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9. 'COPMI' CHANGE FUTURES

This section summarises key 'copmi' future directions themes highlighted by various stakeholders in the states and territories and nationally arising from the 'copmi' systems change enablers and barriers previously outlined and future directions. A 'copmi' systems change and sustainability maturity phases matrix is introduced. The purpose of this matrix is to support individual organisations and jurisdictions in current and future planning for sustainability and systems change.

9.1 Introducing 'copmi' change future directions

The key future change directions identified by jurisdictional and national government and non-government representatives and consumer and carer stakeholders are summarized in Figure 6. These key themes relate to interviewee responses to questions about examining the current directions and trends in their organisation and the local and national context and predicting future directions.

Similar to current enablers and barriers outlined in chapters 4 to 8, the emergent 'copmi' future directions issues can be summarized within broad themes:

- Big Picture Context and Leadership
- Policy and Strategy
- People, Culture and Management
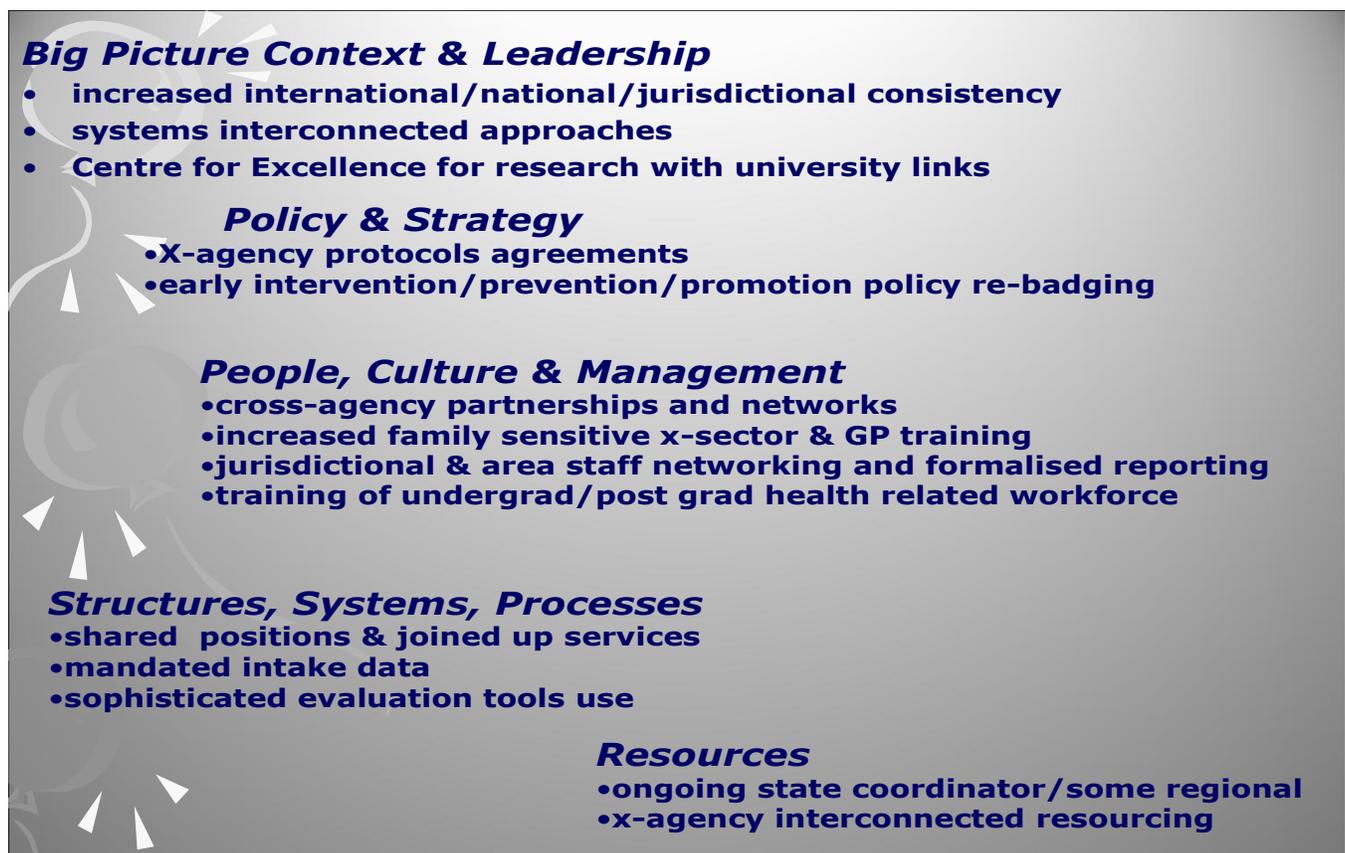- Structures, Systems and Processes
- Resources.

