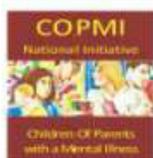_____

APPENDIX A: REFERENCE GROUP COMMITTEE MEMBERS

The national COPMI initiative

National Reference Group

Membership - July 2008

<u>Chair:</u> Mr Phil Robinson, Chair, AICAFMHA Board of Directors

<u>Accountability:</u> The Reference Group is accountable to the Australian Infant Child Adolescent and Family Mental Health Association (AICAFMHA) Board.

Name	Position	Key Contribution Area
Christie Wallis	National Young Carers Project Co-ordinator, Carers Australia.	National overview of young carer issues, resources and networks.
Adrian Falkov	Deputy Director, Consultant Child and Adolescent Psychiatrist, MH-Kids, NSW	Clinical experience; experience in evaluation of clinical 'copmi' services, development of education and training resources
Angela Obradovic	Chief Social Worker/Family Work Development Coordinator, Northern Area Mental Health Service, VIC	Adult mental health copmi-related workforce development and services. Interagency collaboration at a regional level.
Carly Dolinski	Senior Program Officer, Mental Health Network, Mental Health Division, Department of Health, W.A.	Experience in development of interagency protocols at a state-wide level.
David Hay	Professor of Psychology, School of Psychology, Curtin University, W.A.	Evaluation of 'copmi' initiatives and of relevant workforce development. Extensive knowledge of the literature.
Jennie Parham	Project Manager, Auseinet, SA	Experience working with consumers and carers in the PPEI area. Facilitating networks, exchange of information and PPEI learning's. PPEI workforce development.
Margaret Cook	Mental Health Consumer Consultant, WA	Consumer and carer perspective. Extensive advocacy experience in the field. Links with consumer organizations nationally.
Nick Kowalenko	Clinical Director, Department of Child and Adolescent Psychiatry, Royal North Shore Hospital, N.S.W.	Clinical and evaluation expertise with 2-8 year olds and their families. Links with beyondblue perinatal and infant mental health program.
Rose Cuff	VicChamps Co-ordinator, Eastern Mental Health Program, Victoria	Experience in service provision for young 'copmi' and their families. Experience in workforce development and consumer and carer participation.
Jane Westley	Coordinator, National Primary Mental Health Care Network Australian General Practice Network, ACT	Links to the National Primary Health Care Network
Bridget Dillon	MHACT COPMI Coordinator, CAMHS, ACT	Mental health and child protection workforce development. Facilitation of interagency linkages-government and NGOs.
Nikki de Bondt	Social Worker, Koping Program Co-ordinator, Child and Youth Mental Health Service, QLD	Clinical and education services and facilitation of multi-agency forum. Strong links with young people, families and service providers.

Jane Austin	Policy Consultant – Promotion, Prevention and Early Intervention, Mental Health Services, Tasmania.	Link with statewide pilot program for 'copmi'. Experienced primary school teacher and radio journalist.
Vicki Cowling	Child and Adolescent Mental Health Service, Hunter New England Area Health Service, Newcastle	Experience in research, conceptualising and developing projects, professional education, publication, consumer and carer advocacy. Strong international links.
Representatives - TBA	Consumer & Carer Advisory Group	Consumer and carer perspective.
Jo Mason	*MindMatters*.	Links with relevant Australian government funded mental health initiatives.
Brenda Dobia	Representative *KidsMatter*	
Matt O'Brien	Representative *headspace*	
Margaret Young	National President and representative of Early Childhood Australia (acting as COPMI National Family Forum representative until selection of new representatives)	Links with early childhood sector (services, researchers, planners etc.).
Pam Linke	President, Australian Association for Infant Mental Health & representative for Niftey (National Initiative for the Early Years)	Links with infant mental health and parenting sector.
Janne McMahon	Representative Private mental Health Alliance (PMHA)	Links to private sector service providers and workforce.
Barbara Hocking	Representative SANE	Advocacy, awareness raising, links with community.
Michelle Swallow	Representative NGO mental health services	Links to NGO services planning delivering and evaluating services for 'copmi' and families.
Stanford Harrison (or his representative)	Director, Children and Youth Mental Health Programs Section	Representative of the Department of Health and Ageing

_____

APPENDIX B: 'COPMI' CONSULTATIONS BACKGROUND PAPER

COPMI Interview Paper

Introduction

Nationally in Australia, it is estimated that one in five adults experiences a mental health problem in their lifetime, with around 35% of females attending mental health services having dependent children (Farrell et al, 1999; Victorian Government Dept. of Human Services, 2007). Over one million children and adolescents are affected (Maybery et al., 2006). While there is considerable variation in response to parental illness, about half of these children will subsequently develop mental health problems themselves (Commonwealth Dept of Health and Aged Care, 2001).

