

Families Where a Parent Experiences Mental illness (FaPMI)

Joint Addiction and Mental Health ECHO

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STRATEGIC PRIORITY 1:

Improve data collection, analysis and utilisation

Effective processes for collecting and analysing data will inform priorities for local and statewide action

STRATEGIC PRIORITY 2:

Enhance clinical practice

Mental health practitioners equipped with relevant and effective practice models will achieve improved outcomes for families where a parent has a mental illness

The FaPMI program aims to promote the wellbeing of consumers who are parents, their children, and their families through timely coordinated preventative and supportive action within AMHWS

STRATEGIC PRIORITY 3:

Strengthen Partnerships

Effective working relationships between AMHS and services relevant to children and families will enable AMHS clients, their families and children to access these services in a timely and coordinated manner

STRATEGIC PRIORITY 4:

Respond to local need

FaPMI program activity will be tailored to reflect and respond to the diverse local needs of families where a parent has a mental illness. The approaches undertaken by AMHS to respond to these needs will vary across Victoria

Context-Population



- Australian Bureau of Statistics data show that 23.3% of all Australian children lived in a family with a parental mental illness



In Victoria approximately 20.4% of consumers of adult mental health have 14,403 children



It is estimated that up to one in five young people live in families in which a parent experiences a mental illness (Reupert, A., et al. 2012)



Key social determinants

Key social determinants associated with parents with SMI that could influence poorer outcomes for infants and children:

- Severity and chronicity of parental mental illness
- Conflict and disruption in family relationships including separation, divorce and family violence
- Social isolation
- Financial stress
- Level of family support
- *(Reupert, A. E., Mayberry, D.J. Kowalenko, N.M., Children whose parents have a mental illness, need and treatment., MJA Open Suppl 1 16 April 2012)*

Parenting with a serious mental illness

Family focussed practice can “ improve outcomes for the parent with mental illness, reduce the subjective burden of care for families and provide a preventative and supportive function for children

(Foster, K., et al (2016) Family-focussed practice in mental health care: an integrative review. *Child & Youth Services*, 37 129- 155)

Remembering that a parent's mental illness is not a fixed issue but rather episodic

(Fox, L. (1999). Personal accounts: Missing out on motherhood. *Psychiatric Services*, 50(2), 193-194.)

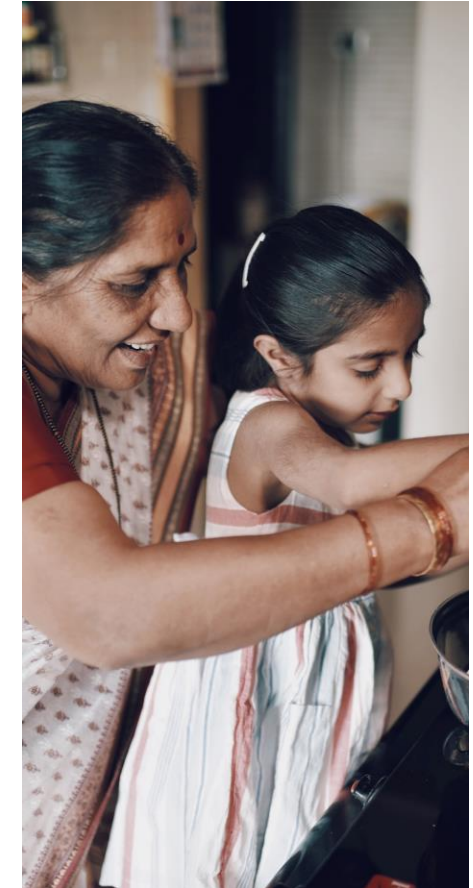
Mowbray (1995) found parenting was highly valued and as important as employment for mothers who have SMI (Serious mental illness)

- Services can be caught in assuming that parenting is a stressful role that is not highly valued by these parents. Mothers with SMI are more likely to have less support in their parenting role whilst also working on their mental health recovery.