Big Picture Context & Leadership
- increased international/national/jurisdictional consistency
- systems interconnected approaches
- Centre for Excellence for research with university links

Policy & Strategy
- X-agency protocols agreements
- early intervention/prevention/promotion policy re-badging

People, Culture & Management
- cross-agency partnerships and networks
- increased family sensitive x-sector & GP training
- jurisdictional & area staff networking and formalised reporting
- training of undergrad/post grad health related workforce

Structures, Systems, Processes
- shared positions & joined up services
- mandated intake data
- sophisticated evaluation tools use

Resources
- ongoing state coordinator/some regional
- x-agency interconnected resourcing

Figure 6: 'Copmi' change future directions key themes

Each of these key themes will now be discussed, together with the sub-themes identified.

9.2 Big Picture Context and Leadership

Relevant to the Big Picture Context and Leadership key theme for 'copmi' future directions are the sub-themes outlined in Figure 6 regarding:

- increased international/national and jurisdictional consistency
- systemic interconnected approaches
- Centre for Excellence for research

While national COPMI and federal government mental health policy frameworks are recognised by some individual interviewees as providing an Australia-wide context and having continuing impact for the future, jurisdictional legislation and policy which are varied in emphasis continue to predominate. Given a national political health context of working cooperatively for consistency across Australia, several stakeholders from key 'copmi' leadership backgrounds, identified this aspect as significant for the future change directions of 'copmi'.

The potential for greater national consistency was highlighted as important for achieving more equality of services for adult mental health consumers and their children as indicated in the follow responses from a 'copmi' leader: *'You need to somehow get into the ear of some of the Canberra politicians and there needs to be coercion at a national level to get some uniformity so that equity as a political thing and recognition of services across the country happens for families'.*

The global interconnections including international conferences, technological communications including teleconferences, videoconferencing and skype, wikis and various other formats for two-way communications were indicated as an important part of this context by some individuals.

Linked to this and building on current trends still evolving within jurisdictions, more interconnected government and non-government approaches were also highlighted as an important 'copmi' future direction by a range of stakeholders across jurisdictions and nationally. This is reflected in the following comment:

> *...I think that change is driven by a finance and departmental commitment to that change, that builds the structure for that change to continue to happen in the most effective way by building collaborative practice, by funding non government organisations to be providing safe and appropriate link with parents and children with a mental illness....We need to be using our recovery models to build programs that are about building resilience for the people that are experiencing the mental illness... with parenting as a motivator, it's a really good motivator for parents. It's about doing that across agencies…it's about building the experience of child and family nurses, child protection...mental health and CAMHS and all of those sorts of services.*

At the big picture level specifically, examples were given about the importance of national committees and conferences consciously avoiding insularity and ensuring an ever-widening range of key personnel from various background and perspectives being involved. This includes continuing connections to international groups and individuals, involvement of key Australian and overseas consumers groups such as COMIC and facilitating links within child protection, business, education and the media and communication areas. It also involves strengthening links to other major mental health promotion projects such as Mind Matters.

Individual interviewees highlighted the importance of these interconnections in leveraging off other

agenda to build the sustainability of 'copmi' for the future. This involves identifying critical government funding non-negotiable priorities and positioning 'copmi' within this framework. One interviewee highlighted the Australian Health Ministers Advisory Committee as a key political body to target to raise awareness in terms of ongoing funding and influence in relation to national and state agenda.

