# 2. COPMI: NATIONAL, STATE AND TERRITORY DEVELOPMENTS

This chapter presents information from selected key national reports and policies regarding children of parents with a mental illness, as well as state and territory reports and historical and policy developments. The information is essentially based on published literature and other materials provided by the jurisdictions, with some additional details arising from participant anecdotes expressed within the consultations.

Materials in relation to national policies and states and territories include:

- policies, frameworks, publications, implementation plans and training programs produced by various government health, mental health and other departments at the state and area levels;
- non-government organisation templates, training materials and publications; and
- consumer and carer training materials and publications

## 2.1 National 'copmi'

The key background document relevant to children of parents with a mental illness is the *Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness* (Burdekin, Guilfoyle and Hall, 1993), which broadly highlighted mental illness and raised the issues related to its impact on young people living in households where a parent was affected. This includes asserting that: 'Australia has basically failed to provide adequate services to meet the needs of children with parents affected by mental illness' (p. 500).

In the past decade, a range of other federal government policies and plans have been produced, as well as surveys and reports by other researchers and these will now be briefly outlined.

### *National policies and plans (1998-current)*

Some key selected national responses to issues and strategies in relation to children with parents affected by mental illness are framed within various government key policies and action plans. These include:

- *Second National Mental Health Plan: 1998-2003* (Australian Health Ministers, Canberra, 1999) focusing on the importance of promotion and early intervention including for children of parents with a mental illness
  - *Mental Health Promotion and Prevention National Action Plan* (Commonwealth Department of Health and Aged Care, 1999) focused on priority groups across lifespan and carers (including children of parents with a mental illness and priority population groups: adverse life events, rural/remote, ATSI and various cultural groups). Intended outcomes for children of mentally ill parent(s) were improved support and mental health and fewer mental health problems; better knowledge and understanding of parental illness; and improved parenting.
  - *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000* (Commonwealth Dept of Health and Aged Care, 2000) which highlights consumers and carers and national action and the importance of supporting children of parents with a mental disorder through implementing programs for promotion, prevention and early intervention.
  - The *National Mental Health Plan 2003-2008* adopts a population health framework, recognising the importance of mental health issues across lifespan and across diverse groups within the population. It focuses on four priority themes and 34 associated outcomes: promoting mental health and preventing mental health problems and mental illness; increasing service responsiveness; strengthening quality; fostering research, innovation and sustainability.

### *National surveys and reports*

Apart from government policies and action plans, other selected key national reports are as follows:

- *National Survey of Mental Health and Wellbeing* (Sawyer et al., 2000) describes services used by children and young people with mental health problems, with only one in four from this group actually accessing services and with a considerable proportion of them having a parent with a mental illness. Within the various age groups where children themselves have a mental illness, the importance of family doctors/paediatricians for 4-12 year olds and school counsellors having information about the roles of various services is underlined.
- *Promoting the Mental Health of Children and Young People* (Raphael, 2000) highlights children and young peoples' mental health and variations across age groups and with particular groups, with a focus on early intervention. The discussion paper also recognises critical risk factors including identifying parents who have serious health problems such as mental illness and providing early support as a preventative measure.
- *Children of Parents Affected by a Mental Illness Scoping Project* (AICAFMHA, 2001) provides information about various support programs then operating nationally and across states and territories and focuses on the need for interagency collaboration for services to meet specific requirements and for identifying and flexibly responding to the needs of 'copmi'.

***Reports regarding enablers and barriers***

The AICAFMHA (2001) report summarized various recommendation areas from other Australian reports (Cuff & Pietsch, 1997; Burdekin, Guilfoyle & Hall, 1993; Cowling, 1999; Kowalenko et al., 1999, Kalucy & Thomas, 1999). The AICAFMHA (2001) report highlights interventions needed at the national, state/territory and area levels which are focused around the child, their parents and family and policy and service aspects.

Documentation regarding support for the child includes better care services including during parental hospitalisation; support from peers, school, caring adult; education about mental illness including heredity, course of the illness and stigma; developing resilience and coping skills; increased community and school based education to build tolerance about mental illness and counselling. Support programs for parents and family include planned care and respite services; validation and support with the parenting role; supportive communities to reduce social isolation and community education; family-focused mental health services; assistance and coordinated help with housing, health and vocational training; specialist services such as specialist mother-baby in-patient and day services and knowledge about mental illness. At the policy and service level area, identification of dependent children including their needs and risk levels; reorientation of services to include prevention and professional development and supervisory support for mental health workers; changing culture and attitudes of workers; coordinated and collaborative interagency service provision; involving consumers in policy development, service planning and staff training and services practices including resource allocation, were identified areas of need.

Suggested strategies identified by the AICAFMHA (2001) report included a multi-agency focus at all levels of government involving federal, state/territory and regional; project officer employment regarding local needs investigation, strategies and resources; improved resourcing to undertake health promotion and prevention activities and coordinators for service development responsibilities.

