

*Supporting Mothers With Mental Illness:  
International Approaches*

*2002 Edith Cowan Women's Fellowship Report*

*ANNE BARRETT*

**Funded by: Western Australian State Government through the Office for Women's Policy and the Department of Community Development.**

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### ***Acknowledgements***

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- I am grateful to my colleagues at the Mirrabooka Mental Health Service and North Metropolitan Mental Health Program for their professional support and advice. I particularly thank those who mentored me and saw the potential to achieve worthwhile things through this project.
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- The Office for Women's Policy provided advice and the essential funding through the Edith Cowan Western Australian Women's Fellowship.
- Above all, I thank the mothers with mental illness and their children, who have given me the opportunity to begin to understand what their lives are like.

**ANNE BARRETT**  
**22<sup>nd</sup> January 04**

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## **PART 1: RESEARCH PROBLEM**

It is only within recent times that the difficulties for mothers with mental illness and their children have been recognised and acknowledged. In Western Australia communities and government are grappling with the logistics of trying to meet the diverse and complex needs of mothers with mental illness and their children. Systemic and structural issues limit the depth and breadth of services that could be utilised. How might the experiences in other countries help us to address these issues?

### **BACKGROUND**

The report “Pathways to Resilience” indicates how difficult it is to determine the number of mothers and children affected by mental illness as many people are treated primarily by General Practitioners and are not counted within the mental health system.

The following vignette, based on an actual case, highlights some of the barriers preventing a full and adequate care plan for mothers with mental illness.

“Mary” had two children and also suffered from a chronic mental illness. Most of the time she fulfilled her role as a single mother without major difficulties. Mary had Bi Polar Disorder and sometimes that affected her parenting ability. A government mental health clinic and a non-government agency were both actively involved in providing support. Mary was a single parent and had no extended family support in Western Australia.

One of the major difficulties in working with Mary was that she had no insight into her illness – meaning that she did not recognise that at times she became very unwell. Consequently she was unable to monitor her own thoughts and those behaviours which would indicate a relapse. The children [aged 11 and 12 years] understood the situation and were protective of their mother, believing they could manage on their own.

Offers of government agency assistance in dealing with parenting concerns were consistently refused by Mary, for fear of drawing attention to her mental health and consequently losing her children.

The situation climaxed when Mary became convinced that “people” were going to harm her and her children. Mary and her children ran into a stranger’s home asking for protection. Her belief was proven to be delusional and symptomatic of her mental illness. Mary was admitted to Graylands Hospital as an involuntary patient.

A check with foster care agencies indicated the only appropriate care placement available was located thirty kilometres away, which would have meant a major disruption to the children and their education. The children were separated and each placed in care of family friends and went to school the next day without any recognition of the trauma they had experienced the night before.

It was not possible to involve Mary in financial transactions due to her degree of mental illness. The ‘foster’ families had not been through the Department of Community

Development training and therefore were not eligible for the foster parent payment.

A supportive letter was sent to Centrelink explaining the situation and requesting payment through their system. They applied income measurement tools and found that one family earned approximately \$35 per week too much to receive assistance. The other family received approximately \$10 per week in assistance. Both 'foster' families had low incomes and caring for Mary's children placed an additional burden.

In other words an Australian mother who suffered from a persistent and serious mental illness and who was currently an involuntary patient in a psychiatric hospital received virtually no assistance from either the State government nor the Federal government in the care of her children.

This situation highlighted many issues in supporting mothers with mental illness and their children. These include:

#### **“Fear Factor”**

Mary was afraid to admit that she needed assistance, as she feared that the children would be removed from her care. Many times she declined assistance with parenting concerns and would continue to struggle with them by herself. She consistently refused to give permission for transfer of personal information to other agencies at any time.

#### **Confidentiality**

Confidentiality is a very emotive subject. It is designed to protect an individual's rights to anonymity. At times, however, protecting the mother's rights impacts on the children's rights to support and protection. Technically Mary's children were safe, however, the impact of their mother's involuntary hospitalisation is not something that they should have borne alone. All adults caring for these children (foster families), and discharging their duty of care (teachers), needed to be aware of the situation

#### **Cross-sector Collaboration**

Several government departments provide services relevant to Mary and her children, particularly in times of crisis. However, no pathways or protocols relevant to mothers with mental illness currently exist between the mental health sector and other major government sectors such as child support and protection agencies and school systems.

#### **Intra-sector Collaboration**

Mary's children were not eligible for a service from Child and Adolescent Mental Health Services because they did not suffer from abuse or behavioural disorders. Current eligibility criteria for these services do not recognise the effects of parental mental illness.

#### **Recognition of Mental Health Needs**

Generally, the effects of parental mental illness on children are not recognised. The impact of parental mental illness is a significant factor affecting the life chances of children. Resilience can be strengthened through appropriate interventions.

## **PART 2: RESEARCH PROPOSAL**

The research literature in this field provided some examples of strategies and programs used in other countries addressing the issues identified above. However it was limited information. During my research I realised that I needed to be flexible and broaden my perspective to gain access to all relevant strategies.

As a community mental health social worker in a busy adult mental health clinic in the northern suburbs of Perth, Western Australia my experiences and insight to the problems had been moulded by my clinical and social environment. My initial research readings hinted that I was coming from a narrow approach and as my research continued I realised that the problems could not be addressed by focusing on either the mother or the children. Parents and children are a package that cannot be separated. What helps one helps the other. I also realised that the family system approach needed to be broadened to include other societal systems.

In Western Australia it is generally the person with the mental illness who receives attention. The needs of children and other family members are not addressed on a regular and consistent basis.

At times it was very difficult to establish contact with people who could assist me or at least point me in the right direction. Many email contacts and phone calls went unanswered. However the details of my study tour slowly developed over a period of six months and when I left Perth in April 2003 my itinerary was complete. Since winning Edith Cowan Western Australian Women's Fellowship my approach had broadened, increasing the range of agencies I would visit.

I chose to visit the following countries for the broad reasons listed below but without exception in each area I was privileged to be exposed to far more than I had planned. People at each destination were very hospitable and keen to show me what services were available. They had arranged extensive itineraries that were revealing, stimulating and designed to allow me to look at the broad approaches used in their districts.

The Edith Cowan Western Australian Women's Fellowship enabled me to observe and discuss programs and strategies in the following countries:

Scotland – cross-sector collaboration with the education system, strategies for auditing post natal depression and the division of child and adolescent mental health services.

Northern Ireland - community systems facilitating cross-sector services, consumer lead day centre program and a family support service.

Ireland – co-location of community service agencies and school sites, a universal use of volunteers to support mothers and approaches to promoting resilience.

Netherlands - societal approach with a focus on prevention and family work.

England – cross-sector training strategies and support strategies for maternal depression.

Michigan U.S.A. - integrated service [birth to death] with an emphasis on family focussed interventions including support for mothers and their children with extensive cross sector collaboration.

There are no magic, quick-fix solutions for the complex issues surrounding the support of mothers with mental illness and their children. Supporting Mary and her children would have been difficult if they had lived in any of these countries. If a parent refuses assistance there is little that can be done. However, each of the countries visited has developed systems and strategies from which we can learn. In essence, the most effective strategies are those that dilute fears, build 'bridges' and facilitate change.

## **PART 3**

### **CONCEPTS, STRATEGIES, PROGRAMS AND REFLECTIONS**

The following are brief descriptions of programs, strategies and agencies that were observed and concepts discussed during the research. These are listed in alphabetical order within the order of country visited.

#### **SCOTLAND**

##### **Fulton-McKay Trust Project [as yet un named program] - Aberdeen**

In recognition that the client is often a parent Margaret Grant-Beer at Cornhill Hospital, Aberdeen is in the process of establishing a service to focus on the parents and children's needs during a hospital admission. No clear operational procedures or processes have been developed yet. This program is so new that no formal name had been given to this project. Funding is from the Fulton-McKay financial trust which has a focus on the needs of families.

##### **Glasgow City Children's Services Plan**

Plan 2002 to 2004. Provides overview of current situation of needs and service provision for children and young people and identifies aims, and objectives for future action.

##### **Goldenhill Parent Support Service [Glasgow]**

Service grew out of a research program. Purpose of the service is to address the needs of parents with severe and enduring mental health problems. Features:

Individual work with focus on recognising and dealing with parental responsibilities:

- Strengths based focus
- Skills in accessing community resources
- Group work – 2hours monthly during term and fortnightly in school holidays
- Creche provided

Strong affiliations with Healthy Minds Project – for children who are carers.

Winner of “The Lilly Reintegration Awards” 2003

Contact Yvonne Milne, Manager

Email [y.milne@glacomen.scot.nhs.uk](mailto:y.milne@glacomen.scot.nhs.uk)

##### **Healthy Minds Project – West Dunbartonshire**

Service for 10 –18 year carers who have a parent with a mental health problem. Parents must have mental illness not a physical or intellectual disability.

