

# Promoting the mental health and wellbeing of children and young people from families with a parental mental illness

## Key learnings and promising practices

**Parental mental illness places families at much greater risk of having increased physical, emotional and financial problems.**

The experience of parental mental illness varies and may include symptoms of anxiety, depression, in particular post natal depression, personality difficulties and psychoses. Children and young people living in these families are more likely to experience mental health and wellbeing problems. In 2002 the Victorian Health Promotion Foundation (VicHealth), *beyondblue: the national depression initiative* and the Mental Health Branch of the Victorian Department of Human Services responded to the needs of these children and young people by funding two projects.

This publication highlights the key outcomes and learnings from these projects: **Paying Attention to Self (PATS)** with a focus on young people aged 12 to 18 years and **VicChamps**, which focused on children aged 5 to 12 years.

Approximately 1000 children and young people took part in the activities of the projects.

### Key outcomes:

- Young people participating in the PATS peer support activities reported: less depressive symptoms, reduced risk of homelessness, better educational achievements, and less concerns with stigma.
- Children involved in the VicChamps activities reported: stronger connections both within and outside the family and improved self-esteem and resilience.
- More than 2000 workers increased their knowledge and skills in mental health and in working with children, young people and families where a parent has a mental illness.



*Having fun at a VicChamps camp.*

- Partnerships and collaborations have strengthened between services and community organisations and significant changes have occurred in increasing community awareness of the stigma and discrimination associated with mental illness.

Importantly, the achievements of these projects have contributed to the development of the Victorian Department of Human Services 2006 state-wide strategy to support families where a parent has a mental illness.

# Parental mental illness prevalence and risk for children

In Australia, over 20% of children and adolescents are thought to live in households where at least one parent has a mental illness.

This equates to just over 250,000 Victorian and one million Australian children. Alarming, 40 to 60% of these children are more likely to experience mental health problems.

This means that up to approximately 130,000 children in Victoria and 500,000 across Australia are at risk. Such numbers clearly indicate that these children and young people are an important focus for early intervention and support.

Current research indicates that young people who live in families with a parental mental illness experience higher symptoms of depression, more life stressors such as conflict with others, and increased isolation and stigma.

## The Evidence

Recent estimates from mental health prevalence studies suggest:

- 1 in 5 Australian adults will experience a mental illness at least once during their lifetime.
- 21 to 23% of Australian children have at least one parent who has experienced a mental illness.
- Just over one quarter of a million Victorians and one million Australian children live in a household with a parent who has had a mental illness.
- Evidence suggests between 40 to 60% of these children are at risk of mental health problems.
- This equates to 130,000 Victorian and 500,000 Australian children.

Figure 1 compares depressive symptoms in adolescents who live in families with a mentally ill parent, to those who do not. Young people who have a parent with a mental illness exhibit much higher depressive symptoms. In addition, these young people are much more likely to live in single parent households.

## Young people as carers

Living in single parent households often brings an added burden. The experience of participants in the PATS project revealed the 'burden of caring for parents' to be a significant issue for older children and adolescents – especially those in single parent families. In particular, adolescents rated the emotional burden of worrying about their parent to be of higher concern than the more tangible aspects of caring, such as housework and paying bills.

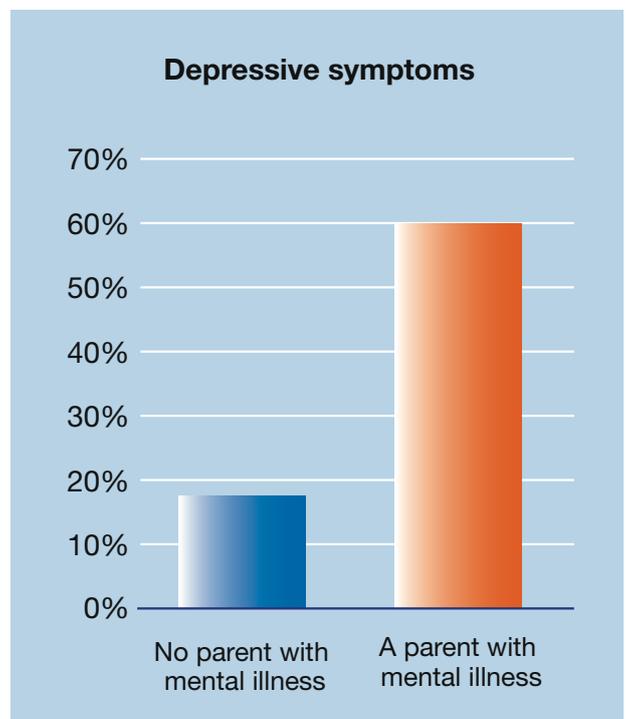


Figure 1: Adolescent depressive symptoms according to parental illness status.