This report noted that the suggested strategies were consistent with Cowling's (1999: 44) view:

*It was apparent that the problems arising in attempting to effectively support parents and their children are too complex and the solutions too comprehensive for any one agency or organization to address on its own. Interagency partnership and collaboration with parents and among services appeared to be one effective way to try and ensure that all children and parents feel that they are fully members of their community.*

Barriers which were cited from various literature in regard to interagency collaboration and implementation of strategies included parents wishing to self manage and fear of parenting scrutiny and loss of child custody; lack of ownership and leadership by organisations within multi-agency situations; workers' lack of experience and familiarity with such service delivery, including confusion regarding roles and responsibilities (AICAFMHA, 2001).

## 2.2 State and territory 'copmi' background

The information in this section is essentially based on published literature and other materials provided by the jurisdictions, with some additional details arising from the consultations.

Materials within states and territories include:

- policies, frameworks, publications, implementation plans and training programs produced by various government health, mental health and other departments at the state and area levels;
- non-government organisation templates, training materials and publications; and
- consumer and carer training materials and publications

### *New South Wales*

New South Wales is currently collecting parental status data as part of standardised Mental Health Clinical documentation and extraction of the relevant information is planned for the future. Some currently available area-based data regarding copmi is available as part of the Critical Incident Review (2004), with Central Coast figures indicating that 78% of clients were females and 27% of them had children under the age of 5 (Howe, 2004). A recent audit of adult mental health services active clients on the Northern Sydney Central Coast showed 28% being parents of dependent children (NSW Health: Northern Sydney Central Coast, 2008).

Since the late 1980s in NSW, there have been a range of prevention, promotion and early intervention programs for children and multiple family groups to meet the needs of adult mental health consumers. From the late 1990s to 2005, NSW Health introduced many discussion papers and frameworks in relation to mental health with an orientation towards prevention, promotion and early intervention and highlighting the importance of partnerships with services and organisations for program implementation. Documentation includes: *Caring for Mental Health: A Framework for Mental Health Care in NSW*, 1998; *Framework for Child and Adolescent Mental Health Services in NSW*, 1999; *Getting in Early: A Framework for Progressing Early Intervention and Prevention in Mental Health for Young People in New South Wales; Draft Discussion Paper*, 1999; *NSW Strategy: Making Mental Health Better for Children and Adolescents,* 1999; *Young People's Health, Our Future*, 1998; *Prevention Initiatives for Child and Adolescent Mental Health: NSW Resource Document,* 1999. Some significant champions in the NSW Health Department were involved in policy development and advisory committees. They highlighted the importance of population health models and linking to international directions, with various task forces being established within a consultative and dynamic environment. Early detection of parenting problems and building parent skills and preventing abuse, neglect and negative mental health outcomes of infants and children were key areas of focus.

The establishment of MHDAO under a single Director in 2006 integrated three previously separate entities including the Centre for Mental Health, the Centre for Drug and Alcohol and the Office of Drug and Alcohol

Policy. The NSW 'copmi' program was transitioned from the Prevention Unit in MHDAO to MH-Kids in 2007. Key initiatives include a resource kit for working with children and families; a publication for practitioners regarding current issues entitled the *Clinician*; and training and education of mental health and related staff to enhance their understanding of collaborative partnership approaches and issues for dependent children of parents with a mental illness and also ensuring the safety of all children. The new structure comprises Government Policy, Drug and Alcohol Clinical Program, Mental Health Clinical Program and Programs Development and Coordination.

Examining the current situation, New South Wales children from families affected by mental health are supported within the broader organisation of MH-Kids, an Area-based Unit of the Mental Health and Drug & Alcohol Office (MHDAO). MHDAO is responsible for developing, managing and coordinating NSW Health Department policy in relation to mental health services and to the prevention and management of alcohol and drug-related harm. This includes developing, implementing and monitoring strategies for transition to the mental health service development agreed within the *National Mental Health Strategy* and Australian Health Care Agreements, as well as maintaining the regulatory framework for services under the *Mental Health Act 2007* (NSW Health, 2008b).

Various documents are guiding the NSW directions. *Mental Health – Clinical Care and Prevention Model (MH-CPP Version 1.11; NSW Interagency Action Plan for Better Mental Health; NSW: A New Direction for Mental Health; NSW Community Mental Health Strategy 2007-2012: from Prevention and Early Intervention to Recovery; NSW Family and Carer Mental Health Framework; Families NSW Supporting Families Early Package; NSW Aboriginal Mental Health and Wellbeing Policy 2006-2010; NSW Health Multicultural Mental Health Plan (draft).* Specific to 'copmi' is a draft document currently undergoing finalisation after wide consultation, the *NSW Mental Health Strategic Framework for Children of Parents with a Mental Illness.* This is a statewide planning and service development framework for improving the mental health and wellbeing of children whose parents have a mental illness, their parents and families which sets out the strategic priorities and directions for the continuing development of mental health services for 'copmi' and their families. The *Framework* aims to assist Area Health Services in the continuing development of collaborative approaches, with other human services agencies involved in the process of working with the children and their families.

