DRAFT

Parents in Partnerships
Project Report

Contents

Acknowledgements

The Parents in Partnerships project has been a joint effort of many individuals and organisations. This collaboration has been critical in contributing both to a greater understanding of the issues facing people who have a mental illness and who are also parents and to the respectful sharing of wisdom and experience.

Thanks to the many parents consulted in the projects' early days. This consultation ensured that the project's development was commensurate with their ideas and recommendations. Thanks also to the many colleagues who have unconditionally offered support and advice, in particular Cate Bourke, Ivan Milton and Deb Leighton. Special thanks to Anne Holland for her supervision and clarity. A particular acknowledgement goes to Elizabeth Short whose study entitled 'Motherhood and Psychiatric Illness: Psychosocial Experiences of Women who are Mothers and have a Psychotic Illness' for a Masters Thesis (1996) provided both inspiration for the original submission and information.

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- Sharon O'Boyle (Lifeworks)
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Rose Cuff Project Worker
Helen Mildred Project Coordinator

Edited by Julie Contole
Design and Layout

All quotes are from project participants

Executive Summary

"Once they (other mothers) know you've got schizophrenia, they don't want to know you. It's like you don't exist as a person anymore, not even as a mother..."

In the Outer Eastern Region of Melbourne, an estimated 30- 35% of mental health service clients are female parents of dependent children. The Parents' Project - **'Parents in Partnerships'** emerged in a climate where no co-ordinated way existed in which these parents' particular needs were met, leaving many isolated and vulnerable. The challenge was to develop mechanisms for providing flexible and relevant support which could be ongoing and replicated in other regions.

The Parents in Partnerships Project aimed:

1. To improve the mental health, parenting skills and confidence of women who are mothers and who have a serious mental illness
2. To improve mental health and welfare workers' awareness of, and competency in, working with women who are mothers and who have a serious mental illness.

Methodology:

The project's development was guided by information from a number of sources. These included: extensive consumer consultation; surveys to adult Mental Health Services and community service providers; discussion groups with adult mental health service staff; and the Project Advisory Committee.

Key Outcomes

♦ Partnerships between mental health and non-mental health service providers

The Project has created a forum for workers from 40 agencies to exchange information and expertise regarding this client group. This skill sharing has been particularly beneficial in facilitating the support groups. The partnership reduces the likelihood of these parents 'falling through the gaps' between service providers. It also both shares the economic burden and increases participants' exposure to resources in the community.

♦ Service Development by Consumers

A key strength of the Project was that the structure, venue, facilitation, content and process of the support groups has been entirely consumer determined. The women decide what topics they wish to discuss and utilise the facilitators as agents to obtain external speakers or excursions.

♦ Support Groups for Parents

There are now two support groups established in the Outer Eastern Region of Melbourne. They meet weekly during the school term for two hours include lunch for the parents and their children. Qualitative and quantitative pre- and post-evaluation of the group program indicates that there has been improvement in participants' sense of validation as a parent, mental health status and self-esteem. Participants highly value meeting other mothers with similar experiences of parenting in the context of a mental illness and sharing strategies and resources. Overall, women reported feeling more supported, understood and validated as a mother with a mental illness.

- Professional Development

The Project Worker ran training programs for mental health and family support workers to inform workers of the issues confronting parents who have a mental illness and of how best to support them. A consumer and the project worker jointly facilitated the sessions. Overwhelmingly, participants most highly valued the input given by the consumer trainers.

- Culture change

Anecdotal evidence and service development initiatives suggest that the project has facilitated organisational culture change. Workers from all fields now report being far more aware of the issues and able to work with clients who are parents with a mental illness.

Key Recommendations

The work of the Parents in Partnerships Project has been seen as being very successful by a number of sectors. In September 1998 it won an Australia & New Zealand Mental Health Services Award. The project is also being continued and extended by MHAMHS in recognition of its impressive outcomes.

The Key Recommendations for further work are:

1. The current support group for parents who have a mental illness should continue and expand into rural parts of the Region in collaboration with local consumers and service providers. Expressions of interest for development of a support network in rural areas were noted at the Professional Development sessions.

2. Peer support programs for children and young people who have a parent with a mental illness should be developed in the region as a collaborative venture between adult, child and adolescent mental health services and community support services. Preliminary discussions with relevant key stakeholders indicate a high degree of enthusiasm for this development of the project. It would include a variety of interventions matching need to intervention strategy.

3. There should be ongoing training and consultation with service providers to facilitate 'best practice' for parents and their families Training should continue to employ a consumer participation model with significant input from consumer trainers both in the planning and implementation of sessions..

Terminology and Abbreviations

MHAMHS	Maroondah Hospital Area Mental Health Service
CAMHS	Child and Adolescent Mental Health Service
DHS	Department of Human Services
PDSS	Psychiatric Disability Support Service
NEAMI	North East Alliance for the Mentally Ill
MSTS	Mobile Support and Treatment Service
CATT	Crisis Assessment and Treatment Team
CMHS	Community Mental Health Service

'Mental Illness': The definition of mental illness for this project was any mental health problem that affects adults in such a way that they have difficulty with their daily life for sustained periods of time. This often meant that they were a client of the mental health system. Priority was given to those parents diagnosed with a major mental illness, but those outside the public mental health system were not excluded.

'Parents': The project originally aimed to access mothers who may or may not be caring full-time for their children. Support for fathers is being incorporated in reponse to requests from workers.

'Children': The term 'children' refers to children and young people from birth to eighteen years of age.

Part 1: Project Report

1.1 Background to Project

There are many parents who have a serious mental illness living in the community with their children. This group is largely comprised of women; many are sole parents, extremely disadvantaged and living in poverty, with small social networks and little support.

As Short (1996) outlines in her review of the area, women who have a psychiatric illness when compared with other women experience disproportionately high rates of: sole parent status; low socio-economic status (SES); low education; inadequate and insecure housing; lack of transport; poor health and health care; hospitalisations; unemployment; loss of custody of children; and childhood, adolescent and adult sexual and physical abuse.

Currently, in Australia and overseas, adult mental health services do not routinely consider or provide for the needs of clients as parents, and general health and welfare services do not cater well for clients of mental health services or their children. Further, women are anxious about approaching services regarding parenting issues for fear of Protective Service intervention and loss of custody. The frequently negative consequences on the social, psychological and physical health of these women and their children have been well documented, and addressing this has been a priority area for the development of mental health service provision both in Australia and overseas (Blanch, Nicholson & Purcell, 1994; Cowling, McGorry & Hay, 1995; Department of Health & Community Services, 1995; Department of Human Services, 1997; Human Rights and Equal Opportunity Commission, HREOC, 1993; Nicholson, Sweeney & Geller, 1998, Pietsch & Cuff, 1995; Pietsch & Short, 1996; Sands, 1995; Short, 1996; Zemencuk, Rogosh & Mowbray, 1995).