# Paying Attention To Self (PATS) program for adolescents

The PATS Program was an initiative of the Peer Support Programs developed at the Centre for Adolescent Health. It facilitated and supported five programs across Victoria. These were located at: Youth Services in the Shire of Yarra Ranges, Inner South Community Health Service, Goulburn Valley Child and Adolescent Mental Health Service (and Mental Illness Fellowship), Wimmera Uniting Care as well as at the Centre for Adolescent Health at the Royal Children's Hospital.

The PATS program involves young people, aged 12 to 18 years, who have a parent with a mental illness, in an 8-week peer support program facilitated by a health professional and a peer leader.

## The main aims of the PATS program:

- To reduce the likelihood of the development of mental health difficulties in adolescents;
- To decrease the risk factors for these young people; and
- To increase young people's coping skills so they can better meet future challenges.

## Peer Support Leadership

The peer leader was a young person who attended a PATS program and peer leadership training. They were responsible for the social aspects of the groups, organising activities and getting the participants mixing and talking. They acted as a positive role model for the group and were able to share their own experiences and coping strategies. Peer leaders played an important role in education and advocacy through public speaking and presentations at conferences and professional development sessions.

From a capacity building perspective, the PATS project also focused on workers, organisations, and the broader community, creating awareness of issues affecting young people with a parent with a mental illness.

Critical to this element was being able to use the voices of young people to talk about their personal experiences, which provided community members with a very strong and effective message regarding the needs of young people and how community organisations could best support them.



*PATS Surfing Camp.*

# Paying Attention To Self (PATS)

## key findings

On entry to the PATS program, young people reported very high levels of depressive symptoms coupled with other issues such as conflict at home, isolation, stigma and socio-economic disadvantage. Living in single parent families and having higher than average school suspension rates (especially for males) also indicated lower connectedness and engagement with others.

### Key outcomes:

Following involvement in the PATS program, young people reported reductions in depressive symptoms, risk of homelessness and stigma as shown in Figure 2.



Young people reported that involvement in PATS helped them to:

- realize that they were not alone;
- increase their confidence in seeking help;
- not blame themselves and have greater self acceptance;
- learn more about their parent's mental illness, enabling them to recognise symptoms and better understand their parent's experience;
- cope better through enhanced communication, valuing themselves and staying calm, and having fun!

### Young people as carers

Although there was not a statistically significant drop in the rate of the responsibility for caring for the parent due to participation in PATS, the level of burden did reduce. Additionally, 18.4% of the PATS participants had limited or no contact with their ill parent, as they had other living arrangements. Separation and dislocation from parents also occurred for young people who were in foster care or living with other extended family members. While these young people may not have had direct caring responsibilities for their parent, they had an important need for recognition and support.

For a copy of the full evaluation report of the PATS program visit [www.rch.org.au/pats](http://www.rch.org.au/pats)

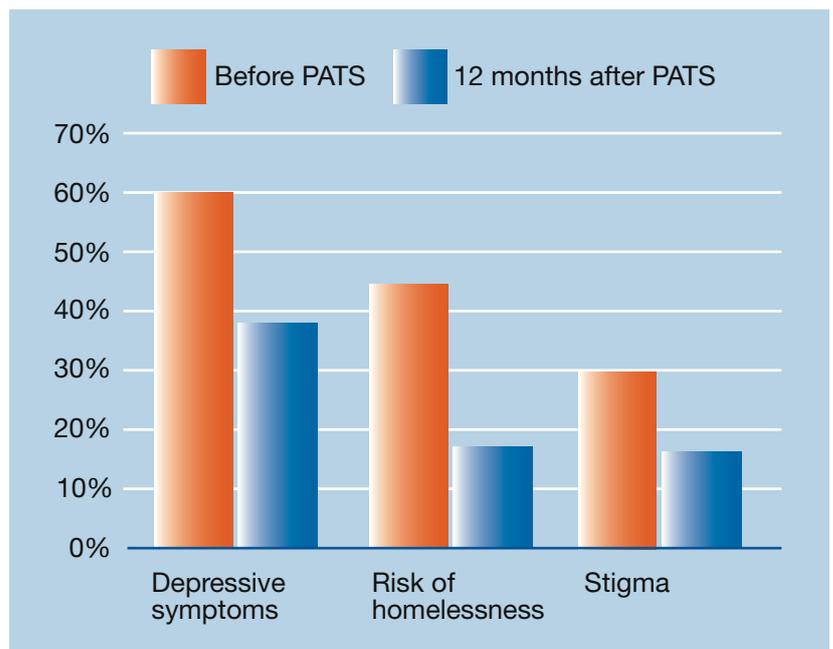


Figure 2: Changes in risk factors Pre and 12 months Post due to the PATS intervention.