Nationally and internationally, it was highlighted by various individual interviewees, that the national COPMI initiative has established a significant reputation for quality resources and frameworks. This has global significance through the website, with international quality accountability processes through links to independent internationally-acclaimed 'copmi' experts. Interviewees believed that this role could potentially be further expanded in the future through establishing a National Clearing House function and National Centre for Excellence in 'copmi' research, with university links and student researchers involved. This service could be principally for Australian 'copmi' and other organisations related to children of parents with a mental illness but would also have an international presence through the website function, thereby further establishing a wider reputation.

9.3 Policy and Strategy

Relevant to Policy and Strategy, future 'copmi' direction sub-themes identified by stakeholders relate to:
- Cross agency protocols agreements
- Early intervention, prevention, promotion policy re-badging

In terms of Policy and Strategy, many jurisdictions are beginning to establish or to re-establish high level cross-sector committees in relation to 'copmi', with clear leadership directions and terms of reference and various sub-committees. Whilst usually driven by the mental health government department, there is a focus on developing cross-sector protocols and achieving formal signatory agreements for other government departments, and with linkages to non-government organisation services and to key consumer and carer groups. In these jurisdictions, funded statewide coordinator roles and/or area-based positions have been provided, although with varying recurrent or non-recurrent funding status.

The protocols and resources are framed within jurisdictional strategic implementation plans, including network groups within area-based regions and locally-implemented training programs. These directions are sometimes linked to the national COPMI directions and with accountability and evaluation expectations, as reflected in the following response from a jurisdictional service representative:

..I think to get sustainable change it has to be driven by a national agenda and a whole of government agenda, it's not just the responsibility of health. And then it needs to be linked probably to the agreements with the states and territories and through that you get your monitoring and evaluation

A direction which is currently underway and which could be further developed (as highlighted by some experienced government background leader interviewees), concerns leveraging from other jurisdictional directions such as drug and alcohol services, education and nursing programs.

Overall some individuals highlighted the importance of renewal of the message related to intervention, promotion and prevention and building on 'copmi' learning to date and finding fresh ways forward. In the current political context of ore openness about mental illness, there is an increasing recognition of the range of people affected including key political figures. Within this environment, re-badging the 'copmi' message for politicians and bureaucrats and highlighting children as the future and focusing on various types of mental illness was indicated as a way forward. Specifically, living well with mental illness, resilience, population health approaches, differential needs, and using 'just in time' philosophies were aspects highlighted.

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9.4 People, Culture and Management

Regarding People, Culture and Management and future directions, Figure 6 has introduced key sub-themes of:

- Cross-agency partnerships and networks
- Increased family-sensitive cross-sector and GP training
- Jurisdictional and area staff networks and formalised reporting
- Training of undergraduate/postgraduate health-related workforce groups.

People working together within cross-agency partnerships and formalised networks are identified as an essential aspect in terms of future systems change in relation to 'copmi'. While the strategies and structural supports are important, the people networks through formal and informal alliances were emphasized repeatedly by various stakeholders across jurisdictions, as evident from this consultation statement: *'Strategic goals and implementation is important but it's the ongoing contact and communication that leads to gaining awareness and ensuring it's at the forefront of practitioner minds'* (government leader).

While nationally and within some states and territories there is a high awareness of the importance of consumer and carer partnerships, ensuring sufficient levels of consumer and carer participation in planning and delivery of services, particularly in relation to young people and across various aspects related to promotion and prevention and recovery, was highlighted as an area for further attention.

Additionally in terms of building alliances, 'Copmi' conferences at the national and international level were also noted as important future directions which are evident. This is about bringing in key people and political figures and linking to other relevant conference groups to use funding efficiently. It may also involve speakers from business and the media, and thinking outside the usual 'copmi' framework at the level of health and aging and respite care and ensuring child protection agency inclusion, and listening and learning from each other.

Another future focus underway but needing further development includes building the training focus on family-sensitive practices within cross-sector groups and also including general practitioners. There is a need for various workforce groups to understand about mental illness and its impact on children and about working with the whole family. This includes working with mentally-ill parents to improve their parenting skills and with children to build resilience through a range of training and workshop programs. The involvement of consumers and carers in these training sessions through telling their stories to build understanding of relevant workforce groups about the issues was underlined as important to continue in the future.

This is shown in this comment from a training leader about what needs to be understood by those working with mentally-ill adults:

..parenting is important to them and having a mental illness..it doesn't mean they don't care about them...They're still concerned about their children...They want the best for their children but they know they can't do the best...There are financial problems or they can't get out of bed in the morning....