There has been a shift towards Area-based self-sufficiency and a merger of seventeen Area Health Services in 2005, with the establishment of eight geographical areas plus the Children's Hospital at Westmead and Justice Health and with recurrent funding which has been provided to aRea Health Services since 1996-97 continuing to provide 'copmi' positions. Area health services with local protocols are a significant part of the NSW situation, with some of them developing strategic plans associated with child protection and other aspects which are relevant to 'copmi' (CCMHS, 2006). Project officers within area health services and area child and adolescent mental health coordinators have sometimes been the unofficial 'copmi' project officers, implementing different strategies according to the priorities of the area health service. Strategies across various area health services include establishing crisis response plans during parent hospitalisation; screening children to identify environmental /genetic factors; resource kits for information about mental health issues; establishing camps and childrens' support groups and playgroups (AICAFMHA, 2001).

A collaborative network of area-based 'copmi' related people has been operational but maintaining the 'copmi' focus to provide comprehensive New South Wales services has been challenging. Issues include area-based positions not being filled, people working in isolation and without coordination within the bigger state context, and considerable variability occurring between regions of the state in regard to 'copmi' work.

### *Victoria*

Australian Bureau of Statistics data regarding Victorian families estimates that 34, 666 children live in 18,502 families where there is assistance provided by specialist mental health services for a parent with a severe mental illness. There are 21.7% to 23.5 % of children or approximately 250,000 dependent children living in households where a parent has some form of mental illness (Maybery et al., 2005).

Historically, the Mental Health Branch of the Victorian Department of Human Services has published various documents relating to children of parents with a mental illness. This includes the guidelines document identifying relevant standards in each regional service system: *Victoria's Mental Health Services: the Framework for Service Delivery, Child and Adolescent Services* (Victorian Government Department of Health & Community Services, 1996), and subsequent papers and strategies in regard to women and people from non-English speaking background. *Victoria's Mental Health Service: The Framework for Service Delivery – Better Outcomes through Area Mental Health Services (1998*) and *Mental Health Promotion Plan 1999-2002* have also been important documents in framing directions.

In the mid 1990s there were two key projects funded by the Victorian Health Promotion Foundation, *Children of Parents Experiencing Major Mental Illness* (1993-1996) and *Building Partnerships-Interagency Collaboration to Effectively Meet the Needs of Families with Dependent Children where Parents Have a Mental Illness* (Cowling, 1997). The first was a research project (Cowling, 1996) and the *Building Partnerships* project then focused on building networks at the local level within the Southern Metropolitan region of Melbourne. These projects influenced other states (for example in Tasmania; see Farrell et al., 1999), also providing links between agencies across different localities in Victoria. The *Children And their Mentally ill ParentS* (CHAMPS) project, 1995-1997 and *Working Together* project (providing a framework for interventions and collaboration as well as peer support intervention programs for children) have been acknowledged as forming a basis for other programs and activities (Pietsch & Short, 1996). *Children of Parents with Mental Illness* (Cowling (ed.), 1999) includes contributions from various stakeholders, programs and experiences, many of whom are from Victoria.

Within the context of national policies and frameworks regarding depression and young people, in the late 1990s, the Victorian Health Promotion Foundation in collaboration with the Mental Health Branch (Department of Human Services) and Beyond Blue, funded VicChamps and PATS programs, with the former being for 5-12 year olds and the latter catering for 12-18 year olds (Paying Attention to Self: PATS). Supported by two project officers and a management committee which met each quarter, the projects were based in metropolitan east and rural north east Victoria across five regions, with Memorandum of Understanding involved and a focus on positive relationships.

Vic CHAMPS and Paying Attention to Self (PATS) programs (2002-2006 and 2003-2006 respectively) provided programs for over 1000 children and young adolescents within peer holiday camps and after school programs based on meeting local needs (Victorian Government Department of Human Services, 2007). Building knowledge about mental illness, and allowing opportunities to share issues and concerns with peers were key focii, as well as building the skills and knowledge of the mental health workforce. Data and evaluation were also important aspects of the projects. Improving self-esteem and resilience, reducing risk of homelessness, better educational achievements and less depressive symptoms were noted. Improved social connections and decreasing perceived stigma for children, as well as professional development of 2000 workers and strengthening partnerships between services and community organisations were other positive outcomes (Victorian Government Department of Human Services, 2007; Maybery, Reupert & Goodyear, 2006).

While the evaluation outcomes provided evidence of success for the various funded projects, more coordinated approaches were beginning. An interagency committee, the Parental Best Bets Committee was initiated, comprising preschool, school nursing, primary care, housing, child protection, drug and alcohol

representatives, department of human services and mental health. In 2005, the Office of Children within the Victorian Department of Human Services was established. There is a Statewide Advisory Group, bringing together early years, child and family support services, child protection, juvenile justice and youth services with a focus on coordinated approaches, protocols and cross-sector joint training (Department of Human Services, 2007). Legislative support was provided by the new *Children, Youth and Families Act 2005* and *Child Wellbeing and Safety Act 2005* (Victorian Government, 2007).

The 2008-09 State Budget (through the Division of Mental Health, Drug & Mental Health Branch), has allocated additional funding to seed mental health reforms in Victoria to rebalance towards earlier intervention and support recovery within an integrated community based system. This includes a program of enhanced family support in the *Families where a Parent has a Mental Illness Strategy* (Victorian Government Department of Human Services, 2007) to include parents with drug and alcohol problems and delivery of support in partnership with Child FIRST (Child and Family Information, Referral and Support Teams) agencies. Within the *Child Wellbeing and Safety Act 2005* and *Child Youth and Families Act 2005*, the Every Child Every Chance philosophy addresses cumulative harm for children related to neglect and the importance of information sharing (State Government of Victoria, 2007).