(Mowbray CT, Oyserman D, Zemencuk JK, Ross SR. Motherhood for women with serious mental illness: pregnancy, childbirth, and the postpartum period. *Am J Orthopsychiatry* 1995; 65:21-38)

Opportunity

- In a meta-analysis (Siegenthatheler. Munder and Egger, 2012) Up to 40% reduction in the child developing the same mental illness as their parent when the parent is supported within the context of their illness as well as promoting their capacity to parent.
- Parenting experiences are unique for each individual and family and no one should assume family's struggle
- The quality of contact/ engagement between individuals, families, clinicians and Services is a powerful determinant of outcome for all family members. (Falkov 2015)



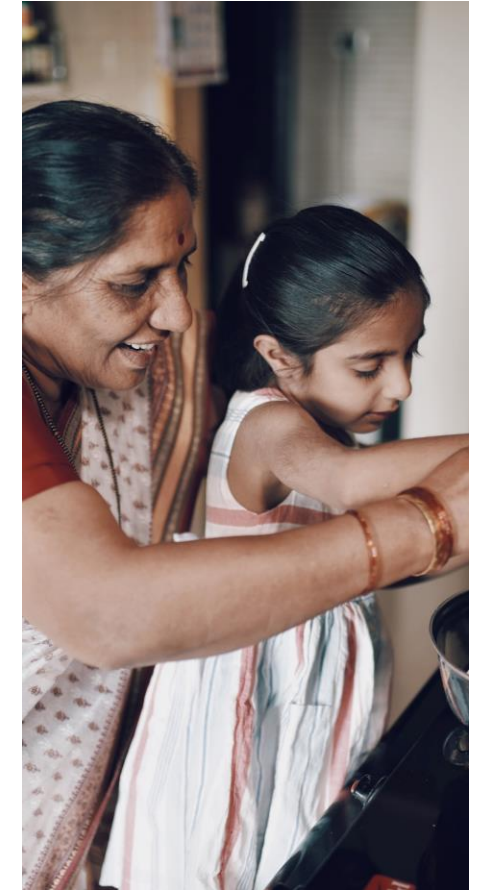
Keys for interventions

Services need to focus on increasing the positive determinants impacting on child and family wellbeing e.g.

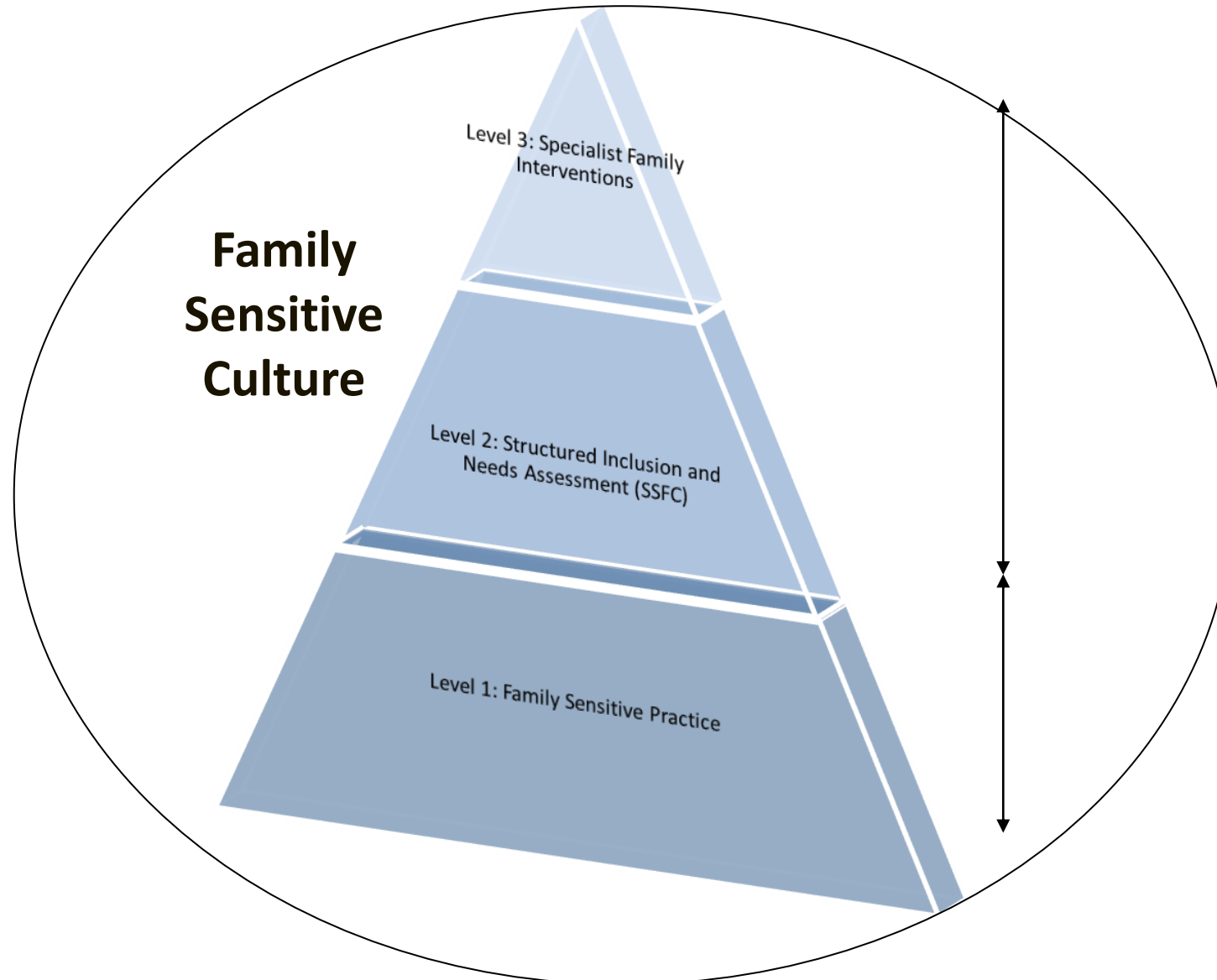
- improved parent–child-family relationships
- strengthening social supports
- improved mental health literacy