In the past few decades, various state and territory government and non-government organisations and `groups have been established for the purpose of supporting children of parents with a mental illness. In addition, since 2002, the national Children of Parents with a Mental Illness (COPMI) initiative has been undertaken by the Australian Infant Child Adolescent and Family Mental Health Association (AICAFMHA), with funding from the Australian Government Department of Health and Ageing. Its focus is on sharing information; promoting best practice principles; advocacy; and collaboration with other organisations and groups in Australia and overseas

This current research initiative involves undertaking a critical analysis of systems and organisational changes implemented within Australia and internationally, including the sustainability of programs supporting children of parents with a mental illness 'copmi'.

A significant aspect of this research is interviewing national and state and territory organisations and key individuals about historical events and processes of change within their context, including the drivers and influences which have supported or detracted from improvements and sustainability.

Systems Change

Government and non-government organisations and 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 and intentional		Change is constant, evolving and cumulative	
Analytical framework	Change takes place at the level of a single organisation or group		Change takes place through interaction with other organisations or the environment	
Trigger for change	Clear goals, measurement & feedback	Overlap between individual and organisational 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 followed by synthesis into new order
Role of leader	To establish measurement and feedback process	To encourage participation	To interpret emerging change with team	To take a strategic view of multiple agendas

(Adapted from Ryddderch 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, current structures and operational directions reflect various influences and events including state and territory funding sources, locally-based political events, the patronage of key individuals and national and local research reports.

_____

Reports

Research reports can provide a key trigger for change, establishing directions and sometimes initiating funding for relevant projects. Some key national reports for Australia in relation to children of parents with a mental illness are:

- *Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness* (Burdekin et al., 1993)
- *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000* (2000)
- *Second National Mental Health Plan: 1998-2003* (1999) also 2003-2008 (2003).
- *Promoting the Mental Health of Children and Young People* (Raphael, 2000)
- *Children of Parents Affected by a Mental Illness Scoping Project* (2001)
- *Mental Health Promotion and Prevention National Action Plan* (1999)
- *Principles and Action for Services and People Working With Children of Parents with a Mental Illness (*2004).

There are also a range of state and territory reports which will be further explored in the consultations. Some of these have provided key strategic project directions at the local level and interstate and resulted in systems and organisational change. This current research involving semi-structured interviews with individuals and within focus groups seeks to explore relevant influences on systems change and sustainability in relation to 'copmi'.

Interview Guide questions

This current research is about consulting with various organisations and groups about the research work, people and events which have shaped the response and structures in their states and territories or nationally within Australia. A brief literature review has been conducted. Semi-structured interviews with key personnel are underway.

Questions will be asked in a conversational way and individualized to the situation as issues arise. Some broad areas for questions are:

- How long has your organisation/group had a systematic response regarding children of parents with a mental illness? What has been the focus of the response and what people or events led to this?

- How has the organisation or response changed over time?

- Are changes driven by internal events, people and processes or by other factors outside of the organisation or group itself?

- Does the organisation/group use essentially internally based goal-focused approaches in setting change directions or does change evolve continuously over time involving multi-faceted approaches and external forces ?

- What is the main driver of change generally for the organisation and has it been different for 'copmi'?

- What factors have led to sustainability of the organisation or group?

_____

- Have any policy, research or position papers been a driver for action (or had a negative impact) in your state/territory?

- How are policies, procedures and protocols disseminated?

- What can other states/territories and countries learn based on the work in your organisation and region of Australia?

- Based on events which have influenced change in your state/territory over time, what would you say needs to happen in the future?

- What linkages between your organisation/group and others have been successful and how were these fostered?

- To what extent has organisational change been dependent on the interaction between this organisation/group and other organizations and been multi-faceted, evolutionary and unstructured?

Conclusion

I look forward to meeting with you in the coming weeks and wish to thank you in advance for your participation.