Features include:

- Group work
- Peer support and recreational activities
- Individual support
- Information and advice
- Advocacy

Partnership between West Dunbartonshire Council, Greater Glasgow Health Board and Argyll and Clyde Health Board

Contact: Project Staff  
Room7 Acardia Business Centre  
CLYDEBANK G81 1JU  
Phone 0141 941 0333

### **Integrated Services for Children**

Children of Scotland Act has resulted in the production of the Glasgow City Children's Service Plan 2002 – 2004 which are the guidelines for integrated services. Discussion with Greg Gallagher where he indicated that it had taken 20 years to get to this point. Although he was pleased with the progress, there is still room for improvement. Money available through the Changing Children's Services fund.

### **Liaison Teachers On Child And Adolescent Teams [Glasgow]**

Teachers with training in mental health who work on the child and adolescent teams.

Features include:

- Position funded through education funds but located in mental health sector.
- Role is to liaise with schools to facilitate a smooth return to the classroom.
- Consultative support for the teacher rather than acting as classroom aid.
- Raises the profile of mental health issues in schools.

### **Mother and Baby Unit –[Glasgow]**

Meeting with Dr Roch Cantwell and Karen Robertson who are involved in developing a 6 bed unit at Gartnavel Royal Hospital in Glasgow. Home visits with Karen indicated that the community support work through the adult mental health clinic were the same as used in Western Australia. Just the environment was different due to the climate and style of housing.

### **New Community Schools Project– Peterhead Scotland**

Twelve primary and secondary schools involved in Peterhead Local Education and Recreation Network [LEARN]

Inter-agency collaboration across Health, Mental Health, Home, School and Community spheres resulting in 12.7 employees. Some additional funding has been introduced but many posts are joint funded.

Referrals via Head Teacher to Joint Assessment Team [JAT] which is administered slightly differently in the primary schools compared with secondary schools. Focus is to support children and their families. Referrals have been received for anxiety, depression, child abuse, children being carers, domestic violence, sexual abuse and mental health concerns including early psychosis.

Concept is to promote and improve

- Education
- School attendance

- Social welfare
- Health
- Mental health

Universal eligibility means that children of a parent with mental illness are not singled out which could result in shame of their parents illness.

Contact: Terry Ashton  
 Advisor [Guidance and Careers]  
 Summerfield Centre  
 Stronsay Drive  
 Email [TAshton@education.aberdeen.net.uk](mailto:TAshton@education.aberdeen.net.uk)

**Pillar Aberdeen**

20 Back Wynd  
 Aberdeen AB10 1JP  
 Phone 01224 621266

Consumer driven agency provides a weekly self-support Post Natal Support Group with professional coordinator. Creche facilities provided.

Email [info@pillaraberdeen.co.uk](mailto:info@pillaraberdeen.co.uk)  
 Website: [www.pillaaberdeen.co.uk](http://www.pillaaberdeen.co.uk)

**Primrose Hill Family Centre [Aberdeen]**

8 Sunnybank Road  
 Aberdeen  
 Phone 01224 483381

Project aims to support children and their families through the provision of a high quality, flexible service delivered in accordance with need, to nurture children's development and learning and to assist parents to fulfil their parental role and responsibilities.

Including:

- Integrated groups for children with special needs
- Transition work to ensure core experiences before school [many children are not exposed to community life]
- Parenting groups
- Registered provider of early years education
- Positive change initiative where parental drug use in having a negative effect

Funding comes from Aberlour Childcare Trust, Aberdeeen City Council Social Work and Education Dept and Positive Change by Aberdeen D.A.T.

**Psychosocial Assessment**

Meeting with Marion Ulas, University of Edinburgh. Discussion regarding social workers' impact on improving the psychosocial circumstances of people with mental illness. Psychosocial assessment is completed before admission or as soon as possible.

### **Scottish Intercollegiate Guidelines Network [S.I.G.N.]**

#### **Audit of Post Natal Depression Puerperal Psychosis - National Clinical Guidelines**

Conducted by Professor Beth Alder and Dr Laura Sharp of Napier University

Research in how the guidelines are being implemented and if they are effective. Evidence based research and testing integrated pathways.

### **Young Carers Chill Out Zone [Aberdeen]**

24 – 28 Belmont Street

Aberdeen AB10 1JH

Chill Out Zone caters for children under 18 who are carers of parents with all forms of illness. Provides information, support, counselling and social activities.

Email [info@aberdeen.carers.net](mailto:info@aberdeen.carers.net)

Web site: [www.care-aberdeen.org.uk](http://www.care-aberdeen.org.uk)

### **Young Person's Drug and Alcohol Unit [Glasgow]**

In the first stages of development and located in Glasgow. Primary care model with a multidisciplinary team including .5 FTE child and adolescent psychiatrist and .5 FTE drug and alcohol psychiatrist. Child and adolescent mental health will have a major consultative role.

## **REFLECTIONS**

# Cross sector collaboration seems to occur naturally through the New Community Schools program. This was attributed to referral forums consisting of government agencies such as mental health, education, health and so on. The forum works out which is the most appropriate agency to meet the needs.

Advantages include;

- \* Large collective knowledge including appropriate non government agencies which can be accessed.

- \* Prevents referrals from being "bounced".

- \* Short circuits some issues related to confidentiality

This concept is the corner stone for "New Community Schools" a program which is making a big impact in Scotland. The plan is to have all schools converted to this model by 2005.

This is an ideal vehicle as the process does not stigmatise the children of parents with mental illness. Major returns are expected in a few years with decreased demands relating to mental health and other social concerns.

From a **Western Australian perspective** this concept could be developed using the school systems to implement pro-active interventions which benefit the child and the parents.

# Another aspect of increasing cross-sector and intra-sector collaboration is that it is

common for 1 FTE (Full Time Equivalent) to be split between two agencies (the same person works 0.5 in each agency).

The advantage of this is:

- \* Decreases barriers
- \* Transfer of knowledge and skills
- \* Opens up the culture of both agencies

From a **Western Australian perspective** this form of employment as well as secondments is a simple and cost neutral way of increasing the employees skills and transferring knowledge.

# Social-economic data is used to target the areas with the greatest concerns for health, mental health and the well being of residents. This is opposed to blanket funding which results in all areas receiving the same level of funding without recognising the impact of local conditions.

From a **Western Australian perspective** the majority of mothers with mental illness are also single parents and living on welfare benefits. As such the concept of using social economic data is one way to target recognised priorities.

The recognition of the effects of maternal depression and the policy of trying to ensure children have the same exposure to mental stimulation before starting school was exciting. The work undertaken at Primrose Hill Family Centre was pro-active and preventative. Main focus on the child but also paid attention to some of the mother's needs.

The different concepts of the Chill Out Zone in Aberdeen and the Healthy Minds in Glasgow were interesting to think about. Chill Out treats mental health/illness the same as any other health problem where as Healthy Minds, can only be accessed by children who have a parent with mental illness. Both concepts can give a great deal to the child but I tend to think, that for children who have a parent with a psychotic mental illness to be able to discuss hallucinations, the effects of paranoia and other delusions with people who have the same experience, must be a big relief.

# One gentleman with the title of "Change Manager" was musing over the chaos that would result if joint budgets were ever created!

## **NORTHERN IRELAND**

### **BELFAST**

#### **Carers and Users Support Enterprise (C.A.U.S.E.)**

Family support group with personal counselling and telephone help lines. Based on same concepts as Association of Relatives and Friends of the Mentally Ill (A.R.A.F.M.I.) in Western Australia and addressing the same needs.

#### **Derriaghy Centre**

Consumer driven day centre

Access to a wide variety of living skills and stress management groups and recreation activities. Very popular with the clients who are keen to be involved.

- Uses key worker concept to assist clients if necessary.
- Coffee shop and lunch is available at low cost
- Referrals are through mental health workers

Contact: Down Lisburn Trust

#### **Societal Systemic Approach to “the troubles”**

Discussions with mental health workers about the impact on “the troubles” and how it complicates core mental health business. Since the implementation of the cease fire there has been an increase in:

- Youth suicide
- Domestic violence
- Illicit drug use
- Growing realisation of how “the troubles” have impacted on mental health.

The government has decided to use a societal systemic approach to address the concerns.

- The different religious sectors are encouraged to work together to address community needs and concerns.
- Funding is based on social indices and the number of sectors working together on community development projects.
- Government mental health workers frequently teach community development skills and oversee the development of community projects.

A lead role is taken by community mental health social workers as they are involved in developing community programs such as suicide prevention.

## **REFLECTIONS**

I consider I was very privileged to go inside some areas, under the wing of locals. Exhaustion, despair, and the sense of hopelessness was very clear. There was an acceptance that this is the way life is. Life has “the troubles”.

Major questions are:

How do ordinary people address major societal divisions that still are smouldering today?  
Can they learn to work together for the common good?

# It is Government policy to try and pull its splintered communities together by focussing on their common need. The strategy is based on minimising the divisions in the community and creating situations where they are all working towards the same goal.