The current focus is about early intervention and systemic approaches across the state, both bottom up and top down, working with senior managers and key stakeholders and those who have authority and leadership. There is a full-time state Families where a Parent has a Mental Illness (FaPMI) coordinator and also regionally-based FaPMI coordinators who are funded approximately half-time by the state government, with their role in seven of the twenty–two regions (at this stage) being to liaise with clinicians, identify best practice and upskill workers. They are operating within the consultation paper for mental health reform in Victoria, *Because Mental Health Matters* (2008), which is based on early intervention (early in life, early in illness, early in episode), also highlighting interconnections between mental health and drugs, child protection, criminal justice and homelessness. The approach is focused on making mental health services family focused; developing network partners through a Statewide Advisory Group (involving drug and alcohol services, education, indigenous health, General Practitioners, family and community services and mental health, child protection); also workforce capacity building with those who are involved with these families. At a system level, policies and protocols are about identifying that there are dependent children involved when parents enter the mental health system (plus ages and assessing parenting aspects). This all links to the FaPMI strategy and identifying families affected earlier and essentially changing how mental health services operate, building capacity and changing how other services operate, also strengthening networks and support. Essentially FaPMI is focused on stronger interagency networks and creative approaches to education and training including team-based, cross-sector, peer support and developing core competency modules.

FaPMI works cooperatively and complements Child First with co-location occurring, with collaboration and partnerships building sustainability. Area coordinators are meeting together and with the statewide coordinator, developing training programs which need to be implemented and sharing ideas. Each of the seven regional leaders has a local FaPMI network including government and non-government, consumers and carers. Terms of reference vary but they are about protocols, sharing ideas, and training. Top down and bottom up, there is statewide coordination and local solutions used to build sustainability.

Future directions involve formal agreements among key agencies; delivering core competency training and advanced skills training for senior clinicians and group supervisors; and consistent use of audit tools. Evaluation will involve workforce development surveys, feedback from training programs, statewide mapping and using outcomes measures and key performance indicators.

## *Western Australia*

Systematically-collected data regarding children of parents with a mental illness in Western Australian is not available but various specific sources provide some information. University of Western Australia data from 1980-1992 regarding the number of dependent children of mothers with schizophrenia and affective psychoses indicate 1831 adults, with 3174 children affected. Other data from previous studies shows that one third of adults with a psychotic illness had dependent or non-dependent children (Jablensky et al., 1999). A home visiting service in Midland and Albany indicated parental psychiatric illness in 31% of cases and depression in 47% of situations (South West Mental Health Services, 2002; cited in Department of Health, 2002). Care and protective order applications to the Department of Community Development showed 28.6% with a parental diagnosis involving psychiatric illness (Farate, 2001). A Western Australian Child Health Survey 2 indicated around 13% of principal caregivers and 4% of secondary caregivers being treated for mental health problems and 17% of all caregivers being hospitalized for mental health reasons (Farrell et al., 1999).

A local Western Australian survey conducted in the North Metropolitan Health Service among those diagnosed with schizophrenia indicated half of the respondents having children, with very considerable numbers of children affected when adults with depression are included in data, given that depression was seven times more prevalent (Ahern, 2000). In the Derby and Fitzroy areas, of 67 drug services clients where adult mental illness was diagnosed, over 83% had children, mostly aged between 0-10 years and with 87% of the children living with their parents (Van der Linden, 2002, cited in Department of Health, 2002). Extrapolations from ABS data suggest 18.1% of Australian adults having a mental illness and being treated through specialist services, thereby suggesting around 345,670 West Australians adults (ABS, 1997). However, this must be supplemented by data regarding patients using General Practitioner or private practitioner services for a range of mental health illnesses, with large numbers of Western Australian dependent children having a parent with a mental illness (ABS, 1997; Nicholson, 2002; Office of Mental Health WA, 2002).

Given the data about mental health prevalence and issues for children, initial concern about 'copmi' was raised during the late 1990s through informal regular meetings of interagency representatives. There were also consumer advocate networks and occasional full-day seminars involving state and interstate individuals and organisations with an interest in this area.

In 2001, funding was provided to non-government agencies through a state labor government election commitment. The Children of Parents with a Mental Illness ('copmi') project was established by the Mental Health Division of Western Australia, with an interagency group evaluating existing services, ensuring identification of vulnerable children and providing support, also improving intersectorial responses. This first committee in Phase One produced the *Pathways to Resilience* report (2002) providing a focus for action in Western Australia based on collaborative work, with the voices of families and using a strength-based approach. The overall systemic framework includes:

- Workforce development strategy for professionals involved with 'copmi' (generic training template; dissemination of best practice and facilitating and supporting district/regional integrated service delivery);
- Interagency protocols for working with 'copmi' across agencies and age groups from antenatal (including continuity of childcare/family support/respite/foster care; continuity of school placement; transition plan on parental discharge plan);
- Interagency protocol agreements for working with 'copmi' (delineating responsibilities for joint agency work; protocols with Homeswest and Centrelink to fast track family needs on admission or discharge from inpatient facilities);
- Improving data management systems statewide so 'copmi' can be identified across all age and specific population groups (recording and reviewing needs of children for each adult admission;

implementing data management for primary health providers; protocol for transfer of information across agencies); and
- Identifying and supporting research (collaboration and support for research bodies for longitudinal research; formal evaluation of initiatives).