# VicChamps

## programs for children

The VicChamps activities were coordinated by Eastern Mental Health in partnership with Upper Murray Family Care. This was a partnership between a metropolitan mental health service and a group of rural community based organisations in the north east of Victoria. The approach included peer support programs for 5 to 12 year old children as well as activities devised to promote workforce and agency change.

### The main aims of the VicChamps peer support programs:

- To reduce isolation and improve social connectedness through the development of recreational, social and creative skills;
- To provide opportunities to engage with parents and carers and provide respite;
- To educate children about mental illness/wellbeing;
- To build children's strengths and promote resilience.

VicChamps peer support programs built on children's strengths and aimed to enhance their wellbeing and resilience. Activities for 8 to 12 year old children included school holiday programs and after school programs.

In the north east region of Victoria, the programs were run in conjunction with the Supporting Kids partnership - a community based collaboration of mental health and welfare services. Activities were undertaken in Wodonga and Wangaratta and their surrounding areas.



(Above, right) Creative arts at a VicChamps camp.

### Younger children

A YoungChamps program for parents and their 5 to 7 year old children was successfully trialed in the Eastern region with positive feedback received from parents and children. The north east region included these younger children in the 8 to 12 year old programs.

### Family care plans

During the project, five families developed and trialed family care plans in the north east region. Planning was family focused and centred on strengths, along with supporting each family's coping and management during and/or just after a crisis such as hospitalisation. The development of these plans involved all key people, including children, parents and key agency members.

Important learnings from this part of VicChamps included the need for both crisis (e.g. for the parent being hospitalized or very ill) and care components and that the latter should be strengths-based and focused on positive aspects of family life.



# VicChamps evaluation

## key findings

### Key outcomes:

The VicChamps program improved child wellbeing by reducing problems and increasing their strengths as shown in Figure 3. Children had:

- Reduced emotional difficulties including hyperactivity;
- Fewer problems within their family and peers;
- Increased connections particularly outside their families;
- Increased problem-focused coping, and
- Improvement in self-esteem and resilience.

### Improved system of service provision

Another key focus of VicChamps was to promote workforce and agency change. Focal activities included identifying ‘champions’ within organisations to advocate for the needs of children whose parent had a mental illness and targeting key agency members, especially from middle management.

### Workforce development

VicChamps implemented professional development packages, which included formal training programs including the ‘Getting There Together’ and Supporting Kids in Primary Schools (SKIPS) programs. The half day ‘Getting There Together’ education program for mental health and other workers aimed to improve worker knowledge and skills. The program was facilitated by a consumer or carer in partnership with a mental health worker. SKIPS aimed to reduce stigma and to educate and support teachers and schools in how they might be able to support children affected by parental mental illness.

The ‘Getting There Together’ program played an important role in promoting workforce development and change by increasing participant knowledge. This also translated into increased support, education and referral of families by program attendees back in their workplaces. Previous research has shown that SKIPS reduces prejudice and supports students and families affected by mental illness in primary schools. A ‘train the trainer’ program was successfully implemented in the north east as part of this project.

For a copy of the full evaluation report of the VicChamps program visit

[www.quantifyingconnections.com/COPM/page.htm](http://www.quantifyingconnections.com/COPM/page.htm)

### Feedback from children

Q.What did you learn about mental illness?

*“It’s not my fault or that person’s fault.”*

*“That you can’t catch a mental illness.”*

### Feedback from family:

*“My child now knows more about my illness and what to do when things go wrong.”*

*“VicChamps has helped my relationship with my daughter and my grandchildren that I would not have had without VicChamps.”*