Clearly a reduction in poverty, isolation and stigma is of primary importance for this group of parents and their children. In terms of services offered, however, international and Australian research has indicated that in addition to increased collaboration between mental health and other service providers, the provision of parenting support programs is the most appropriate means of providing support to, and enhancing the outcomes for, these parents and their children. Mothers who have a serious mental illness have also indicated that parenting support programs are a priority need for them (Cogan, 1993; Cowling, 1996; Nicholson & Blanch, 1994; Oyserman, Mowbray & Zemencuk, 1992; Pacers, 1994; Pietsch & Cuff, 1995; Pietsch & Short, 1996; Short, 1996; Silverman, 1989; Wallace, 1992; Wragg, 1995).

Aims of the Project

Aiming to provide support to these parents, the Parents in Partnerships Project commenced at the Maroondah Hospital Area Mental Health Service (MHAMHS) in September 1997, funded by an Innovative Practice and Development Grant from the Mental Health Branch of the Department of Human Services, Victoria. More specifically, the two main aims of the project were:

- To improve the mental health, parenting skills and confidence of women who are mothers and who have a serious mental illness

- To improve mental health and welfare workers' awareness of, and competency in, working with women who are mothers and who have a serious mental illness.

Objectives

- To make links with, and provide group education and support programs to, mothers who live in the Outer Eastern Region and who have a mental illness.

- To design, run and evaluate parenting groups which build on the knowledge bases of consumer input, international and national research and best practice knowledge.

- To create a parenting group manual which can be utilised by other mental health service provider agencies.

- To train mental health workers from all sectors and family support workers to run efficient and effective parenting groups for parents who have a serious mental illness.

- To encourage adult mental health and other service providers in the Outer Eastern Region to attend to the specific needs of those clients with a serious mental illness who are parents

- To facilitate the identification of children of parents with mental illness who may be at risk of developing mental illness and may require assessment and intervention.

1.2 Project Structure

Establishment of an Advisory Group

The purpose of the Advisory Group was to draw on the experience and practice wisdom of its members to inform and guide the project within its the twelve month time frame. Forming the Advisory Group was an intervention in itself in that it created a forum for regular discussion of issues and for collaboration between key stakeholders. This group was established in the first month of the project and comprised representatives from local child and adult mental health services, consumer and carer groups, family support,

psychiatric disability support, housing, the regional parent resource co-ordinator and The Schizophrenia Fellowship.

Supervision/accountability

The project worker met fortnightly for clinical supervision with the senior occupational therapist from Chandler House Community Mental Health Service. As the submission writer, the senior psychologist from the Child and Adolescent Mental Health Service was also involved in the overall planning and development of the project. Administrative accountability was to the Manager of Continuing Care, and clinical accountability was to the Director of Psychiatry, Maroondah Hospital.

1.3 Project Development

Consultation

As the project focussed on developing a more collaborative approach to providing support to parents who have a mental illness, it was seen as important from the outset to consult with consumers and a range of service providers. This consultation has been critical in shaping both the direction and outcomes of the project.

- **Consumer consultation**

'Where is a place to go when you're a depressed parent looking for support during a stressful and alienated week, thinking about things which may cause those you normally associate with confusion, and end up feeling increasingly alienated because of lack of understanding?'

Consumer consultation regarding what would be most helpful to them as parents was clearly paramount to developing a relevant and successful group program. It also provided the project worker with additional general information about the daily issues confronting parents and insights into a range of parenting experiences. Consumers with mental health issues were invited to participate in this consultation process through a flyer which was widely distributed. Participants were paid sitting fee. *(see Appendix 1).* The consultation focussed on gaining a picture of the support needs of parents with a mental illness and, in particular, their views on the usefulness and the essential components of support groups for parents *(see Appendix 2).*

In summary 21 consumers were interviewed: 19 women and two men. Diagnoses included depression (7), schizophrenia (9), bipolar affective disorder (3) and personality disorder (1). 10 were sole parents, 7 had partners and 4 were separated with limited access to their child/ren. The majority of parents were from the Outer Eastern Region, with some from the Mothers' Support Program in Prahran. The most commonly discussed issues for consumers included: feelings of isolation from other parents and people in general; fear of having children removed from their care or living with the reality of that having occurred; the desire to make friends; wishing to have an opportunity

to talk about issues related to their illness *as well as* being a parent; and the need to plan for times when they are hospitalised or unwell, particularly regarding arrangements for their children.

All consumers interviewed said they thought that a support group was a good idea. The most common difficulties anticipated by them in attending were transport, childcare and whether they would feel well enough to come often enough. The key issues arising from this consultation were incorporated into the design of the group program.

Consumers also identified a range of difficulties in accessing mainstream parenting services, primarily concerned with issues of stigma and relevance to their experience.

'I went to a regular mothers' group. Yeh, they talked about soapies a lot, clothing, shopping, places they'd been. What if I said, " I'm so tired I've started having hypnogogic experiences". Wouldn't they just stare at me and wonder what I was talking about?'

- **Service mapping**

- *Models of support groups for parents who have a mental illness*

There are a few support group models for parents with a mental illness operating within Victoria, but only one is known which involves a partnership between clinical mental health and other support services. The workers from these programs were consulted in order to establish the strengths and pitfalls of different models of service provision to this target group *(see Appendix 3*) Programs consulted included:

- **Parenting Together**: a support group for parents who have a mental illness and their children aged 0 – 12. Based in Frankston, this program began in May 1996 and is a collaboration between Anglicare Family centre, Peninsula Health Care Network Psychiatric Services and other community groups.
- **PIPS**: a support group for parents. This group has been operating for seven years and is a collaboration between Abercare Family Services (Niddrie), where the group is held, and The Boomerang Club (a psychosocial rehabilitation service in St. Albans).
- **Parenting Under Difficulties :** a support group for parents. This group began in March 1997 at Windemere Child and Family Services and is a collaborative venture between local council, the Parent Resource Coordinator and Windemere.
- **Reflections:** a support group for women only who are caring full-time for their children. This was collaboration between St. Anthony's Family Services at Footscray and Horizons PDSS at St. Albans. The group is currently not operating due to lack of funding.
- **Mothers' Support Program:** a program which provides support to mothers who have a mental illness, auspiced by Prahran Mission.
- **Parent Support Group:** a group for mothers who have a mental illness. This began in February 1997 at the Catch 23 Day Program (NEAMI) in collaboration with the

Parent Resource Coordinator. The group developed into a self help group facilitated by one of the group participants.

- **The Melbourne Clinic:** proposed weekly group for patients in the general psychiatric program who are parents of dependent children.
- **Making Parenting Easier:** A fortnightly group for mothers who have mental health problems, at North Yarra Community Health, North Carlton.