Tied funding is one of the strategies used to increase collaboration. Funding is rarely given to just one community. There is a direct link between the number of community agencies collaborating together to address the same need and the amount of funding received. An example is the strategy used to combat the increasing rate of youth suicide.

In line with the philosophy of minimising differences, a film with four youths talking about how they feel has been produced for screening in the movie theatres. The four youths, from four diverse sectors all express the same feelings. The viewer cannot help but see the similarities. Clearly the Government is hoping that the cumulative effect of recognising common needs and concerns and the resulting collaboration will strengthen the community and sustain new relationships.

From the **Western Australian perspective** this concept could be applied across the board with indigenous and multi cultural concerns.

# Locating a community day centre [Derriaghy Centre] in a light industrial area was a new concept for me. It makes sense as public transport is usually good.

## **IRELAND**

### **DUBLIN**

#### **Community Mothers' Program**

Based on concept of using volunteers to support "first time" mothers.

- Universal intervention with mothers being introduced to the service in last trimester of pregnancy. If this does not happen then the links will occur soon after the birth.
- Volunteers very well trained and are regarded as a 'walking' resource.
- Generally the "community mother" will be responsible for visiting one mother for one and half hours, once a month for two years.
- They receive regular supervision from child development nurses and will alert the nurse to any concerns they may have. Supervision ensures that professional boundaries are maintained.
- A spin off from this program is the increase in self-esteem of the volunteers. Many of the women are returning to education or find paid employment.

An effective, cost efficient and universal program which has many strengths.

Eastern Health Board  
North Circular Road  
Dublin 7  
Contact: Brenda Molloy  
Email [brenda.molloy@erha.ie](mailto:brenda.molloy@erha.ie)

### **Springboard**

Partnership between Daughters of Charity and Northern Area Health Board

#### **Our Lady of Immaculate Junior School**

Darndale Dublin 17

Phone 01 8771712

Email [sboarddarndale@eircom.net](mailto:sboarddarndale@eircom.net)

- Co located at junior school Target group 10 – 15 years
- Counselling to individuals, couples and families.
- Group work for children.

Needed to increase “drop in” time in response to adolescents and parents seeking assistance without an appointment

Program evaluated in 2001

### **Turas Family Centre**

Partnership between Daughters of Charity and Northern Area Health Board

#### **Our Lady Immaculate School**

Darndale, Dublin 17

Phone 01 8678180 5

- Co located on school grounds.
- Service provides a therapeutic and supportive service to individuals and families that are currently experiencing difficulties in their lives.

A new service with focus on younger children and their mothers.

### **Strategies for Developing Resilience**

Discussion with Professor Robbie Gilligan of Trinity College, on his research on the development of resiliency in children.

Five R's of resiliency are:

- Responsiveness of care givers
- Relationships - meaningful and satisfying
- Reciprocity in relationship
- Routines
- Rituals in school, family, religion and community events

Important role for schools in solidifying self identity, teaching and encouraging self expression.

Email [robbie.gilligan@tcd.ie](mailto:robbie.gilligan@tcd.ie)

## REFLECTIONS

Accessibility is the key word for Ireland

Why wait for the people to come to the services?

Be pro active and take the initial step and go where the people are.

# In one of the least affluent areas of Dublin they have co-located a community support centre and family centre on the grounds of the junior/primary school.

Locating the services on the site of a school has been very successful, as school grounds are natural meeting places. Many parents go there twice a day. Over the last two years there has been a steady increase not only with people referring themselves but also dropping in to talk when they are worried. Both agencies have allocated time specifically for "drop in" to cater for this need.

Co-location places services where the parents and their children congregate, is reasonably discrete and none threatening.

From a **Western Australian perspective** there is no real reason why this could not be done, just tradition.

# Community Mothers was an impressive concept. The depth of training and commitment to ongoing training and regular supervision ensures a high standard of service.

This simple concept results in first time mothers receiving a monthly support visit for two years.

From a **Western Australian perspective**, if this service was introduced in the city and country areas it would be a vehicle for diluting the impact of social isolation, family breakdown and ensuring appropriate child developmental mile stones were met.

# As a mental health practitioner, resilience is not an identified concept that features in my daily work. I have been aware of the importance of resilience but through my discussion with Professor Robbie Gilligan my mind set has shifted to see the importance of purposefully developing resilience in children. Resilience is not something that is taught or learnt, it is built – possibly over a lifetime. The calculated development of resilience particularly with children, needs to be recognised and developed.

From a **Western Australian perspective** many of our client's problems and difficulties could have been substantially reduced if they had received pro-active systemic preventative work. Indeed some people may never need a referral to a mental health service if preventive work occurred at an earlier time.

There is no clear pathway other than broad cross sector collaboration. Working across sectors at a grass roots level accessing everyone, results in an absence of stigma and provides a safety net for all sorts of problems.

## **NETHERLANDS**

### **Kindern Van Ouders Met Psychiatric Probleme [K.O.P.P.]**

Program covers all of Netherlands with a very strong emphasis on prevention. Programs are implemented in response to local priorities, such as multi cultural communities, and vary in each district to suit the local needs. Trimbo's Institute holds all programs developed within the nation.

For further details on all K.O.P.P. programs contact:

Contact: Karin van Doesum

RIAGG Ijsseland Deventer

Email [KarinVanDoesum@riagg.ijsseland.nl](mailto:KarinVanDoesum@riagg.ijsseland.nl)

### **K.O.P.P. Attention Makers**

Each team has two members trained in K.O.P.P. issues who consult with colleagues on K.O.P.P. concerns. They also ensure that the processes used within the agency reflect K.O.P.P. needs and philosophy.

Three monthly case management is used when working with K.O.P.P. families. After the initial questionnaire to determine needs a case management model is implemented with reviews monthly and then three monthly reviews.

### **Coordination of Basic Care**

Case management for children of mentally ill parents and children of addicted parents. Pedagogical assessment by the Youth Care team results in referral to other agencies to supply the service.

Major stakeholders are psychiatric services, youth agencies and general practitioners.

- Services are offered for children aged 0 – 18 years.
- Seventy two percent of children are under the age of ten.
- Fifty four percent of the parents were not born in the Netherlands although most of them did speak Dutch.
- Department of Youth Care coordinates all the care and 6 weekly meetings are held to monitor the situation

Administered through the;

### **Office Basic Care**

Department of Youth Health Care

C/- Mental Health Centre Parnassia Den Haag

Phone 070 3917940

Contact person: M. Monne-van Wirdum

Email [mariet.monne@xsyall.nl](mailto:mariet.monne@xsyall.nl)

### **K.O.P.P. Family Clinics**

Residential units for parents and children.

- Up to six families are accommodated.
- Parents who have problems with addiction, anger management and current suicide

ideation are excluded from the program.

- Participants go home at the weekend and are responsible for daily needs of their children and themselves.
- Children attend local schools and parents also interact with other parenting programs in the locality.
- Last effort to improve parenting skills in order to prevent the children being removed from their parents.
- Focus is on poor parenting skills not on the parent's problems.
- Program has a cycle of four weeks and the cycle can be repeated four times.
- Staff consists of seven family trainers, one psychiatric registrar and one child and adolescent psychiatrist who are available for eight hours a week, an assistant therapist, team leader and manager.

#### **K.O.P.P. "Hulp Aan Huis" [Help at Home]**

Systemic family treatment program of twice weekly home visits of one hour that can continue up to 6 months by a family worker.

- Strengths based approach.
- Worker observes the interactions within the family and makes suggestions to achieve the desired change in behaviour.
- Team of four monitors the progress with weekly meeting and two monthly reports.

Mental Health Centre GGZ Drenthe

#### **K.O.P.P. Hospital Visiting Program**

Some hospitals in Netherlands allocate Wednesday afternoons as the time children visit parents and staff facilitate games and generally are available so that the visit is a happy one. Purpose is to reduce trauma associated with children visiting parents in psychiatric hospitals. Children can visit at other times but special effort is made on Wednesday afternoons.

#### **K.O.P.P. Parenting Group - Tiel**

Focus is on how mental illness affects a person's behaviour and ability to communicate and interact, particularly within a family. Consumer feedback indicated that she learned a lot from other participants and did not feel so alone because others were experiencing the same problems.

- Six weekly sessions for two and half hours
- Up to twelve participants

Mental Health Centre De Gelderse Roos Tiel

#### **K.O.P.P. Prevention Intervention For Mentally Ill Mothers And Their Infants Mother/baby video**

Nine to ten sessions. Initially weekly then fortnightly.

Features:

- Program based on videoing the interaction between mother and baby with the purpose of increasing attachment and bonding.
- Builds on ego strengths to reinforce mother's perception of being a good parent
- Video is played on the client's television so she can see frame by frame how the baby

is interacting with her.

- Video used to encourage interactive and playful role model.

Frequently used with mothers who have a Borderline Personality Disorder. Rotterdam uses this approach extensively with young single mothers.

### **K.O.P.P. Psycho Educational Family Intervention For Depressed And Anxious Parents And Their Children**

Staff include adult community mental health worker and family therapist

Purpose is to develop resiliency in children and improve communication and problem solving with the family.