While cross-sector professional learning in the general sense is important, an identification of who the key groups are and ensuring they are included in professional development programs is also a significant direction which is only just beginning: *'..the 'copmi' initiative is funded from DOHA (Department of Health and Ageing)...it is around education.. Professional development and strategic*

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planning..(They) need to ask who are the key populations for professional development – GPs, workers in mental health services…It should be for all (of those people who are) working with adult mental health (consumers)'.

At the national level, a current key focus to improve 'copmi' training materials is underway through national COPMI which is researching and developing flexible high-quality materials which will be available online as a stand-alone program or as the basis for jurisdictions and groups developing their own individualised programs.

In terms of people capacity-building, beyond formalised training programs there are the beginnings of recognising the wider and more ongoing professional learning processes. This is about using team meetings and other day-to-day opportunities to build the skills and knowledge of each worker. This involves getting 'buy-in' from those who are managers of people, linking them to the area and jurisdictional services and ensuring that formalised reporting structures are connecting individual people to the overall directions and more strategically providing quality services for 'copmi' within a framework. As noted in the consultations in relation to the role of team leaders in continually questioning their staff about 'copmi' in dealing with adult mental health issues: *(You need to get) 'team leader level buy in...they're the people that staff go to ...if the team leader is saying what's happening to the kids'?*

Ensuring that university students, in relevant pre-training and post-graduate studies programs have a knowledge of 'copmi' is another future direction of importance which is only really in its infancy.

9.5 Structures, Systems and Processes

Figure 6 introduces sub-themes for future 'copmi' related to Structures, Systems and Processes of
- Shared positions and joined up services
- Mandated intake data
- Sophisticated evaluation tools use

Child protection, education, drug and alcohol, perinatal, nursing, police, disabilities, housing, general practitioners…these represent the types of services which are increasingly identified by various stakeholders in various jurisdictions as being involved in 'copmi', with formalized structures and systems being developed to more effectively provide support. The importance of leaders being involved in building systems to support change and 'copmi' service improvement is underlined by one jurisdictional service provider leader about the importance of establishing: '*systems that allow you to collaborate....between different services… (it's important to) identify systems issues and have the responsibility and the power to actually put processes in place...that needs to come from the top down to give you the authority...and then be supported* '

One of the key aspects identified in the consultations which is underway to a greater or lesser extent within jurisdictions and within area services currently and which needs further development is ensuring intake data is systematically collected when adults enter mental health services. Data aspects currently being collected relate to number and age of dependent children, support available for them, conducting parenting assessments and the need for support services for the children and for counselling. Representative of the range of views consistently expressed around the importance of this issue for the future is this comment which places the issue within the emerging framework of child protection: '*The child protection model is the future. There are formal structures for response. 'Copmi' are sometimes referred to child protection especially due to neglect … Mental health services being required to ask parents if they have children and who's looking after them'.*

Evaluation is also identified by many stakeholders across jurisdictions and nationally as an important area for the future which is underway but with more systematic processes needing to be developed, as

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well as sophisticated tools for qualitative research. The national COPMI is currently undertaking some work in this area. Evaluation at the NHMRC standard of quality and needing to work with universities and to attract PhD students' involvement in working in 'copmi' was highlighted by a few key leaders as a future direction.

9.6 Resources

Future directions which were identified in terms of resources include:
- Ongoing state coordinator/some regional staff position
- Cross-agency interconnected resourcing

Recurrent funding for 'copmi; sates and territory leadership positions and establishing 'copmi' as a program rather than a project are new directions which only a limited number of jurisdictions have embraced. However this was repeated emphasized through the consultations as essential for sustainability in terms of building the networks and providing long term directions. Some area-based positions provided through jurisdictional centralized funding sources or through area-based resources are increasingly being provided, although generally involving non-recurrent funding. However, increasingly area-based funding is provided on the basis of increased linked and formalised reporting between area and centralized 'copmi' personnel.

An additional 'copmi' resourcing aspect which is emerging involves interconnected resources across various services. Drug and alcohol and mental health services being jointly funded is a particular example of this.