In the second phase, the 'copmi' Statewide Strategic Committee was established to build frameworks for collaborative work and develop strategies for greater responsiveness to the needs of 'copmi' around early identification and prevention.

During the third phase from early 2005, the 'copmi' Advisory Committee involved key government departments, agencies and consumers coming together regarding implementation focused on protocol frameworks for collaborative work. This committee was supported by a dedicated 'copmi' project worker through the Office of Mental Health. Other groups involve in the committee were Adult Mental Health Services, Association for Relatives and Friends of the Mentally Ill (ARAFMI), Child and Adolescent Mental Health Services, Child and Community Health, Commonwealth Department of Family and Childrens Services, Consumer Representative, Department of Community Development, Corrective Services, Education and Training, Housing and Works, Disability Services, Divisions of General Practice, Drug and Alcohol Office, Ruah Community Services and the State representative on the national COPMI Reference Group. A draft 'copmi' Interagency Protocol was developed particularly in regard to an adult mental health intake form and identification and support for dependent children, with cross sector signatories being sought to ensure identification of project processes for improved strategic cross-government and community and service links (Smith, 2006).

A 'Copmi' Executive group provided advice and was the key decision making group throughout the project, with negotiations also occurring for funding through the Commonwealth Stronger Families and Communities Program (Office of Mental Health, 2002).

During the 'copmi' work, three project areas were established in Albany, Armadale and Clarkson, each with a part-time funded coordination position and with locally-based interagency committees operation. Ruah received funding for a full-time position, the Community Capacity Building Project Worker who developed and implemented cross-sector training packages.

A 2006 evaluation report involving multiple data sources indicated increased agencies' responsiveness to early intervention, with cross-sector steering committee meetings generally attended regularly by signatory agencies and the protocol trialled. Three hundred and ninety five participants attended over twenty workforce development training sessions operating in the three pilot locations, with high satisfaction ratings; there was increased awareness of 'copmi' issues evident in a staff survey and greater knowledge regarding issues for 'copmi' and information access. The three interagency working groups supported by the 0.2 Project Worker trialled the protocol and there was some evidence of formal local agreements and informal collaborative processes occurring and of wider networks developing. Regarding increased joint agency assessment and referral to interventions for 'copmi', there was nominal evidence of formal local agreements and some case-specific and informal collaborative activity (Smith, 2006).

Despite some successes involving increased 'copmi' awareness and a more coordinated and systematic cross-agency approach, continued project funding for 'copmi' in Western Australia from 2006 was not forthcoming. New directions are now underway. Under the WA Mental Health Strategy, the Office of Mental Health is establishing a new interagency group. This involves clear Terms of Reference, a similar range of agencies to the previous cross-sector committee and a focus on implementation. A key task involves revisiting the protocols for interagency collaboration and obtaining relevant signatories and commitment. A 'copmi' project involving a resource centre with a statewide focus and operated through Ruah (in conjunction with W.A. COMIC) is providing training. Materials within the Family to Family project involve production of five booklets related to children, carers and consumers, with six session workshops for whole

families, also identifying gaps in service provision. Three cross sector training packages have been developed regarding talking to children about mental health issues, understanding impact of mental health on families and collaboration with 'copmi' families. Consumer/carer and non-government organisations such as ARAFMI in the north and Wanslea in the south are providing direct support services for families within particular regions.

In summary, collaboration and shared response related to day-to-day collaborative practice; flexible service delivery and innovation are key aspects of the future directions.

### *Queensland*

Historically Queensland has had no consistent approach to data collection about the number of children whose parents have a mental illness. A Queensland Government publication (2006) provides some information about mental disorders in the state indicating 647,000 Queenslanders affected by a mental disorder in any one year, with 850,000 affected when alcohol and drug-related conditions are included. There are 98,000 Queenslanders who have severe disorders such as schizophrenia and bipolar, 549,000 have moderate and mild disorders such as depression and anxiety (Queensland Government, 2006). The *Queensland Plan for Mental Health 2007-2017* estimates that around 16.6% of the Queensland population is affected by mental health disorders (Queensland Government, 2007). This rises to 22% when alcohol and drug-related conditions are included, with anxiety and depressive disorders being the most prevalent and affecting about 7% and 6% of the population annually. Almost 2.5% of Queensland people experience severe mental disorder including psychotic disorders or major depression, severe anxiety or anorexia nervosa (Queensland Government, 2007:1). Hearne et al.'s (1999) survey of Queensland mental health services clients recorded that 35% were parents and of these about half had children under the age of 16, although less than 50% actually reside with their children.

Children of parents with a mental illness history can be traced within the context of the Queensland Mental Health Strategy in 1996-2006, *Future Directions for Child and Youth Mental Health Services: Queensland Mental Health Policy Statement* which recognized issues of high risk for children in these situations although with little immediate action.