- Evidence based program of 6 fortnightly sessions
- Based on Dr William Berdslee's program [USA]

### **6-8 Years K.O.P.P. Young Children's Group**

- Mothers and children attend first and last sessions.
- Mothers give permission to the children to talk about their concerns.
- Five sessions

### **12-15 Years K.O.P.P. Teenager's Group - Apeldoorn**

Eight sessions of two hours at Apeldoorn

For children whose parent has had a least one admission or long term treatment from the RIAGG or parent has long term addiction problems.

### **16-24 K.O.P.P. Adolescent's Group**

Eight sessions

For children whose parent has had a least one admission or long term treatment from the RIAGG or parent has long term addiction problems.

### **Labyrint-In-Perspectief Support Foundation for Relatives - Amsterdam**

Discussion with Yvonne Beijne and Liesbeth Rozemeijer who have a parent with mental illness.

- Adult children are very active in training clinicians in how to talk to the children.
- Labyrint conducts two training sessions per year for mental health workers
- Available for case conferences in the RIAGGs
- Family support work includes a child to child phone line.
- Netherlands has a national day to focus on the children of parents with mental illness with guest speakers on child development themes.

### **"Philosophy Group" Maastricht**

Group run for refugee youths from African countries who are attending secondary school. Purpose is to get the group members in touch with their feelings and generally sensitise them to emotions.

- Not a post traumatic stress group nor a therapy group. Youths attend other groups for therapy if its is needed.
- Non directive discussion group.

### **Population Health Program - Tiel**

Visit and discussion with GGD about their preventative activities.

- Doctors visit the schools.
  - Each child is seen 3 times between ages 6 – 13 years and once in secondary school.
- Staff available for consultation and liaisons.

### **Prevention Teams**

#### **Concepts for Prevention Through Early Intervention**

The prevention aspect of health care is very well organised in Netherlands.

Each mental health centre has a Prevention team which researches, designs and evaluates new programs in response to identified needs.

These programs are then catalogued at Trimbos Institute in Amsterdam and are accessible to other clinicians.

- Prevention focused interventions has been a priority for many years.
- In essence, budget allocations pay for staff on the Prevention Teams.
- Implementation of new programs such as K.O.P.P. adolescent group has been cost neutral as practitioners who are all ready employed, often in different sectors, allocate 3 – 4 hours per week to implement the program.
- Discussion in Apledoorn and Deventer with employees working across age sectors indicated they found this practice increased their job satisfaction.

### **Program For Children And Addicted Parents in Den Haag**

Unit is the only residential unit for addicted mothers and their children.

Visit to residential program with mothers living in group homes with their children.

- Program based on parents developing personal responsibility for their lives.
- Development of parenting skills.
- Understanding and developing balance in life between responsibility and personal needs.

Discussion about difficulties in balancing financial pressures and the cyclic nature of referrals.

### **Preventive Parents - Rotterdam**

Screening program is conducted through the Infant Health Centres to detect maternal depression.

- Focused on children 0 – 2 years
- World Health Organisation CIDI questionnaire administered to mothers and fathers

Contact: Bregtjen Ridderhof-Bom, Project Coordinator

GGD Rotterdam

Email [bomh@ggd.rotterdam.nls](mailto:bomh@ggd.rotterdam.nls)

[www.ggd.rotterdam.nl](http://www.ggd.rotterdam.nl)

### **School Beat Team - Maastricht**

Education, Welfare, Health and Care sector work together to meet the needs identified by the care team in each school.

- Can be as simple as dental hygiene or more complex such as drug use prevention.
- If a program has not been designed it will be.
- Programs can be implemented by the teachers or if need be the consultant from each sector will organise it.
- Programs are then lodged with the Trimbos Institute so they can be accessed nationally.
- Senior management meet every two months to look at the use of resources.

Contact Mevre, dr M. Ruiten RIAGG Maastricht

Email [Marjike.Ruiten@riagg-maastricht.nl](mailto:Marjike.Ruiten@riagg-maastricht.nl)

### **Youth Depression Group on the Internet**

- Development of Rational Emotive Therapy program
- Ten sessions for eight to ten members
- Now being converted to use in a Chat Room
- Home page will assist in selecting suitable participants.
- Parental permission needed for those under 18.
- There will be verbal contact to verify suitability and to do risk assessments before commencing program.

Expected to be ready in October 2003.

## **REFLECTIONS**

My immediate impressions are

\* The concerns of the family are the concerns of the society. The individual is important but their family system is equally important. Poor mental health and anti social behaviour is seen as reflecting a stressed and troubled family system.

\* Netherlands has developed systems to nurture the child and build the family in order to build a sound future. What is good for the family today is good for the society tomorrow.

# Systems and prevention are the key concepts of mental health work in Netherlands. They have resisted the temptation to only respond to acute psychiatric needs at the expense of prevention measures.

Our mental health system struggles with coping with the full spectrum of needs. Acute mental health needs are necessary but expensive in resources and personnel. Preventing the development of mental health concerns is not as tangible as treating a psychotic episode. So how do we shift the emphasis of mental health services to prevent the development of mental illness and also work with the needs of acute mental health?

# Generally there is a high level of job satisfaction and the staff are very well educated. One acute care nurse believed that his intra sector work [3 - 4 hours a week at a K.O.P.P.adolescent group] has enriched his job satisfaction. He looks forward to the group and gains insight to the needs and feelings of the children while he brings knowledge and understanding of psychosis to the group.

# Cross sector collaboration for the common good is exemplified by the administration around School Beat where top level management meet on a two monthly basis to monitor the use of resources. This is more than pathways and protocols. This is diverse government sectors acting as one to meet the commonly identified needs.

I believe that the societal structures in Netherlands are a major vehicle for supporting families and a tool for developing the concept of the “common good”. From the **Western Australian perspective** it would take many years to achieve the cross sector collaboration and communal concerns, which are the basis of the Dutch society, as our society places the rights of the individual above the rights of families.

## **ENGLAND**

### **LONDON**

#### **Crossing Bridges Training Program (Falkov and Diggins)**

Comprehensive cross sector training package but the English experience indicates that full management participation in the training and the commitment to oversee changes in workplace practices is needed to convert Crossing Bridges from a training tool to a strategy to change culture so that focus is on the family needs, rather than the needs of the individual.

#### **Social Care Institute for Excellence**

Meetings with wide range of service providers at S.C.I.E. represented extensive clinical wisdom. Points that came out of these discussions include:

- Assessment Framework Tool
- Similar risk assessment tools used across all agencies
- Necessary to audit agencies working in the area to develop a snapshot of what is being done. This creates opportunity to look at the effectiveness of current work.
- “Help line” for mental health and social staff to discuss concerns and the most appropriate agency to refer to.
- Culture in agencies will not change unless management ensures that the agency’s procedures change to reflect the priority and that use of Assessment Framework becomes standard practice.
- Funding allocated for joint posts has been successful particularly between mental health system and child protection.
- Essential for formal pathways and protocols to be developed
- Outcome measures and performance indicators need to be changed to reflect the policy changes.

Email [marie.diggins@scie.org.uk](mailto:marie.diggins@scie.org.uk)

### **PLYMOUTH**

#### **Concepts Linking Child Protection and Mental Health**

Discussion with Professor Michael Sheppard of Plymouth University, who has extensive knowledge and experience in both mental health and in child support and protection.

- Merit in child protection workers being taught mental state examination skills. They already identify broad categories of personality and this skill should be extended and also include depression.
- Recognition of the effects of maternal depression on the development of the ego strengths of the child.
- Major advantages in early intervention and prevention work.
- Promotion of secondments between mental health and the child protection agencies.

## REFLECTIONS

“Crossing Bridges” is a comprehensive cross sector training package. It is based on training child and adolescent mental health, adult mental health and child protection agencies together so that there is an understanding of the difficulties of each area as well as a common core of knowledge.

The training package is clear and concise and could be expanded to include education department staff and major non government agencies particularly those involved in home and social support. It has the potential to become a standard professional development tool.

The London experience indicates that the implementation of the package is effective if there is;

- Full managerial support and participation particularly at the initial and closing stages of the training when practitioners express their concerns.
- Management needs to ensure that work practices change to reflect the priority.
- Accountability for implementing the changed priorities can be achieved through implementing outcome measures.
- If the above two points are not implemented then “Crossing Bridges” will be a training package rather than being developed to its full potential as vehicle to sustain change.

From a **Western Australian perspective** altering sections of “Cross Bridges” to reflecting our local legislation is the first step to increasing knowledge and changing cultures. We should also include the education system, other areas of health and the community support workers. The broader based training will result in an increase in the systemic knowledge.

# Clearly attendance at training session is only one aspect of changing culture and service delivery. Other options include.