- *Other Project models*

A few projects in Victoria have focussed on assisting workers to develop best practice in working with families where a parent has a mental illness. Information from and knowledge of these projects has been extremely useful in shaping the Parents in Partnerships project, in particular in demonstrating how services can work collaboratively. Details about how to obtain more information about any of these projects and relevant policy documents can be found at the end of this report. They include:

- **Working Together Project:** Families in which a parent has a mental illness – Developing Best Practice for Service Provision and Interagency Collaboration (Pietsch & and Short, 1996)
- **Building Partnerships:** The Southern Partnership Project (Cowling, 1997)
- **Peer Support for Children of Parents With Mental Illness:** Program Design and Evaluation (Cuff & Pietsch, 1997)
- **Keeping Kidz in Mind**: children who have a parent with a mental illness: developing a model for best practice within adult mental health services (Curtis & Fromhold, 1997)
- **Hidden Children** : **Hard Words –** supporting families where there is parental mental illness. A video training and resource kit. (Cuff & Pietsch, 1997)

- *Local service mapping*

In order to gain a comprehensive picture of the services actually and potentially available to the target group in the local region, surveys were prepared and distributed to mental health workers and other welfare service providers.

A total of 10 adult mental health workers completed questionnaires, which looked at the size of the client group, prevalent diagnoses, proposed effectiveness of support groups and the role of adult mental health services. Initial analysis of this sample indicates that an estimated 32% of clients in MHAMS are parents with dependent children. Among these mental health workers case loads, there were a total of 62 clients: 14 men and 48 women with a total of 95 children. All of the respondents had at least one client who is a parent, and all said they believed it was within the brief of adult mental health workers to facilitate support groups for these parents. Other issues raised by workers included concerns about the current lack of support groups for children who have a parent with a mental illness.

13 out of 27 surveys were returned from community organisations. Of these, 3 were from psychiatric disability support (PDSS), 5 from family support, 3 from community health, 2 from specialist parenting programmes (young mothers and a post natal discussion group) and 1 from a self-help group (GROW). Key themes emerging from these surveys included:

- Approximately 20% of clients accessing generalist services are identified as having serious mental health issues. In one organisation it was estimated to be as high as 50%.
- All of the services (except PDSS) indicated that more information about mental illness generally would be helpful in providing support and information to these clients and their children.
- All the respondents were positive about the development of support groups in this region for parents with mental illness. Issues were access to childcare and transport; the importance of creating an environment which took into account the parents' fear of judgement and involvement of Protective Services; including parents in group planning; providing information to parents about community resources and supports; and awareness of stigma and discrimination.

Many workers in the region believed this particular target group 'fell into a gap'. Mental health workers expressed relief that the project would finally implement support groups and develop a greater awareness of the needs of parents with mental illness. Non-mental health workers said that they require support and information in understanding the impact of mental illness on an individual and their capacity to parent. Both reported a lack of collaboration between all services, including Protective Services. Information obtained at this stage was extremely useful in determining the training requirements for the professional development sessions aimed at both mental health and non-mental health workers.

Liaison with agencies and existing networks

Linkages with existing networks and organisations provided a wealth of resources and continues to facilitate the exchange of information about pertinent issues for these parents. These links will be significant in ensuring the continuation of the parent support groups and the anticipated development of peer support programs for children in this region.

Mechanisms for consultation and liaison within the region have included:

- initiating links with key community organisations, including community health, family support, carer and consumer groups, Division of GPs, Protective Services, PDSSs.
- speaking about the project at meetings and forums (e.g. Eastern Region Family Support Network, Yarra Valley Community Workers Network, Maternal and Child Health, ParentZone)
- liaison with the regional Consumer Consultants

- membership of the Regional Women in Mental Health Advisory Group
- participation in tertiary and secondary consultation
- utilising local newspapers and community newsletters to advertise groups
- attendance at MHAMHS staff and inservice meetings.

Part 2: Support Groups for Parents with Mental Illness – A Manual

'I feel relaxed because I think that it's O.K. if I don't feel like talking and still feel part of the group. I can relate to the other people in their emotional stresses. It feels more real to me, not a cover up.'

2.1 Overview

The **'Getting There'** support groups for parents were established in recognition that parenting is hard work. It is both challenging and rewarding, and living with a mental illness can make looking after children even more demanding. The interplay between mental illness and an individual's capacity to parent, in the context of often adverse environmental and social factors, can be extremely stressful. Parents who are fearful of being judged to be 'bad' parents will understandably avoid contact with support services for themselves and/or their children. Many of the parents initially consulted were attending services but spoke about feeling like 'aliens' at what they termed 'normal mothers' playgroups. Many expressed frustration at not feeling comfortable talking about their children with their mental health worker. Many said that their family support worker wouldn't understand their symptoms. All said they would like a place – a safe space – where they could talk without fear of judgement.

The challenge which emerged was to develop a group program which provided an environment to meet the expressed needs of this group, within the framework of an interagency approach. The information from these consumer consultations was used to develop a model of support for parents and training for workers about the knowledge and skills needed for working with this group.

There are now two support groups in the Outer Eastern Region of Melbourne. They meet weekly during the school term for two hours and include lunch for the parents and their children. The commitment by MHAMHS to continue supporting these groups and the strength of the partnerships involved indicates that they will continue to grow and develop. There is also an indication that other organisations in the area are interested in either setting up similar groups or adapting their current programs to cater more for parents with mental illness and young children. For example, Lifeworks (a Psychiatric Disability Support Service in Ringwood) is developing ways its program can incorporate more family activities and possibly provide childcare.

The current groups are situated in suburban parts of the Region – Croydon and Upper Ferntree Gully. In an attempt to address the needs of rural parents, a third group program, "Time Out For Parents", was initiated in Healesville, based at the Healesville Living and Learning Centre, in consultation with Rivendell Community Support (a PDSS). Whilst local service providers were enthusiastic, attendance was small and spasmodic (two or three participants) possibly due lack of public transport; the greater stigma of being identified as having a mental illness in a rural area; or the approach to

publicising the group. The support needs of these parents may already have been met. In further canvassing the views of local workers and consumers, a decision was made to develop a Rural Interest Group to investigate issues for parents living in rural and isolated areas. One particular consumer is interested in developing this initiative.