In 1999, the Child and Youth Mental Health Service of the Royal Children's Hospital and Health Services District developed the initial project to address the needs of 'copmi' in Queensland through The Koping Forum. A partnership with the Mater Child and Youth Mental Health Service to provide psycho-education and supportive programs to the 'copmi' population in Brisbane commenced in 2000. In 2000, service providers in South East Queensland within the Koping Forum developed a working agenda to promote awareness of the needs of 'copmi' through developing and providing information, resources, training and support to service providers and families. A State-wide Koping Training initiative was launched in 2002, offering services to areas such as Cairns, Charleville, Toowoomba, and health districts in the Central Queensland health area. SCKoping network supports 'Copmi' in the Sunshine coast region (Queensland Health, 2007). The interagency KOPING project involves networks, videos, library resources and kits, a consultation and liaison program, family safety plan to minimize disruption during adult hospitalization and an adolescent peer support program.

The *Queensland Mental Health Strategic Plan 2003-2008, Queensland Health Strategic Plan 2004 - 2010* and various plans in relation to people with disabilities and *Queensland Department of the Premier and Cabinet Strategic Plan 2002-2006* provide some current background documents in relation to mental health. The Statewide Mental Health Network delivers and oversees statewide mental health system reform involving Queensland Health, Mental Health, non government groups, disability, and community groups, with a senior level group meeting on a monthly basis. This group includes three area health network representatives, northern, southern, central and 20 districts who are responsible for the implementation and delivery of services, There also subgroups related to indigenous, aged, and early

childhood (Statewide Mental Health Network Terms of Reference, 2006).

*Sharing Responsibility for Recovery* (Queensland Health, 2005) highlights the importance of collaborative approaches and a key current policy focus is on dual diagnosis, with more collaboration and sharing of positions in relation to these areas. District-based training is occurring in cross-sector groups involving non-government organization workers and government employees.

The *Mental Health Promotion, Mental Illness Prevention and Early Intervention subgroup for the Mental Health Services Plan Working Group 2006-2011* provides recommendations regarding prevention issues for children and young people. This includes a focus on integrated perinatal and infant care and children of parents with a mental illness and/or substance problem This report highlights the need for a systematic and integrated 'copmi' strategy linking government and non government organizations, including culturally appropriate approaches and building on Koping, Mater Kidz Club, Gold Coast 'copmi' and SCKOPING. The *Queensland Plan for Mental Health 2007-2017* which was informed by reports and advisory groups eventually provided $5.47 million of funding, with outcomes due in two stages: by 2011 and by 2017. The Plan focuses on establishing a broader base for mental health intervention, highlighting recovery-focused service delivery. Implementation of the plan will be overseen by the Mental Health Interdepartmental Committee. The Director of Mental Health is coordinating regular reporting as required in the Queensland Health's Agency Service Delivery Statement, the annual Queensland Health Performance Report and a report to Cabinet.

One key area focuses on Mental Health Promotion, Prevention and Early Intervention, with children of parents with a mental illness being specifically identified. Funding has been provided for a statewide coordinator position for two years, with regional health teams currently allocating their own funds for part–time positions for 'copmi'. One of the committee sub-groups relates to perinatal and infant mental health, with a 'copmi' subgroup planned for the future.

The State 'copmi' Coordinator will develop and implement a Queensland framework to address the needs of children of parents with a mental illness, entitled *Meeting the Protection Needs of Children for Whom a Person with a Mental Illness has Care Responsibilities* (Queensland Government, 2008). The purpose of the policy framework is to develop processes to ensure the immediate protection needs of children where the parent with a mental illness has care responsibilities; determine the impact of their mental illness on the care and protection needs of children and to support parents and carers with a mental illness to meet the needs of their dependent children (Queensland Government, 2008).

Given some critical incidents, in 2008 an intake and assessment process is now required for any consumer entering a mental health service in relation to their full-time or periodic care responsibilities for children. The intake and assessment process is a requirement at entry to mental health services, upon admission and discharge in relation to an inpatient unit, and when there is a change to consumer status such as giving birth, relationship changes or accommodation. Demographic details of children, immediate welfare needs and immediate reasonable suspicion of child abuse and neglect necessitating a Department of Child Safety report are requirements. Training of the 300 mental health and child protection workers is occurring, there are guidelines provided for clinicians and there is a follow-up policy requiring proper monitoring of involuntary patients on discharge from mental health services with face –to-face reviews conducted (Queensland Government, 2008).

***South Australia***

In South Australia, limited data exists which is relevant to 'copmi' but area-based information suggests that around 24% of mental health services clients have children under the age of 18 years.

The *Strategic Plan for the Purchasing of Mental Health Services for Children and Young People* draft

(1997) highlighted that services for children of parents with a mental illness were needed and various local initiatives began but there was no comprehensive approach until the *MHPP National Action Plan* (1998) focusing on specific population group needs. In 2000 the State Mental Health Unit, Department of Human Services conducted a conference forum for consumers, carers and bureaucrats to confirm current supports, identify service gaps and discuss needs, also informing department policy and strategy. The organisation called Children of Mentally Ill Consumers (COMIC) was formed as a result of this conference.