9.7 'Copmi' systems change maturity phases

Given future directions which are emerging in 'copmi' nationally and within jurisdictions and relating this to issues of strategic change management and sustainability, it is evident that specific government and non-government, consumer/carer organisations in various states and territories are trying to build towards the long term but are at different points in achieving this. Reference to the strategic change management and sustainability matrix introduced in Chapter 3 within the 'copmi' context seems useful as an aspect of this report.

Table 3 has been developed to provide a framework for consideration by organisations. It outlines a possible interpretation of the key identified elements for this consultation in terms of Policy and Strategy; Structures, Systems and Processes; People, Culture and Management; and Resources. This is outlined for individual organisations within the broader situation of Big Picture Context and Leadership (which is often external to that particular organisation's direct influence).

A five phase matrix is provided from Immature to Early Maturing, Defined, Managed and Integrated/Sustainable. The Immature phase shows little connectedness in terms of developing policy and links to resources and training or funding of positions, with the Early Maturing phase beginning to show some connectedness. At the Defined phase, planning and documentation shows evidence of planning for the use of a project management approach. This includes a documented policy supported by funded positions and evaluation, with people working in teams and being trained and with agreed structures, responsibilities and systems operational. At the Managed level, widespread implementation of the more coordinated approach is underway, with the final stage of Integration/Sustainable indicating change being integrated with other projects and linked to wider contexts.

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Table 3: 'Copmi' systems change maturity matrix

Big Picture Context and Leadership					
	Immature	**Early Maturing**	**Defined**	**Managed**	**Integration/ Sustainable**
Policy & strategy • Strategic implementation plans • Policy alignment • Vision/mission • Change management	• Low level of ownership • Ad hoc & incongruent goals/outcomes • Low accountability for resources • No consistent approach to change management	• Some alignment of policies & responsibilities with objectives but mostly 'bottom up' • Strategies and some practices documented but not communicated • Project management approach still under development	• Large change management projects identifiable and show alignment to overall change agenda • Overall awareness of strategies and priorities • Resource plan available and needs identified within context of other projects	• Evaluation of programs and resources systematically occurring • Performance and resources assessed against organisational needs • Processes, systems and services integrated • Strategies & policies implemented	• Integrated strategic change management planning occurring in regard to other projects
Structures, systems, processes • Protocols & data • Documentation • Clear structures & responsibilities	• No evaluation & accountability • Little documentation of processes • Unclear roles & responsibilities • No process alignment	• Some data but not systematically collected • Some understanding of roles & responsibilities • Some documentation of minutes, structures and processes but not systematic	• Data collection processes outlined • Roles & responsibilities chart available • Systematic documentation occurring • Documented systems planning	• Evaluation of programs & resources systematically occurring • Roles and responsibilities articulated and understood • Documentation of processes systematically occurring	• Systematic evaluation of structures, systems processes occurring and informing future decision making
People, culture & management • Training • Alliances & teas • Leadership commitment • Champions	• Little training • Few alliances & little teamwork & leaders • Isolated champions	• Some individual & group training • Some team meetings & alliances including a learning focus • Some leadership support for champions	• Internal groups planning to share practices within team meetings • Training needs plan established for all organizational members • Leadership support for champions	• Training program established and evaluated • Formal networks & teams established & consistently supported by leaders	• Ongoing formal and informal learning cultures established across organisation and with others
Resources • Funded positions • Recurrent funding • Funding for activities • Interconnected resources	• Ad hoc funding • No accountability for resources • Positions ad hoc & little connection to planning directions	• Some funding linked to planning directions • Some accountability for resources • Some positions linked to planning	• Funding linked to project manning • Some recurrent funding for positions	• Funding and activities evaluation against change directions	• Integrated resource utilization and decision making

Big Picture Context and Leadership
(often beyond organisation's control)

Underlying this strategic change management matrix, there is an evolutionary process of change which was also discussed in Chapter 3. This involves change happening on an ongoing basis at all levels of organisation and across organisations and people. Evolutionary change happens in formal and informal situations, with people and organisations interacting and connecting around areas of common interest and concern. It involves people working individually and in small teams within and across organisations, experimenting and trialling new ideas on a daily basis, and networking and sharing those practices and

the refinement which happens and the gradual influencing of others to do things differently which happens over time.