- Special positions within relevant agencies. i.e. D.C.D. would employ experienced mental health worker and adult clinics employ and experienced D.C.D. worker.
- Regular cross sector secondments of staff including middle management positions.
- Across sector attendance at referral meetings turning them into referral forums. This could be expanded to include not only the three sectors mentioned but also education, health and drug and alcohol agencies. This would result in a more of a systemic perspective of the problems and concerns.

- Several liaison positions within each agency
- Exposure to risk assessment tools e.g. MHS teaching DCD their risk assessment tool. This would result in a common understanding of risk across both sectors and more appropriate referrals. All agencies to keep their current legislated responsibilities.

Currently a major stumbling block for preventing access to professional , sustained and intensive parenting services, is that we must request the services from the child protection agencies. This policy needs to be changed to reflect the prevention of family problems rather than the prime focus being on child protection.

## **MICHIGAN, USA**

Bay Arenac Behavioural Health (Integrated Clinical Approach) Bay City, Michigan  
Have developed simple but effective strategies to integrate the client/parent aspects of care.

- On referral assessment tools are automatically used to identify any parenting concerns.
- New mental health workers receive training on working with clients who are parents and the effects of parental mental illness.
- Mental health worker watches mental health video with the client so they can lead discussion to parenting concerns and the effect on the children.
- Mental health workers do not deliver direct services to the children but refer them to other agencies.

Contact: Ellen Albrecht Prevention Coordinator

Email [ealbrecht@babha.org](mailto:ealbrecht@babha.org)

Phone [989] 895 2300

## **Detroit School Based Program**

Co located on school sites

- Generally working with children up to 13 years.
- Not for children receiving “special education” but for children at risk.
- Referrals are through teachers, parents and by the child.
- Problem solving and Brief Solution Therapy are the main focus.

Contact: Deborah Harris-Swan

Development Centres Inc.

School-based Program Director

Email [dswan@develctrs.org](mailto:dswan@develctrs.org)

### **Loving Attachments for Mothers And Babies [L.A.M.B.]**

Development Centres Inc., Detroit

- Intensive program in downtown Detroit. Up to fifteen mothers at any time with children between 0 and 3 years.
- Mothers come into the centre on Tuesdays and Thursdays 10.30 – 2.30pm.
- Time is divided between interacting in the nursery with the children and their own group time.
- Strengths focused with a monthly home visit.
- Program includes other community resources and group outings.
- In theory a mother can stay in program for three years.

Contact Debra Kade

Program Director Early Childhood and Family Services

Email [djkade@develctrs.org](mailto:djkade@develctrs.org)

### **Peer Assistance Leadership Program**

Memo of Agreement Allegan County Community Mental Health and local high school to train students for the P.A.L. program.

- Highly structured, year long training program with the focus of improving the mental health of the students
- Suicide prevention.
- Strong support structures in place.

Contact Sally J. Beyer

Supervisor of Prevention Services

Email [sallybeyer@accmhs.allegan.mi.us](mailto:sallybeyer@accmhs.allegan.mi.us)

### **Stress Management Training For Low Income Mothers [and others]**

Holistic approach to stress with the first two sessions based on how to create change.

Detailed information on implementation , curriculum and evaluation. Based on 10 fortnightly sessions

This program is suitable for men as well as women and is easily adapted to suit any group of individuals experiencing the same concerns e.g. unemployment or incarceration.

Written by Deborah Marciniak and Betty Tableman

Michigan State University Outreach Partnerships

Email [tableman@msu.edu](mailto:tableman@msu.edu)

### **Youth Adventure Program**

13 – 17 years. Program caters for twelve youths [both genders] referred from community mental health, school and juvenile and family courts. Children who are considered to be at risk.

Time frame is eight sessions of six hours on consecutive Saturdays.

- Program has a focus of challenge through physical activities
- Parents attend an initial two hour information session so they will have a clear understanding of what the program involves and at that point sign relevant paper work.
- Family members and friends attend the last session and are involved in trust exercises and family photos.

Contact Sally J. Beyer  
Supervisor of Prevention Services  
Email [sallybeyer@accmhs.allegan.mi.us](mailto:sallybeyer@accmhs.allegan.mi.us)

### **Outreach Partnerships, Lansing**

Discussion with Betty Tableman, Michigan State University Outreach Partnerships. She has been involved in developing practices for working with mothers with mental illness for many years. In her experience Betty considers the following to be important.

- No recognition that changes in treatment of mental health patients has resulted in short hospital admissions
- Increase in number of patients who are parents and the reduction in admissions to hospital.
- An agency who uses a “family centered approach” uses a systemic approach.
- No specific services need to be created as attending to the parenting role of patients is part of treatment.
- Co location of adult mental health services and child and adolescent services foster an integrated approach making it easier to address meet the needs of the children.
- Use of the cross- sector approach, Wraparound for families with problems
- Use “Stress Management Training for Low Income Women” to teach coping skills which in turn reduces stress.
- “Listen to the people at the coalface”

Email [tableman@msu.edu](mailto:tableman@msu.edu)

### **Wraparound Model**

The core skills of the Wraparound model are an extensive knowledge of community agencies, well developed networks and communication skills.

- Working the systems takes a broad knowledge and commitment
- Workers [from different agencies] understanding each others framework and restrictions
- Risk issues are not negotiable and need to be communicated clearly
- Supporting teachers if necessary
- Awareness of the importance and distinct roles within the client’s personal networks.
- Creative and lateral thinking to locate and support participants in the plan.

Processes to identifying appropriate strategies for families with complex needs.

- Participants can decide who is on their team
- Identify own strengths and goals
- Identify own needs and preference as to how the needs are met.
- Design strengths based strategies
- Open discussion of risk factors and safety plan developed.

Contact: Constance Conklin

Wraparound/System Reform Coordinator

Email [ConklinC@michigan.gov](mailto:ConklinC@michigan.gov)

## **REFLECTIONS**

In Michigan the structure of human service agencies is very different from the Western Australian situation. We have government clinics across the three age groups with some support from non government agencies who receive some funding from the mental health budget. By comparison Michigan does not have as many government agencies, a high number of consultants and the university is very active in creating programs and conducting research.

# There is a lot of partnership cooperation with the mental health services being proactive in defining what needs to be done in the community to address concerns and taking the lead to develop the pathways. This is evident in programs such as the Youth Adventure Program in Allegan County.

The use of Wraparound model is an example of mental health services taking the lead to articulate what formal and informal services are needed and then ensuring that it all comes together using other community agencies. The Wraparound model is developed to the extent that mental health has their own consultants employed as specialists in this area.

# Bay City uses a standard new client process to determine the appropriate pathway for clients who are parents.

These include:

- Using a checklist to define what if any concerns, the parent has. This equates to 15 - 30 minutes of initial clinical time to determine the needs and priority of the parent. The person is referred to outside agencies to address their parenting concerns.
- One person has all the current resources at her finger tips and is a consultant for the rest of the clinic.
- Regular staff training programs

# Cross sector co-location on school grounds is successful, particularly in the areas with a lot of problems due to poverty. In Detroit the model used is based on solving problems rather than counselling or therapy. The practical problem solving approach allows the child to focus on learning.

# The parenting group in Detroit [L.A.M.B.] is an example of working within the person's systems and environment using a hands on approach to teach skills with some counselling over a two to three year period. A good mixture of individual and group work.

From the **Western Australian** perspective there is much we can learn from the mental health clinics [adult and child adolescent] being the lead agency to identify parenting concerns and referring to other agencies to address the concerns.

There is also space for the mental health sector to be more pro active in partnership roles with universities particularly in undergraduate education to raise the profile of mental health. Post graduate community based training and education, coupled with university outreach strategies would result in an increase in the educational levels of mental health professionals.

Co-location of services on school sites has a lot of merit and could be adapted to include not only Child and Adolescent Mental Health Services but also Child Development Centres and other family centered agencies. Accessibility and familiarity with community services cannot be under estimated.

Birth to death care is an interesting concept. Applying it to the Western Australian system leaves me wondering, how does this concept vary from the role of community mental health agencies in the remote and country areas of Western Australia? They are isolated services with hundreds of kilometres between towns.

What can city practitioners learn from our country colleagues, especially when it comes to providing a service for all stages of life?

## **PART 4: RECOMMENDATIONS**

Based on evidence gathered through my observations, interviews and document analysis the following recommendations have been synthesised. It is difficult to isolate recommendations as we work in systems and all parts of the system are inter-connected.

Some agencies refer to “family focused approach” others call it “family centred approach” while another person said “We try to see the parent not just the patient.” There are so many variables and each local environment is unique, as are the personalities of mental health professionals.

### **“FEAR FACTOR”**

For many mothers, the fear of their children being removed is the reason why they avoid contact with mental health services. At best they will agree to loose engagement with clinics but prevent any significant attempts to assist them or their children. As the children grow up they assume the caring role and then it is the adolescent children who will prevent assistance to the family as they become protective of their parent and are decision makers.

In Western Australia each clinic delivers their service in a manner to suit the local needs. Each clinic has a different process for new referrals. Generally a family history is taken at the initial interview with the doctor but few ask many questions to gauge the impact of mental illness on the children. At this point, the client has not developed a trusting relationship with the doctor or the clinic so it is not uncommon for problems to be undetected.