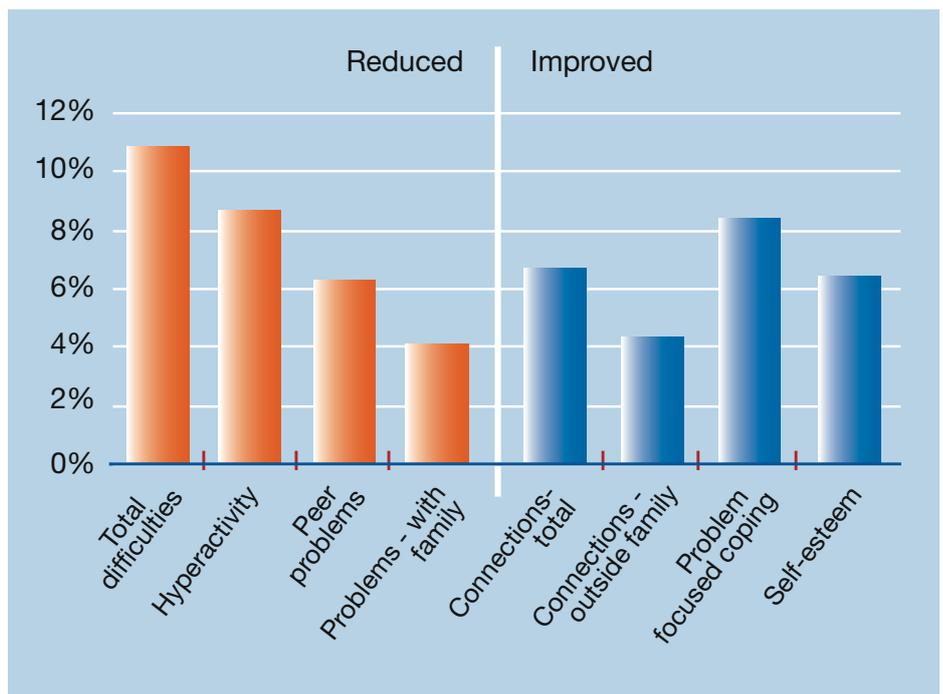


Figure 3: Percentage improvement in wellbeing for children in school holiday program.

# Major recommendations and program considerations

## Recommendations

- It should be mandatory that adult mental health services assess clients at intake for parenthood status and plan their treatment with that in mind.
- Adult mental health workers should be trained regarding the impact of parental illness on children (developmentally), and acquire skills for working with children and their clients regarding parenting issues.
- Family care plans are recommended for larger scale trialling, implementation and evaluation.
- *Getting There Together* and *SKIPS* should be delivered to improve workforce knowledge and reduce stigma in schools respectively.
- Future programs should undertake ongoing evaluations with standardised measures (such as the Strengths and Difficulties Questionnaire)–to further develop research knowledge and evidence for practice.
- Further research and evaluation should be undertaken to establish and develop long-term improvements to programs.
- Direct interventions need to be well supported and sustainable.

## Program considerations

- PATS and school holiday programs are recommended for all locations; the after school program is suggested for urban and larger (i.e. over 20,000 population) regional centres.
- Program implementation (particularly the after school program) in smaller regional locations should carefully consider the issues of distance, transport and inherent time and funding constraints.
- Programs for children aged 5 to 7 need to be developed, trialled and evaluated to provide evidence for program effectiveness.
- Intervention programs should have an instruction manual that includes clear program objectives, implementation strategies, behaviour management guidelines and material to evaluate the program.
- Program participants need to be carefully screened for suitability for an early intervention program.
- Parent's need to be supported to understand likely changes in their children that might result from programs.
- Programs should be developed and implemented within a diverse multi-agency collaborative framework in which agencies and staff have clear and explicit roles and responsibilities.



(Above, left) Creative arts at a VicChamps camp.

# Resources

## Evaluation Reports

Hargreaves, J, O'Brien, M, Bond, L, Forer, D, Basile, A, Davies, L & Patton, G., (2005). *Paying Attention to Self PATS: an evaluation of the PATS program for young people living with a parent affected by mental illness.* Centre for Adolescent Health, Melbourne. Available from [www.rch.org.au/pats](http://www.rch.org.au/pats).

Maybery, D, Reupert, A. & Goodyear, M. (2006). *Evaluation of a model of best practice for families who have a parent with a mental illness.* Charles Sturt University, Wagga Wagga. Available from [www.easternhealth/vicchamps](http://www.easternhealth/vicchamps) or [www.quantifyingconnections.com/COPMIpage.htm](http://www.quantifyingconnections.com/COPMIpage.htm)

## Other Useful Websites:

<http://auseinet.flinders.edu.au/>  
<http://www.beyondblue.org.au>  
[www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au)  
<http://www.copmi.net.au/>

## Programs

### Paying Attention to Self (PATS)

Peer support programs for 12 to 18 year olds  
(03) 9345 6615  
Email: [pats@rch.org.au](mailto:pats@rch.org.au)  
Website: [www.rch.org.au/pats](http://www.rch.org.au/pats)

### VicChamps (Eastern Health)

Peer support programs for 5 to 12 year olds  
(03) 9871 3983  
Email: [VicChamps@easternhealth.org.au](mailto:VicChamps@easternhealth.org.au)  
Website: [www.easternhealth/vicchamps](http://www.easternhealth/vicchamps)

### Supporting Kids (Upper Murray Family Care)

(02) 60228000 or (03) 57234000  
Email: [admin@umfc.com.au](mailto:admin@umfc.com.au)

### Charles Sturt University evaluation

(02) 69332777  
Email: [dmaybery@csu.edu.au](mailto:dmaybery@csu.edu.au)  
Website: [www.quantifyingconnections.com/COPMIpage.htm](http://www.quantifyingconnections.com/COPMIpage.htm)



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