased access to quality workforce development resources for those working with children and families. Increasing access by 'copmi' program planners and facilitators to relevant literature and evaluation methods, models and techniques and information regarding the efficacy of programs, services and approaches are other focus areas (Fudge & Robinson, in press; Fudge & Robinson, 2008).

Work being undertaken includes developing information to support, develop care plans for and explain mental illness to children in the 2-5 and 6-8 year age groups. In addition, there is a focus on developing

materials in conjunction with other actions funded under the COAG *New Early Intervention Services for Parents, Children and Young People* in relation to early childhood workers, primary and high school teachers and support staff, principals and governing councils. Development of a flexible learning package to enhance workforce development, information to support program facilitators and increased accessibility to information regarding efficacy of programs and services are key areas. Another area of work in the current funding phase for 'copmi' program planners and facilitators relates to evaluation methods, models and techniques and efficacy of approaches (Fudge & Robinson, 2008; COPMI).

Consumers and Carers

Consumer and Carer inputs have been a significant aspect of Australian national mental health plans and the work of AICAFMHA, within a range of voluntary and paid positions: '*The COPMI initiative and its parent body AICAFMHA seeks to be informed through a diverse group of consumers, carers and young people that will be able to advise and inform the COPMI team on a range of issues as needed*' (COPMI).

The role of consumers and carers is stated in the *Consumer and Carer Participation Policy* (National Consumer and Carer Forum, 2004: 8) as follows:

> *This includes individual treatment plans which affect the lives of consumers and carers, through sharing of information and opinions, policy development, education and training of mental health workers, formal and informal planning, delivery, implementation and evaluation of all activities associated with the mental health sector, as well as in all processes that invest consumers and carers with legitimate decision making power.*

The Children of Mentally Ill Consumers (COMIC) network is a national organisation with international links which was established in Australia in Adelaide in 2000. COMIC and other organisations worked in partnership with AICAFMHA in securing the national COPMI initiative and funding in 2001.

The purpose of COMIC is to provide support for children of parents with a mental illness through resources provision, committee membership, supporting organisation of children's camps, policy advice, newsletters, training support, promotional activities and conference facilitation. In its advocacy role COMIC has been a contributor to mental health legislative reviews throughout many of the states and territories in Australia, with children now included in the relevant frameworks. COMIC is essentially supported by volunteers, with some grant funding and with the Mental Illness Fellowship of South Australia as their auspicing body. There are over 700 people on the contact list. The website has received over 30000 hits in its five years of existence. Building on the website, funding for virtual office technology has been granted to support the increasing demand for information, with teachers, drug and alcohol workers, social workers, nurses, justice, and health workers and organisations at the national and international level seeking help. The 'Supporting our Family' kit is available free on the net and other similar kits have been developed throughout Australia and overseas with relevant acknowledgements.

COMIC has recently become the COMIC Australia Foundation, with COMIC WA being established within the Mental Illness Fellowship of WA, thereby reflecting change processes which will now be introduced.

1.3 Systems change models

Government and non-government organisations and consumer/carer and other interest groups focused on a particular aspect of society are part of a system. Systems change cannot be precisely defined but it is about

loosely connected organisations and groups, both formal and informal. The health and human services area is:

> *…composed of many interconnected systems and subsystems such as hospitals, social workers, home care providers, community service organisations and even individual families. These groups are not always directly connected to one another. For example, families and other informal caregivers are often the backbone of any care system yet many families remain remote and disengaged from the formal service systems. When we refer to the systems involved in 'systems change', we are talking about all these system levels, both formal and informal* (Kendrick, Jones, Bezanson & Petty, 2006: 3).

Systems change can be about minor or major systems components focused on policies, protocols, initiatives or workforce aspects. Change may start with individuals and interest groups, sometimes within formal organisations, then involve other groups and organisations and become more comprehensive over time. Both systematic and non-rational elements are involved. There are vested interests, attitudes and habits, so change is complex and not always entirely predictable or easy to implement (Kendrick et al., 2006).

Systems change theory highlights a range of processes which support and influence the evolution and direction setting of organisations and groups over time and these differ from one situation to another. Some models highlight the use of structured change processes while others are more evolutionary in nature.

Table 1 outlines a model comparing four change theories and their similarities and differences.

Table 1: Change theories: similarities and differences

	Systems Theory *Goals*	**Organisational Development** *People*	**Complexity** *Evolution*	**Social Worlds** *Conflict*
Broad change approach	Change is infrequent, intentional or strategic		Change is constant, evolving and cumulative	
Analytical framework	Change takes place at the level of a single organisation or group		Change occurs through interaction with other organisations or the environment	
Trigger for change	Clear goals, measurement & feedback	Overlap between individual and organisation goals	Multiple approaches and letting directions arise gradually over time	Difference of opinion
Change process	Change as goal achievement	Change as people focused process	Change as ongoing and without end	Change as conflict & synthesis into new order
Role of leader	Measurement and feedback	Participation encouragement	Interpreting emerging change	Taking strategic view of multiple agendas

(Adapted from Rydderch et al., 2004)

Table 1 shows Systems Theory and Organisational Development approaches as planned change models which are focused within the organisation or group concerned. In these models, processes include building

teamwork and shared vision. Systems Theory highlights triggers for change including goal setting, feedback, and measuring the degree to which outcomes have been achieved. Organisational Development models reflect the people aspects, with building a link between personal and organisational goal directions, participatory decision-making and teamwork being significant focii (Senge, 1994; DFID, 2003).