There are also many mothers who are not treated within the mental health system but rather by their General Practitioner. Unlike some medical systems, in Western Australia we can chose which General Practitioner we attend and can change doctors whenever we want to. With the increase in large corporate general practice surgeries it is not uncommon for clients to see a different doctor each time they attend. As a result of this a depressed mother may not receive consistent care.

### **NO BLAME/COLLABORATIVE APPROACH**

The family focused and prevention approach used in the Netherlands builds a collaborative approach from the birth of the child. The focus is on the family not the individual.

Kinder Van Ouders Met Psychiatric Probleme K.O.P.P.  
Children of Parents with Mental Illness

This is a national systemic preventative program aimed at assisting parents and their children to prevent problems occurring because of parental mental illness. Not only is it a national priority but also a national system has been implemented to reinforce the rationale. Preventative teams in major regional areas develop programs to assist with parenting and family concerns. K.O.P.P. Mother/baby video, K.O.P.P. “Hulp Aan Huis” [Help at Home] and the K.O.P.P. education and support groups for children aged from 6 –24 years are some of their initiatives.

The K.O.P.P Family clinics [residential] are specifically to teach parenting skills. The problems of the parents are not important. The focus is on learning skills to be a good parent.

## **RECOMMENDATIONS**

**Mental health services to take the lead in developing a systemic prevention model, which takes into account our small population and the vast geographical area of Western Australia and using resources from all sectors.**

Alongside a systemic preventative approach we need to develop assessment tools to assist clinicians to determine the mother/child needs, such as the tools being used in London and in Bay City, Michigan. The English concept of having a central help line for clinicians to assist with referrals is a simple but effective way of allowing mental health clinicians to develop knowledge of resources to refer to.

Currently a local major stumbling block, preventing access to professional, sustained and intensive parenting services, is that referrals are made through the child protection agency. This policy needs to be changed to reflect the prevention of family problems rather than the prime focus being on child protection.

## **RECOMMENDATIONS**

**Introduction of simple and concise assessment tools in order to make effective referrals.**

**Development of central help line to assist with appropriate referrals.**

**Alter policy to allow referrals to professional parenting support agencies without the involvement of the child protection agency.**

## **CONFIDENTIALITY**

The principal of confidentiality is intrinsic to the arena of human services. As a clinician there are times when I have struggled when the mother's wishes are not in line with the child's needs. However except for clear child protection issues the mother's wish for confidentiality must be honoured. This reflects our society's belief that family problems are the concern of the family and not a concern for the communities.

Many people talked about the concept of partnership with the mother to work towards the best outcome for the child. To develop such a partnership the collaboration needs to start

from the first contact with the mental health system. By using assessment tools to address small parenting difficulties such as a regular bedtime, the trust will develop.

Enquiring about the well being of children on each contact will normalise the interest and will add to the trust. If at a later time more serious parenting issues need to be addressed, the foundation of trust has been built.

Reduction of fear is strongly correlated with the development of trust. Working in a partnership, with the mother taking responsibility for her parenting skills and the clinician ensuring that appropriate referrals are made will significantly reduce issues around confidentiality.

The concept of New Community Schools, that is where the concerns about the child are discussed in a forum automatically broadens the knowledge of the child's problem. It reduces the intensity of one to one confidentiality. The premise is that, as the referral is made when the problem is developing rather than at crisis point, fear is not a factor.

## **RECOMMENDATIONS**

**Develop policies to change the belief that a problem within a family is the family's problem to recognising that a problem within a family is also a problem for the society.**

**Use the education system as the primary system for referral forums to develop greater cooperation between education, child development, child protection, family support and child and adolescent mental health systems. All systems use the same tax dollar.**

**Use simple and non-threatening assessment tools to assist in identifying mother's parenting concerns at initial contact. Early assistance will prevent crises.**

## **CROSS-SECTOR COLLABORATION**

There are many difficulties to negotiate in establishing pathways and protocols for cross-sector collaboration. Historical boundaries, vested interests, tight budgets and coping with increasing demands from the public are some of the difficulties that will be encountered.

Recognizing societal systems is the first step towards developing cross sector collaboration. To see a problem as not belonging to one system but rather to many, will need a concerted and sustained effort by our leaders. For example, a problem with accommodation for a family also impacts on education, health, mental health and sometimes the justice system as well as the public housing sector.

Currently our society and our politicians allocate blame when a problem occurs, rather than seeing the problems as belonging to the community. To change from the old concepts will require leadership and courage from our politicians and community leaders.

A change in attitudes must be accompanied by a change in fiscal policies as well. Fiscal policies will need to reflect that the “problem” belongs to all sectors and that cross sector approach will be the most comprehensive approach.

## **RECOMMENDATIONS**

**Current government policy does not take into account the systems in our society and communities. Our Government must take the lead in developing recognition of the natural interaction between systems by reflecting this in new legislation and policies.**

**Ministerial direction to use tied funding or funding to target social concerns in order to get more than one sector addressing the same social problems in collaborative manner. Budgets must reflect cross sector collaboration.**

**Policies and protocols developed to assist the sectors to work together.**

**Chief Executive Officer support for sector budgets to reflect the concept of jointly funded positions.**

**Implement local version of Crossing Bridges training program to all relevant government and non government agencies.**

**Co location of agencies, particularly on school sites to facilitate grass roots collaboration.**

**Support development of referral forums within schools to increase cross sector involvement.**

**Encourage secondments between agencies and employees working across two agencies particularly with salary and superannuation ramifications.**

## **MENTAL HEALTH SYSTEM INTRA SECTOR COLLABORATION**

The Western Australian mental health system has three different sectors - Child and Adolescent, Adult and Older Adult Mental Health. Strict eligibility criteria apply to all sectors. In the past the Western Australian mental health system has functioned on a silo approach. Currently there is limited contact and support between the sectors but this is changing in some areas with the co location of child and adult mental health services.

At this point in time there is limited knowledge of the difficulties encountered by mothers with mental illness and their children. Eligibility criteria used by Child and Adolescent Mental Health clinics does not recognize the impact of parental mental illness. There is very limited recognition of children's special needs in a crisis and no recognition of the prevention work that could be implemented to ensure that the child does not develop mental health problems.

Lack of education is a key aspect of the current situation. Recognition of parental concerns is a new aspect of work for many clinicians. Changes in medication and admission policies have resulted in an increase of numbers of clients who are also mothers. Current policies endeavour to achieve short hospital admissions. In turn this means more mothers are living in the community with their children. However there has been no official recognition of these changes or support, that the mothers' may need.

The program Community Mothers in Ireland uses a different version of intra sector collaboration. In this case it is the child development and health sectors being tied together by volunteers. The key to the success of this program is the supervision to ensure clear boundaries.

## **RECOMMENDATIONS**

**Develop policies to co locate Child and Adolescent and Adult Mental Health services. Share physical resources in a manner that encourages interaction between staff.**

**Implement an approach that employs the same staff in both sectors. This would increase the knowledge base and bring new energies into the systems.**

**Implement a local version of Crossing Bridges training program for all mental health staff.**

**Management to ensure that changed policies and procedures are reflected in the outcome measurements.**

**Develop a program along the lines of Community Mothers to ensure support of all new mothers.**

**Consider employment of full time staff members at more than one clinic.**

## **RECOGNITION OF MENTAL HEALTH NEEDS**

In Western Australia mental health problems are shrouded in ignorance. Few people ever think about the mental health needs of our communities and even less people think about the needs of mothers with mental illness and their children. The cost to our community is only counted in fiscal terms for the Health Department.

We have proven that comprehensive and sustained public education programs such as “Quit Smoking” campaign does work. In the future, the amount of public money spent on smoking related diseases will be significantly reduced.

Systemic prevention education will complement systemic cross sector collaboration and build a recognition and understanding of the difficulties encountered by mothers with mental illness and their children.

## **RECOMMENDATIONS**

**Develop comprehensive and sustained education programs to implement a systemic preventative approach to mental health.**

**Increase the use of consumer groups including adult children to train mental health clinicians on the effects of parental mental illness.**

## **PART 5:**

### **LINKING STRATEGIES AND PROGRAMS WITH RECOMMENDATIONS FOR WESTERN AUSTRALIA**

The complex needs of mothers with mental illness and their children are evident in all sectors of our society. The strategies needed to change our environment are very diverse and range from relatively simple to major changes in the way we think and act as individuals and a society. In order to simplify the diversity of programs I have grouped my recommendations into three sectors.

1. Mental Health Sector
2. Parenting Assistance and Child Support
3. Cross sector Collaboration

### **MENTAL HEALTH SECTOR PROGRAMS**

Bay Arenac Behavioural Health – Integrated Clinical Approach Michigan, U.S.A.