Over the time of the project 52 referrals and enquiries have been made to the support groups. Thirty-two parents have participated in groups over an eight month period, with 11 children under five using the child care facilities. The referrals were from:

Mental Health (M.H.)	**17**
Family Support (Fam.Supp.)	**11**
Self	**7**
Housing Services	**5**
Community Health (C.Health)	**4**
PDSS	**3**
Starting Out (St.Out)	**2**
Maternal & Child Health (M.Ch.Hth)	**1**
Protective Services (P. Serv.)	**2**

(see pie chart below)

2:2 Design and structure

Introduction

The service mapping component of the project identified those community organisations with an interest in having some direct involvement in the group program. The consumer and service provider consultation also indicated that a successful program would be:

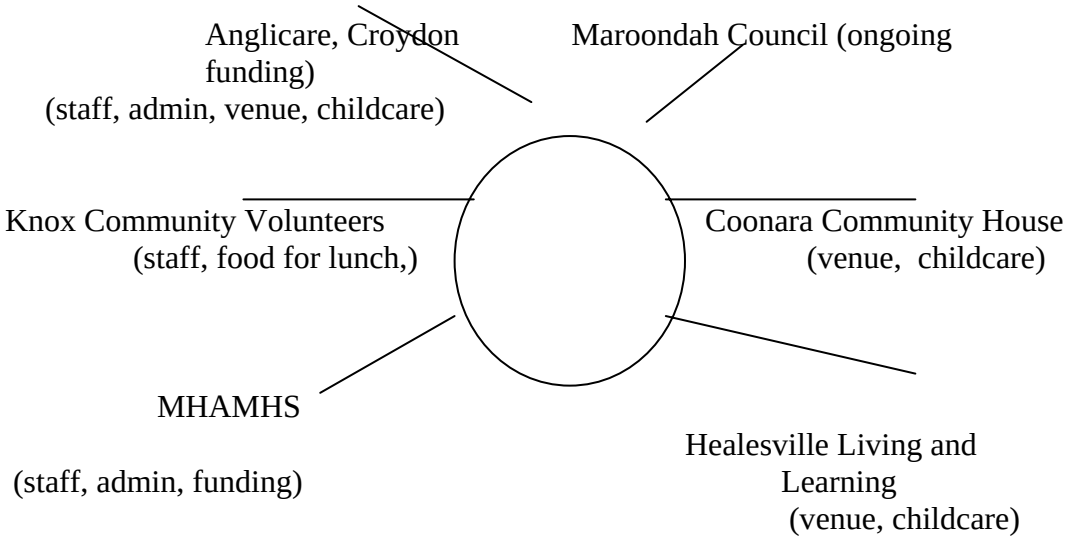
- A support group for parents as opposed to a parenting group
- Easily accessible by public transport
- In a venue which was 'homely' and non-stigmatising, i.e. not associated with mental health services
- Able to provide quality, affordable child-care
- 'Consumer-driven', that is, its content determind by group participants
- Facilitated by workers with knowledge of both mental illness and parenting/family issues

- Sensitive to gender-specific issues

In designing the group program, these factors were carefully considered, in consultation with the agencies and workers directly involved.

Structure of program

A number of community organisations as well as MHAMHS collaborated to implement the groups.



Aim and objectives

♦ **Aim:** To provide a support and educative group program for parents who have a mental or emotional illness

♦ **Objectives:**

- ➢ To improve the parenting skills and confidence of parents who have a mental illness
- ➢ To provide an opportunity for parents to discuss their mental illness concerns in a forum which is respectful and non-judgemental
- ➢ To provide information on relevant community resources and how to access them
- ➢ To provide an opportunity for participants to develop friendships and social support networks

- To provide an environment which promotes improved self-esteem
- To provide information to parents seeking support for their children, who may be experiencing specific difficulties, and to assist with identifying those children who may be most vulnerable

'Some of the issues are about how to cope with children when not feeling mentally or emotionally well. It's not just a matter of being worried, angry or irritated, but exhausted day after day, explosions of anger, heightened anxiety, guilt, depression, extreme mood swings, panic attacks, etc.'

Group format

The frequency and duration of the groups was decided upon after discussions with consumers and group facilitators and staff from the venues involved. Each group lasts two hours followed by half an hour for lunch, with any children in the childcare facility joining their parents. An example of the timetable is:

9.30 am - 10.25am	"Catch Up" discussion
10.25am - 10.30am	Break and morning tea
10.30am - 11.30am	Topic for discussion (as planned)
11.30am - 12.00noon	Lunch

Participants are encouraged to assist with the setting up of the room, lunch and cleaning up at the end. Group faciltators also need time at the end of each group for debriefing and planning.

Selection criteria

- Preference is given to parents who are diagnosed with a serious mental illness and who are isolated and less able to access generalist services which support their role as parents. However parents diagnosed with other mental or emotional illness are not however excluded. All referrals are assessed individually.
- Fathers who are referred are not automatically accepted into the group; gender specific issues for women (sexual abuse, domestic violence) may necessitate the groups being for women only. Fathers may also have specific needs around the grief and loss of occasional care which need to be addressed in a specific way.
- Preference is given to those parenting their children full-time and alone, but non-residential parents or those who may have recently or temporarily lost custody are also accepted into the group.
- Ideally group participants have an identified case manager or key worker other than a group facilitator.

Referrals

The groups are publicised by a flyer which is sent to relevant services *(see Appendix 4).* Referrals can be made by workers, consumers or carers/relatives *(see Appendix 5).* All information gathered on referral is confidential and can only be communicated to others with the consent of the participant. Assessment for appropriateness is made in consultation with the case manager/key worker and the parent. Referrals are taken at any time and discussed anonymously with the group members before acceptance into the group, usually at the beginning of each term.

In cases where the referral is not accepted, other more appropriate supports or resources are suggested. Where parents have been directed to attend the group as part of Protective Services involvement, the group has provided an opportunity for parents to both discuss their concerns, and potentially decrease the length or need for statutory intervention.

After referral the project worker arranges a home visit to discuss the content and process of the group and childcare or transport arrangements. This is also an opportunity to discuss the evaluation of the program and to complete the individual pre-program questionnaires.

Attendance

Initially each group had a maximum of nine participants and a minimum of five. As expected with this vulnerable group, attendance has been spasmodic, fluctuating between four and nine. Attendance was primarily affected by the wellness of the parent, with many needing to be hospitalised at some stage of the groups duration. Other reasons for non-attendance included:

- feeling a specific need (e.g. for legal advice regarding custody) was not being met
- regaining custody after an intervention order by Protective Services
- moving out of the area to another location
- not identifying as someone who has a 'serious enough' mental illness

Attendance at the two current groups, however, now remains stable with six to seven attending regularly. Most participants seem well motivated to attend and they tell the facilitators if they cannot come.

Venue

A venue for the groups was sought that would be

- accessible by public transport
- non-threatening for participants
- ideally have childcare available on the premises or very close by
- provide a comfortable environment
- potentially be a point of information about or referral to other support services.

After negotiation with service providers, three suitable venues were located: in Healesville, the **Living and Learning Centre;** in the Croydon area, **Anglicare;** and in Upper Ferntree Gully, **Coonara Community House.** These venues are highly

appropriate and acceptable to group participants, in that they do not have any connection with mental health services and have assisted some participants in accessing other community services.

Childcare

Childcare is offered to group particpants at no charge which they say has been extremely valuable. All three venues have childcare available on the premises staffed by a trained childcare worker. In two places this is charged to the project at a subsidised rate.. The third venue – Anglicare - utilises two of their trained volunteer childcare workers. The childcare worker has been able to provide information about a childs' development where the parent expressed concerns or give guidance about suitable play activities. This has been particularly useful when play has been discussed in the group. It has also increased the confidence of parents to use other childcare arrangements.

