

PROJECT EVIDENCE

PROJECT EVIDENCE for Prevention of Mental Disorders. The project coordinator is Dr Allan Mawdsley. The version can be amended by consent. If you wish to contribute to the project, please email admin@mhyfvc.org The author of the section on Children in detention is Professor Louise Newman. The author of the section on Children of parents with mental illness is Dr Vicki Cowling.

[3] Indicated Programs are those for young people who will inevitably develop mental disorders unless there is preventive intervention.

[3 b.] Psychological factors

- i Children in detention
- ii Children of Parents with Mental Illness

[3 b ii] Children of Parents with Mental Illness

Children whose parents suffer mental illness have significantly higher rates of emotional problems than general community prevalence. The stresses they experience are often unrecognized by clinicians who work with their parents. It is recommended that a family impact assessment be undertaken of all adult patients with mental illness to ensure that those with children are linked with services which can support the family and respond to the needs of children and their parents, as a family group and as individuals. It is further recommended that there should be family intervention planning, a family recovery focus, and active collaboration, communication and coordination between services and families.

Notes

1. While approximately one million children in Australia have a parent with a mental illness many families will manage well.
2. The impact of parental mental illness on children and the family is complex and is influenced by each level of the eco-system, which are inter-related. These include environmental factors such as poverty, health, safety of the local community, housing, family violence, and drug and alcohol abuse; the nature and extent of support for the family from extended family and the community; the duration and severity of a parent's mental illness, and access to treatment; the health and wellbeing of the children.
3. When a parent has a mental illness, all tiers of the service system have the potential to be involved – in prevention, and early intervention, and treatment.

At the primary care level, maternal and child health nurses may be involved, with staff at early learning centres, and primary and secondary schools having opportunities to observe child behaviour, and to liaise with and offer support to the parent.

General Practitioners are also able to make observations, and as with the above groups, refer children or parents on to community based allied health professionals including social workers, psychologists, occupational therapists, for counselling services, or to child and family welfare services for parenting support.

Where mental illness of a child or parent is acute, outpatient, or inpatient treatment may be needed.

5. Two evidence-based programs focus on the family, and on parents with mental illness.

The Family Talk program is a family-based program designed to increase depressed parents' focus on their children, to increase children's understanding of parental depression, and ultimately to reduce depressive symptoms in children of depressed parents, and follow-up data indicates the program provides long-standing benefits.

Beardslee, W. R., Gladstone, T. R. G., Wright, E. J., & Cooper, A. B. (2003). A family-based approach to the prevention of depressive symptoms in children at risk: Evidence of parental and child change. *Pediatrics*, *112*, e119-e131.

Beardslee, W. R., Wright, E. J., Gladstone, T. R. G., & Forbes, P. (2007). Long-term effects from a randomized trial of two public health preventive interventions for parental depression. *Journal of Family Psychology*, *21*(4), 703-713.

The Let's Talk About Children intervention is designed to be implemented in primary health and specialized psychiatric services. It is a brief child-focused discussion between the parent with a psychiatric disorder and a clinician, aimed at helping parents find ways to support children themselves, draw on the family's network, and access other supports.

Solantaus, T. S., Toikka, S., Alasuutari, M., Beardslee, W. R., & E.J., P. (2009). Safety, feasibility and family experiences of preventive interventions for children and families with parental depression. *International Journal of Mental Health Promotion*, *11*(4), 15-24.

Solantaus, T. S., Paavonen, E. J., Toikka, S., & Punamäki, R. (2010). Preventive interventions in families with parental depression: children's psychosocial symptoms and prosocial behaviour. *European Child and Adolescent Psychiatry*, *19*(12), 883-892.

4. Several Australian states and territories have responded to the needs of families with children where parents have a mental illness, either through government departments, or non-government organisations. Refer to Department of Health websites for information.

5. Online training for service providers is available at: <http://www.copmi.net.au/professionals-organisations/how-can-i-help/professional-development/elearning-courses>

6. Articles presenting research related to young people, parents and families is available at: <http://www.copmi.net.au/professionals-organisations/what-works/research-articles>

7. Resources –

Parental mental illness is a family matter - Special issue of MJA Open Supplement:

<https://www.mja.com.au/journal/2013/199/3/supplement>

Reupert, A., Maybery, D., Nicholson, J., Göpfert, M., & Seeman, M. V. (Eds.). (2015). *Parental psychiatric disorder. Distressed parents and their families*. Cambridge: Cambridge University Press.

FaPMI Coordinators– Local support for your service

As part of the FaPMI service development strategy (described below), FaPMI coordinators have been embedded within the eleven area mental health services (AMHS) in Victoria (or another suitable community program).

FaPMI coordinators champion and organise activities within the catchment area of their employing service. They work closely with mental health services and network partners¹ to develop a service provision that best reflects the needs of the region. Whilst they do not provide direct clinical care, as part of their role FaPMI coordinators offer:

- Secondary and tertiary consultation
- Education and workforce development

- Resources for practitioners, organisations and families
- Input into service and workforce development, policy and planning
- Program development and implementation
- Promotion of integration of family focused work into core practice
- Coordination of partnerships and networks to deliver collaborative care.

They also support specific peer programs such as:

- PATS – (Paying Attention to Self) a peer support program for young people aged 12 to 18 years who have a parent with a mental illness. The program is currently being redesigned and facilitator training will be available in the later part of 2016.
- **CHAMPS**– a peer support program for children aged 8 to 12 years who have a parent with a mental illness.
- **SKIPS** - (Supporting Kids in Primary Schools) a mental health promotion program for primary schools about FaPMI

¹ **Network partners of specialist mental health services include, for example, local community agencies, maternity services, primary care and community health services, universal and targeted early years services, child and family support services, school nurses and student wellbeing and support staff, youth services, forensic, emergency services, housing and drug and alcohol services.**

<http://www.bouverie.org.au/support-for-services/fapmi>

- Queensland Health [Working with parents with mental illness: guidelines for mental health clinicians](#)
- NSW [Children of Parents with a Mental Illness \(COPMI\): Framework for Mental Health Services](#) (2010-2015)
- Victoria [Families where a parent has a mental illness: A service development strategy](#)

Western Australia <https://www.wanslea.asn.au/children-and-family/mental-health/copmi/>

<http://www.copmi.net.au/professionals-organisations/what-works/research-articles>

<http://www.copmi.net.au/professionals-organisations/how-can-i-help/professional-development/elearning-courses>

Resources: MJA book

<http://www.med.monash.edu.au/srh/mudrih/mirf/what-is-lets-talk.html>

1. Selective interventions for offspring of parents with mental illness need

Infants: maternal depression

Children: school based, and specific peer groups.

Young people: specific peer groups

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[\[Go to Policy POL3b ii\]](#)

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