while at the same time reducing risk factors for poor outcomes for the child and family e.g.

- Economic hardship
- Social isolation
- Family violence



A Client-Centred Framework for Involving Families



Practices for family-based approaches



Strengthen intake procedures to, record, identify and engage with parents

Engage parents as parent experts on their family and mental health

Offer a rationale for the importance of family work and what the benefit would be, how you might invite family members and work together

Get a picture of who is in the family, names and ages of children, partners and other family members and supports

Assess strengths and vulnerabilities

Understand what the family knows and support age-appropriate information sharing and possibility of peer support programs for children. Flag the importance of children understanding.

See each child's experience as unique and explore caring responsibilities

Look at the appropriateness of 'plans' that include the family.

Strengthening access to resources and supports for all family members



Royal Commission into
Victoria's Mental Health System

Final Report

Summary and recommendations

Recommendation 19:

Supporting infant, child and family mental health and wellbeing

The Royal Commission recommends that the Victorian Government:

1. establish one responsive and integrated infant, child and youth mental health and wellbeing system to provide developmentally appropriate mental health and wellbeing treatment, care and support for newborns to 25-year-olds.
2. by the end of 2022, establish a dedicated service stream for infants, children and their families, consisting of Infant, Child and Family Area Mental Health and Wellbeing Services, within the 13 Infant, Child and Youth Area Mental Health and Wellbeing Services (refer to recommendation 3(2)(c)) to:
 - a. provide developmentally appropriate mental health and wellbeing treatment, care and support services for newborns to 11-year-olds and their families; and
 - b. adapt and deliver the core functions of community mental health and wellbeing services (refer to recommendation 5), including through a range of delivery modes, ensuring services are accessible and responsive to the diversity of local communities.
3. by the end of 2022, and in partnership with the Commonwealth, establish three infant, child and family health and wellbeing multidisciplinary community-based hubs.
4. deliver evidence-informed online parenting programs and group-based parenting sessions.
5. establish two statewide subacute residential family admission centres located in the community.

Recommendation 32:

Supporting young carers

The Royal Commission recommends that the Victorian Government:

1. by the end of 2022, fund a non-government organisation such as the Satellite Foundation to co-design and expand the range of supports across Victoria for young carers and children and young people who have a family member living with mental illness or psychological distress.
2. by the end of 2022, broaden the scope and reach of the Families where a Parent has a Mental Illness program, including by:
 - a. enabling each Area Mental Health and Wellbeing Service to employ new workers to support young carers in their local environment; and
 - b. increasing the funding available to young carers to help with practical needs (brokerage).
3. strengthen identification and referral pathways for young carers through the mental health and education systems.

References



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Thank you



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