Transport

Group participants have been encouraged to be as independent as possible in travelling to the group. In a few instances, particularly in the rural part of the region, transport assistance was provided. The vast majority of parents use public transport or their own vehicles (some driven by friends or partners) to access the group. When attending for the first time it is suggested that the participant be accompanied by the case manager/key worker, as many parents had expressed anxiety about trying something new and encounting strangers. However, isolation remains a concern for those parents living in the more remote parts of the region, and a more comprehensive transport system may need to be in place for those parents to receive adequate support.

Confidentiality

In the consumer consultation, many parents expressed concern about confidentiality. This issue was seen as particularly sensitive because many parents had involvement from Protective Services and felt at times being unjustly under scrutiny. Thus it was important to be clear about the meaning of confidentiality for this group. Part of the agreement for each group includes the following principles/guidelines:

- Information about group participants is confidential and can only be given to another person with the consent of the individual concerned.
- If information is sought by a protective worker, no information will be given other than about attendance without the expressed consent of the individual unless there are protective concerns.
- If the matter is ‘notifiable’ (i.e. concerns about serious physical or sexual abuse), the group facilitator will still endeavour to talk to the parent but indicate the need for more direct action, which may neccessitate talking directly to Protective Services. If this occurred, the group facilitator will inform the parent at the appropriate time of this action.

- Where concern is raised regarding the personal safety of a parent or child, the group facilitator will in the first instance talk to the individual about her seeking appropriate support. This could involve seeking consent to talk to her/his case manager.

2:3 Staffing

The support groups have been a collaborative venture between adult mental health services and community support agencies, which provided the following:

MHAMHS	2 community psychiatric nurses *(4-5 hr/wk each)*
	Administrative support as required
	1 Project worker *(full-time)*
Anglicare	1 family support worker *(4-5 hr/wk each)*
	1 team leader *(up to 1 hr/wk)*
	1 volunteer childcare worker *(2-3 hr/wk)*
Knox Community Volunteers	1 family support worker *(4-5 hr/wk)*
Coonara Community House	1 childcare worker *(2-3hr/wk)*

The skills and knowledge of the group facilitators provide great opportunities for a range of topics and discussions to take place. The skills that group leaders identify as important in the two facilitators include:

- A sense of humour
- Knowledge of mental illness, including medication, side effects, symptomatology and associated stigma
- A basic understanding of child development from birth to eighteen years
- A view of parenting which is respectful, non-judgemental and realsitic
- An understanding of local community resources and how to access them
- An understanding of the processes of groupwork
- Flexibility and being able to 'run with the moment' when important issues are raised which divert from the planned topic

The group facilitators for this project are all parents themselves,which may not be essential but was seen as extremely helpful by the group participants.

Time spent debriefing after each session was also important for staff. This was usually done when the session was being written up *(see Appendix 6)*. Matters of concern for individual participants were raised here and an approriate course of action initiated.

2.4 Content

'We have also been inspired with self-help and self nurturing sessions. All this helps knowing that people give a damn helping us so we can help our kids and look after them."

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Consultation with consumers interviewed for this project indicated a need for an integrated approach, incorporating both an educative and a therapeutic model. It was also imperative that the groups be 'consumer-driven', that is, the progam was discussed with the group participants at the first meeting to plan topics for the term ahead. **It should be noted however that participants highly valued the part of the group where they talked about their week. This segment often took more than the allocated 55 minutes.**

Topics and sessions have included the following: *(See **Part 5 Resources and Further Reading** for references.):*

- **Self nurturing** relaxation and making relaxation tapes
  meditation
  aromatherapy (demonstration and facilitation by a guest aromatherapist)
  body image (facilitated by a Body Shop educator)
  diet and nutrition
  general health and wellbeing (e.g. blood pressure)
  dealing with different feelings
  cooking cheap, healthy meals
- **Self esteem** exercises and work sheets from resource books
- **Support systems** personal and from community services
- **Medication** impact on: daily living, energy levels, weight,
- **Assertiveness** Bill of Rights, dealing with organisations such as Protective Services, family conflict, adolescents
- **Legal issues** importance of accessing legal aid/Mental Health Legal Service
- **Discipline** setting limits, dealing with tantrums, not 'over-reacting' when stressed
- **Child development** discussions on various stages of development using charts and discussion
- **Play** ideas for play and activities with children, including school holiday activities
- **Impact of mental illness on children** viewing of video "Hard Words" to facilitate discussion on how to talk to children about mental illness
- **Parenting issues** included toilet training and bed wetting, school refusal, adolescence and puberty, nightmares
- **Dreams** why we dream, content of dreams, violence in dreams
- **Craft activities**
- **Social outings** opportunity shops, tea rooms
- **Accessing community resources** e.g. visit to 'Parentzone', the Regional Parenting Centre

Resources were books, pamphlets (including Parenting Tip Sheets and leaflets on medication), videos, cassette tapes, child development charts, reverse garbage, and the collective wisdom of all group members.

2.5 Evaluation

It should be noted that often due to stigma and misunderstandings about mental illness, these parents are viewed by agencies as requiring 'parenting skills'. The experiences of the "Getting There" groups was that overwhelmingly parents need validation and support and will seek information and strategies in such a context.

'I often would think they (other mothers) know I have a mental illness and run a mile when they'd see me. At the group I know we're all in the same boat and I don't feel like a bloody alien'.

Individual evaluation

Women who are parents with a mental illness are, for good reason, extremely wary of scrutiny by mental health and other service providers. The Advisory Group gave much thought to the design and implementation of the evaluation questions to ensure their delivery and content was appropriate. Consumers were reassured that the information they gave was not identifying but coded by number. The project worker conducted pre-program interviews, after at least one home visit, to explain the project and group program. This process was repeated after one term.

The evaluation focussed on four areas: aspects of being a parent, mental health status, satisfaction with services, and self-esteem *(see Appendix 7*). Much of the evaluation was based on qualitative information from the pre- and post- interviews because this methodology is both respectful and provides rich information. In addition to the qualitative information, participants rated themselves on scales relating to the four areas outlined above (see table 1).

Prior to attending the groups, women stated that they hoped that the program would provide an opportunity for open, relevant and supportive discussion of parenting and children's issues with other mothers who also have a mental illness. All participants enthusiastically reported that this goal had been realised. After one term, the qualitative information from group participants indicated that they place a very high value on meeting and getting to know other mothers with similar experiences of parenting in the context of a mental illness. The women stated that of most value is the feeling they are not being judged as 'good' or 'bad' mothers but sharing strategies and resources on a variety of issues and starting to view themselves in a more positive light as a parent.