Crossing Bridges - training package (England)

K.O.P.P. Attention Makers Netherlands

K.O.P.P. Parenting Group Netherlands

K.O.P.P. Prevention Intervention For Mentally Ill Mothers And Their Infants  
Netherlands [Mother/baby video]

K.O.P.P. Psycho Educational Family Intervention For Depressed And Anxious Parents  
And Their Children Netherlands

K.O.P.P. Children And Adolescent Groups Netherlands  
[In partnership with mental illness family support groups]

Mother /baby hospital ward [Western Australian equivalent]

Stress Management Training For Low Income Women and Others

### **CONCEPTS**

Assessment Framework Tool (England)

Help Line for staff (England)

Change outcome measurements and performance indicators (England)

Development of Resilience (Ireland)

Central program collection for state wide [and national] access to programs (Netherlands)

Development of prevention programs and implementation using intra sector employees (Netherlands)

Development of internet Chat Room for depression groups. Potential for broad application including people incarcerated in jails (Netherlands)

## **PARENTING ASSISTANCE AND CHILD SUPPORT PROGRAMS**

Community Mothers' Program Ireland

Coordination Of Basic Care Netherlands

Goldenhill Parent Support Service Scotland

Healthy Minds Project – West Dunbartonshire Scotland

K.O.P.P. Family Clinics Netherlands

K.O.P.P. “Hulp Aan Huis” Netherlands

K.O.P.P. Prevention Intervention For Mentally Ill Mothers And Their Infants  
Netherlands

K.O.P.P. Psycho Educational Family Intervention For Depressed And Anxious Parents  
And Their Children Netherlands

K.O.P.P. 6 – 8 Young Children Group  
12 – 15 Teenage Group  
16 – 24 Adolescent Group

Labyrinth-In-Perspectif Netherlands

Loving Attachments For Mothers And Babies [L.A.M.B.] Michigan U.S.A.

New Community Schools Scotland

Pillar Aberdeen Scotland

Preventative Parents Netherlands

Primrose Hill Scotland

School based program - Michigan

Springboard Ireland

Stress Management Training For Low Income Women and Others Michigan U.S.A.

Turas Family Centre Ireland

Young Carers Chill Out Zone Scotland

Youth Adventure Program Michigan

### **CONCEPTS**

Assessment Framework Tool (England)

Audit of Post Natal Depression Services (Scotland)

Initial appointment process [Michigan]

Developing Resilience (Ireland)

### **CROSS SECTOR COLLABORATION PROGRAMS**

“Crossing Bridges” Training Package

Detroit School Based Program Michigan, U.S.A.

Liaison Teachers Glasgow, Scotland

New Community Schools Project Scotland

Peer Assistance Leadership Program Michigan U.S.A.

School Beat Team Netherlands

Springboard Ireland

Turas Family Centre Ireland

Wraparound Model Michigan, U.S.A.

Youth Adventure Program Michigan U.S.A.

## **CONCEPTS**

Jointly funded Positions Scotland

Encourage secondments

Funding target to lower socio economic areas Scotland, Northern Ireland

Mental health sector working closely with parenting support agencies

Tied funding Northern Ireland

## **PART 6: APPENDIX**

The following documents were gathered during the research process and are available through the email contacts listed or through the author. The documents have been arranged in order of countries visited.

### **SCOTLAND**

#### **ABERDEEN**

Barnardo's New Directions Project  
Aberdeen and Aberdeenshire  
Youth Justice Initiative  
Web site [www.barnados.org.uk](http://www.barnados.org.uk)

Barnardo's Outreach Team – Linksfield project  
Supports children 8 – 14 and their families  
Web site [www.barnados.org.uk](http://www.barnados.org.uk)

Child and Adolescent Mental Health Services [CAMHS] Service Development Plan  
Final Consultation Draft 25th April 2003  
Royal Cornhill Hospital/Grampian NHS

Children in Scotland - A Snapshot May 2001  
Overview of Scotland's commitment to the welfare and development of children

Cordyce School - Handbook for Parents and Pupils  
Aberdeen City Council Education Department for children with social, emotional and behavioural difficulties.  
Riverview Drive Dyce ABERDEEN AB21 7NF  
Phone 01224 724215

Craigielea Children's Centre Relevant paperwork  
Contact Ally McGee/Hazel Campbell at Craigielee

Momentum  
Rehabilitation agency with focus on employment  
Email [headoffice@momentumscotland.org](mailto:headoffice@momentumscotland.org)  
Web site [www.momentumscotland.org](http://www.momentumscotland.org)

New Community Schools Project Annual Report : Project year 3  
Peterhead Aberdeen  
Grampian NHS

Pillar Aberdeen A consumer driven day centre and support service  
Post Natal Depression Support Group, Pillar News  
Contact Pauline Wood  
Email [info@pillaraberdeen.co.uk](mailto:info@pillaraberdeen.co.uk)  
Web site [www.pillaraberdeen.co.uk](http://www.pillaraberdeen.co.uk)

Primrosehill Family Centre - Parent's Handbook  
8 Sunnybank Road ABERDEEN AB24 3NG  
Phone 01224 483381

Young Carers  
Brochure for young people who have a parent with a problem with drugs or alcohol

Young Carers Info Pack - Carers Centre including two booklets for children  
email [care-aberdeen@carers-connect.org.uk](mailto:care-aberdeen@carers-connect.org.uk)

Young People's Department  
Grampian Primary Care NHS Trust Mental Health Services Division  
Royal Cornhill Hospital  
Phone 01224663131

**EDINBURG**  
GLASGOW  
Glasgow City Children Services Plan 2002 – 2004

Goldenhill Parent Project  
Report on the development and evaluation of the project 2001  
Contact: Yvonne Milne Greater Glasgow NHS

Healthy Minds Project  
Room 7 Arcadia Business Centre, CLYDEBANK G81 1JU  
Phone 0141 941 0333

Post Natal Depression and Puerperal Psychosis Guidelines  
Scottish Intercollegiate Guidelines Network  
9 Queen Street EDINBURGH EH2 1JQ  
Web site [www.sign.ac.uk](http://www.sign.ac.uk)

Perinatal Care Pathway  
Greater Glasgow NHS  
Contact Karen Robertson  
Email [karenrobertson@gartnaval.gla.comen.scot.nhs.uk](mailto:karenrobertson@gartnaval.gla.comen.scot.nhs.uk)

## **NORTHERN IRELAND**

A Shared Future A Consultation Paper on Improving Relations in Northern Ireland

January 2003-09-19

Contact: Community Relations Unit, Office of the First Minister, Belfast

Accept In Action Northern Ireland

Rehabilitation program with the focus on employment

Phone 01232 237116

Caring Through the Troubles: Health and Social Services in North and West Belfast

Evaluation of the delivery of health and social care.

C.A.U.S.E. paperwork Local support agency for families.

Phone 0845 60 30 29 1

Derriaghy Day Centre

Down Lisburn Trust

Unit 7 The Cutts Dunmurry IND EST,

Derriaghy Belfast BT17 9HU

Developing partnerships with employers New Horizons Employment Service

Email [actionmentalhealth@compuserve.com](mailto:actionmentalhealth@compuserve.com)

[www.ActionMentalHealth.org.uk](http://www.ActionMentalHealth.org.uk)

Giving Hope in the Community - Suicide

Manual on all aspects of interventions North and West Belfast Social Service

Contact Mental Health Program 585 – 598 Crumlin Road BELFAST BT14 7GB

Keeping it Real: A three year plan for user involvement in mental health services supported by Down Lisburn Trust's Mental Health Alliance in partnership with Praxis 2000

The following are published by the Eastern Health and Social Services Board (Champion House Belfast)

Mental Health Strategy for Adults Aged 18-65 Product Two: Analysis of Policy, Guidance and Drivers for Change at National Level

Mental Health Strategy for Adults Aged 18-65: Product Three Analysis of Policy, Guidance and Drivers for Change at Regional and Area Health Board Level

Mental Health Strategy Product Five: Needs Assessment

Mental Health Strategy Product Six: Stakeholder Consultation

Mental Health Strategy Product Seven: Synthesis of Products to Date

Mental Health Strategy Product Eight: Planning the Way Forward in Mental Health Care  
Report on Workshop 28th February 2003

The Institute for Conflict Research 2001  
[www.conflictresearch.org.uk](http://www.conflictresearch.org.uk)

## **IRELAND**

A Place for Children? Children in Families Living In Emergency Accommodation The  
Perspectives of Children, Parents and Professionals

Children's Experiences of Parental Separation  
The Children's Research Centre 2002 Trinity College Dublin, Ireland  
Email [ccentre@tcd.ie](mailto:ccentre@tcd.ie)  
[www.tcd.ie/Childrens\\_Centre](http://www.tcd.ie/Childrens_Centre)

Children First - Summary  
National Guidelines for the Protection and Welfare of Children  
September 1999 Dublin, Ireland

Community Mothers Programme Annual Report 2001 – 2002  
Dublin, Ireland  
Contact: Brenda Molloy  
Email [brenda.molloy@erha.ie](mailto:brenda.molloy@erha.ie)