Given the national framework of the Second National Mental Health Plan (Australian health Ministers,1998), around this time in South Australia, a draft policy was developed including six key areas for short, medium and long term attention. These include developing a range of resources and information for the community and for 'copmi'; better cooperation between adult and mental health and child and adolescent mental health services; capacity building and staff development; partnerships including with consumer organisations; developing codes of practice and quality standards and establishing local support groups and initiatives (AICAFMHA, 2001).

In more recent times, the South Australian draft document *The South Australian State-wide Strategy for Children of Parents with a Mental Illness (2007-2010)* has provided an outline of a vision within the Social Inclusion Agenda, although the final version is not yet publicly available. The *Mental Health Bill 2008* which has been introduced into the South Australian Parliament after extensive consultation includes children as carers, with guiding principles including that: 'the rights, welfare and safety of the children and other dependents of patients should always be considered and protected as far as possible' (Ministerial letter).

While there has not been a statewide project in relation to 'copmi', over the past three years there has been an area-based project. The Mental Health Liaison Project: Outer Southern Region multidisciplinary team has been established, with a position funded through the Families SA (child protection agency) and with mental health also involved. This team brings together child protection, social workers, mental health and child and adolescent mental health personnel. Child protection early childhood, speech pathology, nursing, occupational therapy, child psychiatry, disabilities, and drug and alcohol services are also involved. Companion Agency Meetings are conducted and policies and protocols at the local level involving joined up therapeutic work are occurring. Case conferences are held. Reference committees, written reports and word of mouth are disseminating the project information and outcomes and there is discussion underway at executive levels within government adult mental health and child protection services about intake information and a role for non-government organisations. Evaluation through the Australian Centre for Child Protection has occurred. The approach is beginning to be replicated in other area-based services and there may be wider applicability in the future.

### *Tasmania*

Tasmania has some specific data regarding 'copmi'. Data from a School of Nursing/University of Tasmania 1999 survey in a two week period indicated that around 29% of adult mental health clients had dependent children under 18 years, with 66% of these being women in their thirties with depression and the majority of children being less that 6 years old (Farrell et al., 1999). Regarding parents and carers with a mental illness, about 70% had one or two children and approximately 15% had three children (Handley et al., 2001). Almost 70% had post-natal depression shortly after birth. Thirteen percent of women have been diagnosed with mental health issues after six weeks and 11% of them have some issues after six months (Bennett, 2001).

The Tasmanian Department of Health and Human Services, *Mental Health Services in Tasmania: A Plan for Now and the Future – Strategic Plan for 1999-2002* (1999) was about promotion and prevention, also including some strategies relevant to children.

A review of services occurred including community consultations in various regions, establishment of a

multi-agency/multi-disciplinary Steering Group and a workshop to bring together key stakeholders from government, non-government and consumer organizations, with agreement being reached about priorities and multi agency work during project implementation. Positives identified at that time were whole of government initiatives in interagency collaboration through formal committee structures, Tasmania Together standards, benchmarks, Our Kids Strategic Framework and Action Plan, partnership agreements between State and local government, strong community partnerships in some local government areas, Supportive School Communities and Health and Wellbeing Projects in schools.

However, essentially these were localized good practice models which were not broadly applied throughout the state, with practitioners trying to network but under pressure from workloads and with Commonwealth funding tied to specific time-limited projects build around the individualised department 'silo' mentality and with no shared resources (Jenkins, 2004). Concerns were raised about fragmentation of health and community services and little intersectoral work; weak links between government and non-government groups; demands on services exceeding resources; and insufficient resource allocation for early intervention and prevention especially in early childhood. Inadequate data collection, a need for professional development for diverse cultural groups, and need for practical and flexible home and community help for parents with mental illness, in addition to a widespread need for more parenting programs, and ongoing programs to support and mentor 'copmi', were aspects highlighted (Jenkins, 2004).

Given some high level political champions and personal experiences, the *Kids in Mind Project* was launched in 2003 through the Social Project Unit of the Policy Division of the Department of Premier and Cabinet with a focus on 'copmi', with the overall goal of improving outcomes for these children through intervention supports for 'copmi' chidren and families. Strategies include peer support for children and young people, time out and respite, information and individual case management and counselling. Support for parents and carers including assistance with parenting; early childhood community capacity building; service reform and improvement which includes interagency collaboration and staff professional development were involved (Jenkins, 2004).

The *Kids in Mind Project* has recently been reassigned from the Department of Premier and Cabinet (DPAC) to the Department of Health and Human Services (DHHS), with implementation plans for the next three years being developed. An evaluation report from the Department of Premier and Cabinet has been considered following a departmental review through statewide consultation including national planning days in 2007 which involved various stakeholders, including young people. Drivers for new directions are being considered especially Commonwealth policy frameworks under promotion, prevention, early intervention; the DHHS own agenda and statewide consultation directions and the DPAC evaluation report. Cross-agency collaboration is driving directions and there is consideration of the need for dependent children data to be systematically collected while overcoming legislative and privacy barriers to effective family-sensitive practice. Consumer/carer and young persons' involvement; dual diagnosis directions with mental health, alcohol and drugs and strong links to child protection, are key aspects. There will be an ongoing project management reference group for governance including executives, a departmental coordinator position and a *Kids in Mind* reference group which includes non-government representatives and young people. Funding, written-up policies and procedures, programs for children and data collection regarding children including follow-up when parents are hospitalized, are actions identified.