Dr Susanne Owen
Owen Educational Consultancy
Mob: 0412532107

References

- Australian Government. Department of Health Ageing. (2004). *Principles and Actions for Services and People Working with Children of Parents with a Mental Illness*. Canberra: Australian Government.
- Burdekin, B. (1993). *Human Rights and Mental Illness. Report of the National Inquiry into the Human Rights of People with Mental Illness*. Canberra: Australian Government.
- Commonwealth Department of Health and Aged Care (2001). *Children of Parents Affected by a Mental Illness: Scoping Project Report.* Prepared by AICAFMHA for the Commonwealth Government. Canberra: Mental Health Branch.
- Commonwealth Department of Health and Aged Care. (2000). *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000.* A Joint Commonwealth, State and Territory Initiative under the Second National Mental Health Plan. Canberra: Mental Health Branch.
- 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.* A Joint Commonwealth, State and Territory Initiative. Canberra: Mental Health Branch.
- Commonwealth of Australia. (2003). *National Mental Health Plan 2003-2008.* Australian Health Ministers, July 2003. Canberra.
- Department for International Development (DFID). (2003). *Promoting Institutional and Organisational Development.* London. UK Government.
- Farrell, G., Handley, C., Hanke, A., Hazelton, & Josephs, A. (1999). *The Tasmanian Children's Project Report: The Needs of Children and Adolescents with a Parent/Carer with a Mental Illnes*s. Launceston: University of Tasmania.
- Kendrick, M.J., Jones, D., Bezanson, L. & Petty, R.E. (2006). *Key Components of Systems Change.* [online]. URL: www.communitylivingbc.ca/what_we_do/innovation/pdf/Key_Components_of_Systems_Change.pdf. (Accessed 13/6/08).
- Maybery, D., Reupert, A..E. & Goodyear, M. (2006). *Evaluation of a Model of Best Practice for Families who have Parent with a Mental Illnes*s. Wagga Wagga: Charles Sturt University.
- Rhydderch, M., Elwyn, G., Marshall, M. & Grol, R. (2004). Organisational Change Theory and the Use of Indicators in General Practice. *Quality Saf Health Care*, Vol 13 pp 213-217.
- Senge, P. (1994). *The Fifth Discipline Fieldbook: Strategies and Tools for Building a Learning Organisation.* New York: Doubleday.

_____

APPENDIX C: CONSULTATION KEY THEMES AND SUB-THEMES FOR ENABLERS, BARRIERS AND FUTURE DIRECTIONS

Big Picture Context and Leadership enablers, barriers and future directions

Enablers	Barriers	Future Directions
• Legal and policy interconnected contexts • Critical incidents • High level influential champions and national contexts • Historical/social issues and timing.	• Poor high level government commitment across agencies • Changing political agenda, crisis not prevention driven • Changing senior managers & little interest & support • Insufficient national/state links	• Increased international/national and jurisdictional consistency • Systemic interconnected approaches • Centre for Excellence for research

Policy and Strategy enablers, barriers and future directions

Enablers	Barriers	Future Directions
• Having high level cross-agency governance and policy or formal signatory documentation such as Memoranda of Understanding; • Developing strategic implementation plans at the state and territory level; • National and jurisdictional and regionally aligned policies; and, • Ensuring there is a clearly articulated mission/vision.	• Few cross sector policies & protocols MOU • Policy but no implementation plan & resources • State-regional links needing some local flexibility	• Cross agency protocols agreements • Early intervention, prevention, promotion policy re-badging

People, Culture and Management enablers, barriers and future directions

Enablers	Barriers	Future Directions
• Champions at all levels including consumers; building formal/informal alliances • Bottom-up and top-down influencing • Leadership commitment and reculturing • Professional learning including joint conferences, mentors and team meetings.	• Government agency 'solos; & lack of sharing • Lack of training in parenting assessment/recovery model • Frequent personnel changes & intermittent services • Over-reliance on NGOs/advocates for continuity	• Cross-agency partnerships and networks • Increased family-sensitive cross-sector and GP training • Jurisdictional and area staff networks and formalised reporting • Undergraduate/postgraduate health-related workforce groups

_____

Structures, Systems, Processes enablers, barriers and future directions

Enablers	Barriers	Future Directions
• National/state/area/team network alignment and local flexibility • Protocols within and across agencies and systematic data • Documented minutes and dissemination • Clear role statement and responsibilities • Evaluation processes.	• Few structures/policies for continuity in agency • Disconnect of Mental health with GP services • MH intake data not mandated & poor follow-up • Confidentiality rules & concerns re data sharing	• Shared positions and joined services • Mandated intake data • Sophisticated evaluation tools use

Resources enablers, barriers and future directions

Enablers	Barriers	Future Directions
• State, area level, specialist services coordinator positions • Recurrent funding and longevity of key personnel • Funding for activities/materials.	• Child MH funding focus • No funding for expenses • No funding for evaluation • Short term position funds	• Ongoing state coordinator/some regional staff position • Cross-agency interconnected resourcing