Endorsement of the program by participants spanned all four specific areas of evaluation. In terms of 'aspects of being a parent', the women stated that they felt more confident and had a strong sense of support through talking with other parents. They believed that their mental health had been assisted by the opportunity to have their needs as parents

recognised and respectfully addressed. They reported feeling more supported, understood and validated as a mother with a mental illness both by the other women and the group leaders. Participants also reported an improvement in their self esteem. In short they reported that attending the groups improved both their parenting and their emotional mental wellbeing, indicating that the first aim of the project is being achieved by the groups.

Individual participant quantitative results echo these themes: there is a *highly significant improvement* over time on all evaluation questions (except participants' feelings of depression). The quantitative results for the 12 participants who have completed pre and post group evaluations so far are outlined in Table 1, which indicates the particpants' self reported improvement in various areas of parenting, mental health and self esteem over the course of the groups. All scales ranged from 1-10, except for question 14, which is a standardised questionnaire -the Rosenberg Self Esteem Inventory which ranged from 1-30.

Table 1: Womens' ratings of aspects of being a parent, mental health, satisfaction with services, and self esteem

Variable	Time 1	Time 2	t	df	sig
How confident are you as a parent?	3.83 (2.0)	5.00 (1.8)	3.92	11	.002**
How much opportunity do you get to talk about parenting with parents with a mental illness	2.58 (2.4)	6.33 (1.5)	7.59	11	.000**
Opportunity to talk about mental. health with other parents	0.42 (.7)	6.08 (1.0)	16.0	11	.000**
Rating of general mental health	4.42 (2.0)	5.08 (1.9)	2.35	11	.039*
Rating of depression	5.25 (2.5)	5.08 (2.3)	-0.46	11	.658
Rating of anxiety	5.33 (1.6)	4.58 (1.5)	-2.69	11	.021*
Rating of confused thinking	5.83 (2.6)	4.83 (2.4)	-2.87	11	.015*
Ease to talk with workers about parenting?	5.17 (3.2)	7.33 (2.0)	3.12	11	.010**
How recognised do you feel as parent?	4.33 (3.2)	6.08 (2.3)	4.26	11	.001**
How understood do you feel as parent?	2.83 (3.1)	5.00 (2.4)	4.42	11	.001**
Ease to talk with workers about mental health	4.50 (3.0)	6.67 (2.0)	3.95	11	.002**
Support as a parent with mental illness	2.58 (2.1)	5.67 (1.8)	7.75	11	.000**
Rating of self esteem	19.67 (5.3	23.92 (3.4	5.08	11	.000**

significant to 0.05 ** Significant to at least 0.01

The first three questions and questions 8, 9, 10 and 11 pertained to womens' confidence as a parent, sense of being understood and validated as a parent and opportunity to discuss parenting and mental health issues. These were significant themes which were raised by parents in the initial consultation phase. These extremely important aspects of the womens' self and access to support, all improved dramatically over the duration of the group. The womens' self esteem as a parent (the last question in the table, 13) improved immensely over the groups' running. The other area measured by the questionnaire was participants mental health (questions 4, 5, 6, and 7) which they stated

had also improved significantly (except for depression, q. 5) across the running of the groups.

"I have found the group helpful and supportive in that it is a non-threatening environment, there are no expectations and it's O.K. to say things which are different than what society would prefer to hear."

Group evaluation

Participants are asked to provide feedback about the group both verbally and in written form at the end of each term *(see Appendix 8).* This information helps to identify what is most useful in the groups and assists with planning and resourcing. These evaluations are conducted by the group facilitators at the end of each term. Participants who are absent on that day are sent the forms with reply paid envelopes.

Overall participants indicated a high degree of satisfaction with the groups, particularly in the opportunities they have to make friends, gain support and information as parents and to be accepted. All respondents indicate they feel completely accepted by the group. The topic they want to discuss more is parenting generally.

"A very connecting experience. Please continue the group."

"Being able to talk to others in the same situation…"

"Being able to talk to the group about my emotions and other stuff that is going on in my life…"

"Being able to express and hear feelings on drug side effects"…..…

"I am not alone!"

Part 3: Professional Development for Workers

Introduction

One of the project's aims was to run training programs for mental health and family support workers. Therefore a short training package was developed and implemented which a range of workers attended *(see Appendix 9).* The primary purpose of the training was to outline the range of issues confronting parents who have a mental illness and their families and to promote discussions on how best to support them through working collaboratively. The training also encouraged workers to conduct groups for parents as a way of effectively providing this support.

The purpose of presenting the following information is to provide a record of the Professsional Development program and some of the content therein, so that other regions are encouraged to develop and implement their own training programs in this area of work.

A total of ninety-seven workers from the fields of adult mental health, family support, maternal and child health, PDSS, supported accommodation services, protective services, adoption and permanent care services and local council have attended the "Working with Families in which a Parent has Mental Illness" Professional Development series.

3.1 Design

Consumer co-facilitated training

In accordance with the project's philosophy, the training was planned and implemented by two consumers who are parents and the project worker. The direct involvement of these two women was invaluable, as each provided a different perspective to the sessions. One is a single parent in her late thirties with three children, living in a rural part of the region and a client of MHAMHS; the other is a young mother who lives with the father of her infant daughter in an urban part of the region. These two women have had very different experiences, and therefore views, of the public mental health system. These different perspectives led to much lively debate in the training sessions.

Both consumer trainers were involved in the planning and design of the program with the project worker. If one was unable to participate for some reason, the other was available and there were occasions when the two consumers jointly facilitated the sessions with minimal input from the project worker, particularly as the training sessions progressed. Both consumer trainers reported feeling very positive about their input and the enthusiastic feedback which they received. Both are keen to continue their involvement in this area of work.

In keeping with the principle of paying consumers to participate in service delivery, the consumer trainers were paid $20.00 per hour for their consultations and direct training time. They were also reimbursed for travel and childcare costs.

Structure

In response to requests by many health professionals the program was repeated across a period of nine weeks, with workers able to choose **one half-day** (two and a half hours) according to their availability. Two 'blocks' were offered: one to staff from adult mental health and PDSS, the other to generalist community services. Sessions could therefore be tailored to meet identified knowledge and skills gaps in these two sets of workers.

To maximise opportunities for staff to attend, the project worker to liaised closely with managers from the various teams within adult mental health services.

3:2 Content

Whilst there was a structured program (see sample program) for these sessions, it was important to allow generous time for discussion as issues arose and for case discussion and problem solving. In many instances, participants wanted to focus much of their time on hearing the consumers' perspective and asking questions.