As indicated in Table 1, Complexity Theory and Social Worlds approaches go beyond the particular organisation and focus on interactions with other groups. Change is highlighted as constant, evolutionary and to some extent, unpredictable. Multiple directions are important in Complexity Theory and conflict between ideas and directions is a key trigger for Social Worlds approaches. In these models, informal review processes and structures help those involved to make sense of what works well and areas for improvement (Rhydderch et al., 2004).

In considering change in relation to children of parents with a mental illness in Australia, current structures and operational directions reflect various influences and events. These include passionate people and alliances, state and territory funding sources, locally-based political events, the patronage of key individuals and national and local research reports.

1.4 Study aims

The aim of the study has been to undertake critical analysis of systems changes implemented within relevant organisations, jurisdictions and nationally across Australia to enhance the mental health and wellbeing outcomes of children of parents with a mental illness and their families. The research involves critical analysis of current Australian and international research regarding systems change and sustainability of 'copmi' service programs, as well as publication and promotion of comparative analysis information gained about different approaches.

1.5 Study methodology

The project was supported by the national COPMI Reference Group including representatives from academics, state-based coordinators, young carers, government department, area health services, and non-government organisations.

Reference Group committee members are listed in Appendix A.

Study methodologies included literature searches, interviews and focus group consultations with key stakeholders. Following a preliminary review of literature, a background paper was prepared including some conceptual frameworks regarding systems change, identification of national reports and some guiding questions, with feedback obtained from some members of the Reference Group. The background paper is included as Appendix B. Telephone and email communication was made with key 'copmi' contacts nationally and within each state and territory including government representatives at the central and area/regional level, non-government groups and consumer and carer organisations. A 'snowball' approach of contacting additional persons dependent on state and territory advice provided also occurred. The background paper was forwarded to research participants about three weeks prior to the agreed consultation date.

Interviews and focus group consultations in the states and territories and nationally occurred between late June and September 2008 in capital cities and in some outer metropolitan and regional locations. Most sessions were face-to-face, although this was supplemented by telephone contacts where there were availability issues. Most sessions were specially-convened, involving single agency or, where relevant, cross-agency groups. Some individual interviews were conducted but generally the research involved focus groups with three to ten people. A total of sixty-nine people were involved in the thirty-two sessions

conducted, including eleven consumers/carers; four researchers/academics; five non-government organization representatives and forty-nine government sector representatives including from central and area-based services.

Government department senior personnel with responsibility for health, adult and child mental health and child protection were interviewed; government statewide and area-based coordinators; non-government organisation leaders and training coordinators; consumer and carers. Cross-sector committee representatives from government and non-government services including police, education, perinatal, children's camps and clubs, parenting, and disabilities representatives also participated in focus groups.

A semi-structured interview approach was utilised, with a conversational approach used and with the order of questions being varied according to the situation but with all question areas covered within the interview process. Permission was sought at the commencement of the face-to-face interviews and focus groups for tape recording of the session, with written notes also documenting the information provider.

Data from each consultation session was tabulated and relevant material transcribed for each state/territory/nationally, including identification of the stakeholder group, with confidentiality assured. Additional materials provided by research participants such as training and information kits, policy documents and planning frameworks were also examined. Mapping and manual analysis of the findings by the researcher was used to determine the key themes in relation to historical events, enablers, barriers and future directions, with key themes linked to other systems change literature.

The written report presents an overview of relevant literature and the consultation findings, with a focus on highlighting participant voices from various stakeholder perspectives through the use of quotations, but with de-identification occurring to support anonymity.

Limitations of the methodology

The study occurred within limitations of time, using a preliminary literature review, interviews and focus groups and then involving further consultation with the reference group and to a stakeholder conference. While investigative processes can become expansive, this was curtailed to complete the work within the available timeline. Some government department contacts were unable to be followed through due to changes in personnel.

1.6 Report structure

There are ten chapters in the report. Chapters 1 to 2 introduce the background to the research and provide information about the national and jurisdictional contexts and to the various organisations and stakeholders involved.

In chapter 3, some models in relation to systems change are outlined and the key themes arising from the interviews and focus group consultations in this study are introduced.

The five key themes related to the consultation identification of 'copmi' systems change enablers and barriers are then outlined in detail in Chapters 4 to 8. Chapter 4 concentrates on the first theme of Big Picture Context and Leadership and introduces a series of related sub-themes. Chapter 5 is about Policy and Strategy and Chapter 6 focuses on People, Culture and Management. Structures, Systems and Processes and related sub-themes are detailed in Chapter 7 and Resources in Chapter 8.

Chapter 9 examines key themes identified in the consultations in terms of future directions for 'copmi' systems change. A 'copmi' systems change and sustainability mature matrix is outlined.

The concluding chapter links the key study themes for ‘copmi’ systems change to the wider organisational change context.