Promoting Resilience  
A resource guide on working with children in the care system  
Professor Robbie Gilligan Trinity College Dublin, Ireland 2001  
Email [robbie.gilligan@tcd.ie](mailto:robbie.gilligan@tcd.ie)

The Children's Research Centre 2002 Trinity College Dublin, Ireland  
Email [ccentre@tcd.ie](mailto:ccentre@tcd.ie)  
[www.tcd.ie/Childrens\\_Centre](http://www.tcd.ie/Childrens_Centre)

When Parents Use Drugs: Key Findings from a Study of Children in the Care of Drug-  
using Parents  
The Children's Research Centre Trinity College Dublin, Ireland  
Email [ccentre@tcd.ie](mailto:ccentre@tcd.ie)  
[www.tcd.ie/Childrens\\_Centre](http://www.tcd.ie/Childrens_Centre)

## **NETHERLANDS**

### **AMSTERDAM**

Children of parents with psychological problems Trimbos Institute  
Factsheet 2 2002 Prevention English version

Psycho-Educational Group For Adolescents Who Have a Father or Mother With a Mental Disorder Labyrinth [Children of parents with mental illness] promotional material [in Dutch]

[www.labyrinth-in-perspectief.nl](http://www.labyrinth-in-perspectief.nl)

Talking with Parents about Children Training guide in Dutch

Contact Susanne Brieko

Email [susanne.brieko@mentrum.nl](mailto:susanne.brieko@mentrum.nl)

[www.mentrum.nl](http://www.mentrum.nl)

Vulnerable People - Addicted mothers and their young children - Manual  
Parnissia Netherlands in partnership with European Commission [in English]

### **APELDORN**

Psycho-educational group for adolescents who have a father or mother with a mental disorder Short manual in English

Contact Nel Petilon Community Mental Health Spatie

Phone 055 5262645

### **ASSEN**

Samenhang in de Zorg

Intersectorial preventieve en curatieve zorgprogramming

Mental Health Centre GGZ Drenthe September 2000 [Petra Windmeyer Preventie]

Small book in Dutch

Contact Drs Petra Windmeijer

Email [petra.windmeijer@ggzdrenthe.nl](mailto:petra.windmeijer@ggzdrenthe.nl)

[www.ggzdrenthe.nl](http://www.ggzdrenthe.nl)

### **DEVENTER**

Caring for Children of Mentally Ill Parents A Multi-Component Prevention Strategy used in Dutch Practice December 2002 [in English]

Contact Mw drs K.T.M. van Doesum

Preventiemedewerker/onderzoeker

RIAAG Ijesselland

Email [KarinVanDoesum@riagg.ijesselland.nl](mailto:KarinVanDoesum@riagg.ijesselland.nl)

**DEN HAGG**

Case Management for Parents with Mental Illness Concept, 3 June 2003

Ms H. Wansink [Dept of Prevention Parnissia] and Dr M Monne-van Wirdum {dept of Youth Health} Research paper [English] Trials will be run in Autumn 2003

Contact M. Monne-v.Wirdum Gemeente Den Haag

Email [mariet.monne@xsyall.nl](mailto:mariet.monne@xsyall.nl)

Email [H.Wansink@parnissia.nl](mailto:H.Wansink@parnissia.nl)

Prevention Intervention For Psychiatric Ill Parents: Having Problems and Still Continuing Active Parenting Paper [English]

Vision on parenting and risk/protection factors paper [Dutch]

H. Wansink Doctorate dissertation in concept

Email [H.Wansink@parnissia.nl](mailto:H.Wansink@parnissia.nl)

**MAASTRICHT**

Partnerships in Schoolbeat

Power Point print out

Contact: Mevre, dr M. Ruiter RIAGG Maastricht

Email [Marjike.Ruiter@riagg-maastricht.nl](mailto:Marjike.Ruiter@riagg-maastricht.nl)

**ROTTERDAM**

Preventive Parents

Collaboration between Rotterdam Riagg and GGD Rotterdam [Municipal Health Department] Fact Sheets on: "Peer mediation in Primary and Secondary Schools", "Parental Support" and "If you count to ten first, they will respect you."

Contact Yolunda Cijssouw Hoofd Context

Email [y.cijssouw@context-ggzpreventie.nl](mailto:y.cijssouw@context-ggzpreventie.nl)

**TIEL**

Effect Management Instrument Preffi 2.0 - Assessment Package  
and

Effect Management Instrument Preffi 2.0 - Explanatory Guide

NIGZ Netherlands Institute for Health Promotion and Disease Prevention

Woerden, January 2003 [both in English]

Contact drs. Lilian Franse

Email [l.franse@degelderseroos.nl](mailto:l.franse@degelderseroos.nl)

[www.degelderseroos.nl](http://www.degelderseroos.nl)

## **ENGLAND**

Alcohol, Drug and Mental Health Problems: Working With Families

June 2003 Social Care Institute for Excellence London UK

Email [info@scie.org.uk](mailto:info@scie.org.uk)

[www.scie.org.uk](http://www.scie.org.uk)

Articles and pamphlets on Building Bridges program in Lewisham, London UK

Families that have alcohol and mental health problems: a template for partnership working

June 2003 Social Care Institute for Excellence London UK

Email [info@scie.org.uk](mailto:info@scie.org.uk)

[www.scie.org.uk](http://www.scie.org.uk)

Parenting and Mental Illness - Joint Working Protocol

East London and The City NHS [no contact details]

## **MICHIGAN, U.S.A.**

### **ALLEGAN COUNTY**

Memorandum of Agreement between Allegan County Community Mental Health and Plainwell Community Schools for 2003

Contact Sally J. Beyer Supervisor of Prevention Services

Email [sallybeyer@accmhs.allegan.mi.us](mailto:sallybeyer@accmhs.allegan.mi.us)

Prevention of Adolescent Problems

Guidelines for 1989 Peer Assistance Program Model

The Peer Assistant Leadership Program [PAL program pamphlet]

School based program with community mental health staff heavily involved.

Youth Adventure Program includes child referred from Juvenile Court, Family Court, schools and community mental health. Maximum of 12 youths attend program for eight 6 hour sessions.

Youth Resource Directory 2000

### **BAY-ARENAC**

Bay-Arenac Community Mental Health Procedures Manual

Integrated Services for Children who have a Parent with Mental Illness

Red Flags in Children's Behaviour Booklet

## **DETROIT**

Loving Attachments for Mothers and Babies [LAMB]

Intensive program for mothers experiencing problems parenting or relating to young children. Full range of services available.

Also other programs which target parenting and child development concerns.

Contact Debra Kade Program Director Early Childhood and Family Services

Email [djkade@develctrs.org](mailto:djkade@develctrs.org)

School Based Programs colocated on school sites range of services. Development Centres, Inc. Referrals generally through school and parents. Prevention and early intervention service.

Contact Deborah Harris-Swan School-based Program Director

Email [dswan@develctrs.org](mailto:dswan@develctrs.org)

## **LANSING [State capital]**

A Community System of Care for Very Young Children and Their Parents

Best Practice Brief for infants/toddlers at risk and their parents

Michigan State University

Also relevant paperwork from meetings.

Contact Betty Tableman Michigan state University

Email [tableman@msu.edu](mailto:tableman@msu.edu)

<http://outreach.msu.edu/bpbriefs>

Developing Integrated Services for Children of Parents with Mental Illness

Michigan Department of Community Health

Family Support magazines Fall 2001 and Fall 2002

Growing Great Kids

Prenatal to 36 months Instruction Manual and Pamphlet

Heart of the West Michigan United Way.

Infant Mental Health Services - Supporting Competencies/Reducing Risks

A manual for Community Programs

Weatherstone and Tableman Michigan Association for Infant Mental Health

Michigan Wraparound - Best Practice Values

Michigan Interagency Family Preservation Initiative M.I.F.P.I.

Michigan Department of Community Health

Contact Constance Conklin

Email [ConklinC@michigan.gov](mailto:ConklinC@michigan.gov)

Project C.H.I.L.L. [Children receiving Help in Living and Learning]  
After school program specifically for children 6 – 12 for education on their parents  
mental illness. Funded by Michigan Department of Mental Health and conducted by

Stress Management Training – For Low Income Women [and Others]  
Michigan Department of Mental Health - Prevention Services  
10 Session program. Kit includes background data and curriculum details including their  
evaluation of program

Written by Deborah Marciniak and Betty Tableman  
Email [tableman@msu.edu](mailto:tableman@msu.edu)

Supporting Michigan's Families Video  
Michigan's Children A Child Advocacy Organisation

Systems Reform for Children and Their Families – Strategies for Change  
A report to the Michigan Human Services Directors  
February 1995

The Parent's Guide to Wraparound Association for Children's Health

The Power of We - Strengthening Community Connections for Action 2002  
Review of services provided in Clinton, Eaton and Ingham Counties

Together We Can - A Guide for Crafting a Profamily System of Education and Human  
Services April 1993  
U.S. Department of Education & U.S. Department of Health and Human Services