Working with Families where a parent has a mental illness
SAMPLE PROGRAM

9.30 – 9.45	Name tags and morning tea
9.45 – 10.00	Introductions and expectations Outline of the morning
10.00 – 10.15	A Parents' Perspective
10.15 – 10.30	What are the issues for parents, children and family members and workers?
10.30 – 11.15	Support – what do parents want? Setting goals
	5 minute break and stretch
11.20 – 11.50	Working together: case discussion
11.50 – 12.00	Questions Resources available Evaluation

3.2.1 A Parents' Perspective

This part of the session gave a clear framework for ensuing discussion. Importantly, it gave participants an opportunity to listen to the experiences and feelings of a consumer

and her family without having to make difficult 'clinical' decisions. Following presentation, participants were invited to ask questions of the consumer. Themes arising from the discussion included:

- the importance of including consumers in treament plannning
- admission to a mother/baby unit
- admissions to psychiatric inpatient units
- involvement with protective services
- daily issues – managing mental illness and parenting
- domestic violence/abuse issues
- conventional 'medical' models vs. alternative therapies to treat mental illness
- the importance of a collaborative approach from workers

3.2.2 Issues for parents

The following points were presented on overheads with further explanation on each one provided by the consumer and project worker. Of most benefit was how each was actually experienced by the consumer and how they might be addressed.

- poverty and lack of safe affordable housing
- lack of acknowledgment of parenting role
- stigma
- grief and loss
- loneliness
- fear their child will 'inherit' the illness
- fear of scrutiny of their parenting role
- managing (negative) symptoms
- medication and hospitalisation – importance of planning ahead

3.2.3 Issues for children

In discussing potential issues for children of parents who have a mental illness, care was taken not to make assumptions that all children have problems, nor to underestimate the potential impact on children of different ages. Much discussion centred around how best to talk with children about mental illness and what resources may be available in the community. The following points formed the basis for discussion of issues which may arise for children:

- not understanding mental illness or 'misinformation'
- isolation
- stigma
- separation from parent/s and family
- family conflict/separation/divorce
- role of caregiver and/or role confusion
- a distorted sense of reality

- hypervigilance
- guilt, shame, divided loyalty
- anger
- fear they may inherit the illness
- unpredictability
- 'overachievers' vs. Resilience

3.2.4 Issues for service providers

In addition to the points below which were presented on overhead, much of the discussion focussed on how service providers might work more collaboratively both with the parent concerned and other services.

- usually several agencies are involved with overall lack of coordination
- need for community workers to have more information about mental illness
- difficulty in accessing relevant supports and resources for vulnerable families
- lack of support in explaining mental illness to children
- family conflict
- family court/legal issues
- child's wishes vs. parent/family wishes

3:2:5 Support – what do parents want?

The consumer initiated this by asking participants to briefly:

- think about and write down what support means for them
- think about why it may be important
- write down their support system

Some of this information was shared and key points noted on the white board. The consumer then discussed her own support system; what works and what does not. Her key words to describe qualities in good support workers included:

  - not overeacting or being judgmental
  - being open minded
  - validating her role not only as Mum but also as a person who has all kinds of other relationships
  - trying not to assume things
  - not 'taking over' and undermining the parent
  - being in tune, listening and reading the signs.

There was also discussion about the current support groups for parents who have a mental illness and the benefit of creating opportunities for parents to get together.

3.2.6 Working Together - Case discussion

The primary purpose was to promote debate about the importance of working collaboratively with families in which a parent has a mental illness. The principle of collaborative work was consistently endorsed by the consumer trainers who had mixed experiences of the service system and how effective collaboration between the consumer and service providers provides the best possible outcome. Participants were asked to describe a current situation where a number of services were involved and discuss relevant issues arising from this. A case scenario *(see Appendix 10)* was also available for discussion where necessary.

3:3 Evaluation

'It was great to hear Dassi speak very openly about her experiences – always great to hear how we can better our services and do an effective job'.

The feedback from the training sessions indicated that the second aim of the project had also been achieved, namely that participants rated them as extremely helpful (a mean of 4.3 out of 5 for organisation, content and style of presentation). Overwhelmingly, participants most highly valued the input given by the consumer trainers. Their perspective added an invaluable authenticity and demonstrated that first hand reports are the best source of learning and understanding. People were keen to attend further training, particularly if co-facilitated by a consumer. Particular value was also placed on the availability of information about relevant resources, which was on hand at the sessions. Requests for further training and information have been noted and will be followed up, particularly with Protective Services (Eastern Region).

Part 4: Key Recommendations

The current support group for parents who have a mental illness should continue and expand into rural parts of the Region in collaboration with local consumers and service providers. Expressions of interest for development of a support network in rural areas were noted at the Professional Development sessions.

Peer support programs for children and young people who have a parent with a mental illness should be developed in the region as a collaborative venture between adult, child and adolescent mental health services and community support services. Preliminary discussions with relevant key stakeholders indicate a high degree of enthusiasm for this development of the project.

There should be ongoing training and consultation with service providers to facilitate 'best practice' for parents and their families Training should continue to employ a consumer participation model with significant input from consumer trainers both in the planning and implementation of sessions..

Part 5: Resources and Further reading

Note: Assistance with providing information to people from diverse language backgrounds can be obtained from the Victorian Interpreter Service (VITS), who can also provide a Victorian Interpreter Card. Tel VITS (03) 9280 1900 (24 hour service 7 days a week), or CHIS Public Health Interpreting in metropolitan areas, (03) 9370 122 (24 hour service 7 days a week).

Policy Documents

1. Victoria's Mental Health Services: Tailoring Services to Meet the Needs of Women, *Victorian Government Department of Human Services, April 1997*
2. Parental Mental Illness: Policy Advice and Practice –Guidelines for Protective Workers, *Victorian Government of Human Services, November 1996*
3. Victoria's Mental Health Services and Protective Services: Working Together – A Guide for Protective Services and Mental Health Services Staff, *Victorian Government Department of Human Services, February 1998*
4. Victoria's Mental Health Service: The Framework for Service Delivery, Better Outcomes Through Area Mental Health Services. *Victorian Government Department of Human Services, April 1996*

Project Reports

1. Building Partnerships: The Southern Partnership Project – Project Report and a Model for the Development of Interagency Partnerships, *Cowling, V. 1997 Available from Vicki Cowling, Wundeela Centre, Maroondah Hospital, Ringwood VIC. Tel. (03) 9870 9788*
2. Working Together Project: Families in which a Parent has a Mental Illness: Developing 'Best Practice' for Service Provision and Interagency Collaboration, *Pietsch, J. and Short, L. 1996. Available from Abercare Family Services Tel. (03) 9379 9099*
3. Keeping Kidz in Mind: Children who have a parent with a mental illness – Developing a Model for Best Practice within Adult Mental Health Services, *Curtis, R. and Fromhold, W. September 1997 Available from South West Area Mental Health Service Tel. (03) 9928 7444*
4. Peer Support for Children of Parents with Mental Illness: Program Design and Evaluation, *Cuff, R. and Pietsch, J. December 1997 Available from Abercare Family Services Tel. (03) 9379 9099*
5. Women's Mental Health Project, Inner and Eastern Health Care Network, *Mitchell, E. September 1998. Available from Anne Holland, Chandler House Community Mental Health Centre, Tel. (03) 9753 6655*

Resources for Support Groups for Parents

Note: Regional Parenting Resource Centres are an excellent place to get advice on the range of resources available for running Parenting groups or programs. Information on Child Development may be obtained from Maternal and Child Health Centres.