### *Australian Capital Territory*

The Australian Capital Territory data estimates for adult mental disorders based on Australian Bureau of Statistics Australia-wide information for schizophrenia, anxiety disorders, affective disorders and substance use disorder indicate around 51,705 mental health services clients, with 7% of the Australian Capital Territory adult population experiencing moderate to severe mental health problems. A further 10% are at risk of developing mental health problems or requiring early intervention (ACT Health, 2003: 18).

Until the late 1990s the Australian Capital Territory (ACT) had no formalized processes regarding 'copmi', although there were some informal networks operating which established 'kids clubs' and which began raising awareness, also organising seminars which included interstate 'copmi' leaders. Child and Adolescent Mental Health Services (CAMHS) became concerned that 'copmi' needed to be addressed in terms of promotion and early detection aspects. The ACT Health Action Plan launched in November 2002 set directions for health services in the ACT, incorporating the vision for health, the values and strategic areas of focus and identifying mental health as a key priority area. The *ACT Mental Health Strategy and Action Plan 2003-2008* was then developed in consultation with a range of consumers, carers, community organisations, health professions, other Government agencies and the general public. The Plan is aligned with the broader policy framework of the Canberra Plan and Canberra Social Plan (ACT Government, 2008a; ACT Government, 2004). This also links to the ACT Children's Plan setting out a whole of government approach to supporting the development of ACT children (Australian Government, 2008b).

Within various policy frameworks, in 2003 a project position was funded which eventually focused on 'copmi' with key functions being coordination; setting up networks; awareness raising and training, with the role essentially having a CAMHS orientation but also working across services. Being on a range of committees including at a national level; supporting a cross sector steering committee involving about fifteen government and non-government agency representatives; information sharing and information kits for workers and children of adult consumers; establishing long term plans for children in preparation for possible adult hospitalization and building understanding of the recovery approach, were key aspects of the role. Developing and delivering training programs for cross –sector groups is became increasingly important, with workforce development training for ACT Health already systematically occurring and becoming more specific and with child protection and other groups sometimes involved.

The *ACT Action Plan for Mental Health Promotion, Prevention and Early Intervention 2006-2008* identifies children as a priority group including perinatal and early childhood support. Key focus areas involved are broadening the availability of positive parenting programs, improving screening, assessment, referral pathways and care for children at risk of perinatal depression. The Plan specifically identifies children of parents affected by a mental illness and the need to 'continue to build on the work of the 'copmi' (Children of Parents affected by Mental Illness) project to meet the needs of children of parents affected by mental illness across services and sectors in the ACT'.

Therefore from 2008, 'copmi' has recurrent funding for a program coordinator within the adult mental health services, with data systems capturing parental status when adults enter mental health services and with referral to services. Training of all mental health staff clinicians occurs. Team leaders in adult mental health teams actively promote 'copmi' and training of all staff. There is a policy being developed for Mental Health, accompanied by a Memorandum of Understanding for other agencies. Education, Department of Youth, CAHMS, care and protection services are involved.

There are a range of programmes operating in the Australian Capital Territory. A 'copmi' program established through a steering committee and networking group develops intervention strategies linked to national and territory health strategic plans and AICAFMHA Principles and Actions. The steering committee provides opportunity from cross-sector information exchange and influences numerous agencies; cross-sector commitment includes the IMPACT program for women in mental health and opiate; Marymead Horizons for children aged 0-8 years and Anglicare Litmus for young carers. A Mental Health Recovery plan includes children and young persons care plans. A Resource Kit has been developed for 'copmi' families and workers and a website is being developed and promotion of a family focused approach to children is underway and more cross-sector training is occurring. One Australian Capital Territory program is the Canberra/Goulburn St Nick's young carers' holiday camp. Other programs are Horizons: Healthy Minds, Healthy Families Marymead home visiting family support and counseling services focused on the 0-8 age group, as well as the POPPY weekly playgroup in Canberra South. The Big Red Book provides strategy-based information and service profiles for a range of professionals having contact with young people

('copmi').

### *Northern Territory*

The Mental Health Territory Services is aware of issues for children of parents with a mental illness and the importance of broadly supporting children and families with safety at home.

One key support program for all children is called *7 Steps to Safety* which aims to promote children's safety and wellbeing. This resource was developed through a consultation process involving Northern Territory parents, children and services providers based on Australian and overseas literature. The first three steps involve making the house and yard safe for the family; making rules to help children make safe and responsible decisions; and teaching children about feeling safe with people and dealing with uncomfortable situations. The last four steps are about working out family needs and planning for children's care and safety; teaching children what to do in emergencies; working out whether children are ready to spend time at home alone and making a care plan so children can feel confident they will be well cared for if something happens (Northern Territory Government).

TEAMhealth is a specially designed key program to support families, parents, children and young people aged 15-24 where there is a family member with a mental illness. Three types of support are provided including an education program, case management program and a social activities program. Funding is through a Family and Youth Service with a focus on prevention and early intervention and responding to the identified local need (Northern Territory Government: TEAMHealth.