Bennett, D. Growing Pains *Doubleday Books, 1987*

Biddulph, S., The Secret of Happy Children *Bay Books Pty. Ltd. 1984*

Biddulph, S., More Secrets of Happy Children. *Angus and Robertson, 1995*

Biddulph, S., Raising Boys

Child and Youth Health South Australia. Practical Parenting 1 – 5 yrs. *Australian Council for Educational Research Ltd. 1996*

Child and Youth Health South Australia. Practical Parenting 6 – 12 yrs. *Australian Council for Educational Research Ltd. 1996*

Cooney, J. and Burton, K. Photo Language Australia. *Catholic Education Office Australia, 1986*

Dr. Duffield, N. Talking To Kids About Trouble. *Random House. 1996*

Dr. Duffield, N. Talking To Kids About Feelings. *Random House 1996*

Department of Human Services Positive Parenting *Primary Care Division, Victorian Government Department of Human Services, June 1995*

Faber, A. and Mazlish, E. How To Talk To kids So Kids will Listen *Avon Books 1982*

Dr. Green, C. Toddler Taming. *Doubleday. 1987*

Dr. Green, C. Toddler Taming Vol. 3 Solving Food and Sleep Problems. *Australian Video Publishers Pty. Ltd. 1995*

Hall, J. Confident Kids: Helping Your Child Cope With Fear *Lothian 1993*

Hall, J. How You Can Be Boss Of The Bladder. *Accelerated Success Centre 1997*

Hazelhurst, N. How to Raise Happy Kids *Seeandems Productions 1993*

Kaszanski, L. and Ferrari, G. Handle with Care:A Workbook about Mental Illnessa for 8 – 12 year Olds. *Association of Relatives and Friends of the Mentally Ill (A.R.A.F.E.M.I) W.A. Inc. 1997*

Paull, T. Parenting Skills Program, *Dandenong Valley Family Care, March 1993*

'Strength Cards'. *St. Luke's, Bendigo, VIC., 1992*

Szillon, T. and Dyson, S. Greater Expectations: A Source Book for Working With Girls And Young Women

Resources for Families

Note: Some of the resources already listed above may be helpful to loan to parents or have relevant pages photocopied from them.

National Mental Health Strategy. The Kit: A resource Kit for consumers of mental health services and family carers *Spice Consulting, June 1998.*

Williams, A.S. Jake's Dinosaurs *Helen Mayo House,Women and Children's Hospital, S.A. 1996* A picture book written for children aged three to six who have a mother with serious mental illness

Wilkinson, L., Robby Rose and Monkey *Helen Mayo House, 1996.* A picture book for children aged three to six which deals with a boy whose mother develops post-natal depression after the birth of her second child.

Liddicut, J., Is Dad Crazy? *Schizophrenia Fellowship (Vic), 1989* A text-based book suitable for older primary aged school children

Stevenson, C. and Ferrari, G. A Booklet for Young People About Mental Illness. *Association of Relatives and Friends of the Mentally Ill (A.R.A.F.M.I). W.A. Inc. 1995*

Part 6: Support Services – Local and Statewide

Support Services (Outer Eastern Region of Melbourne)

Further information about local support services which may be helpful for parents and families can be found in the Council Community Directories for Knox and the Shire of Yarra Ranges.

- **General**

ParentZone Regional Parenting Centre This is a free service for all parents and caregivers. It provides information and support regarding children of all ages. *16 Railway Place, Ringwood 3134 Tel. (03) 9876 8945*

Anglicare (formerly St. Johns' Careforce) A comprehensive service which provides family support, family and financial counselling, foster and respite care, specialist parenting groups. Tel. 9725 1622 (Croydon) and 9735 4188 (Lilydale)

Women's Health East Provides Health Information, Services and Support for Women, by Women. Includes Well Womens' Clinic and Mobile Outreach Service *28 Warrandyte Rd, Ringwood 3134 Tel. 9879 2199*

Starting Out A specialist service to meet the specific needs of young women who are pregnant or a parent of a young child. *5 Pitt St, Ringwood Tel. 9879 2173*

Yarra Ranges Community Christian Care Assists young people and families in accessing suitable accomodation and/or maintaining current accomodation. Also have an adolescent/parent mediation program. *329A Main St, Lilydale Tel. 9739 6400*

Strengthening Families Family support agency for families experiencing any welfare concerns, including parenting concerns, relationship problems, communication and managing difficult behaviours. *Elm House, 1A Elm St, Bayswater 3153 Tel. 9720 3488 fax 9720 0487 Lilydale office 53 Castella St, Lilydale Tel. 9730 5200 fax. 9735 5782*

Knox Community Volunteers Family support workers provide support and practical advice to families across a range of issues including parenting skills. *658 Mountain Highway, Bayswater 3153 Tel. 9729 9499*

Maroondah Social and Community Health Provides a range of services to families to address issues including mental health concerns, drug and alcohol, gambling. *75 Patterson St, Ringwood East 3134 Tel. 9879 3933*

Crest Provides housing support for people with a mental illness. Also provides an outreach service which offers support to people who may be experiencing difficulties and

who are not in Crest housing. *Ringwood office 28 Warrandyte Rd. Ringwood 3134 Tel. 9879 2557 Knox office Suite 4, 5 – 7 Chandler Rrd. Boronia Tel.9739 8266*

Yarra Valley Community Health Service Services provided include family and general health, Family Planning, social worker and counselling services, family violence program, carer support program. *377 Mountain Highway, Healesville. Tel. 5962 3681*

- **Mental Health**

Consumer Consultants Consumer consultants advocate on behalf of consumers across the Outer East. They encourage feedback from consumners in order to initiate change where it is needed. Consumer meetings are held regularly. *Corner Bona St and Patterson St, Ringwood East Tel. 9871 3988*

Support groups for parents who have a mental illness. Groups meet at Anglicare, Croydon (Tuesdays 9.30 – 12.30) *22 Croydon Rd. Croydon. Tel. 9725 1622* and Coonara Community House, (Thursdays 10.30 – 12.30) *20 Willow Rd.Upper Ferntree Gully Tel. 9758 7081 or the project worker Rose Cuff on 9871 3983*

The Carer's Project This project aims to provide support and assistance to people who care for someone who has a mental illness. In 1998 the project team developed a Rural carer's Kit which is available by contacting the project officer. The kit provides resource information and advice from other carer's in a video and booklet format. *Contact Cate Bourke, Cnr. Bona St and Patterson St, Ringwood East Tel 9871 3983*

Rivendell Community Support Day programs provide a range of activities, recreation and self-development for people with a psychiatric disability. Parents are welcome and childcare is available at a subsidised rate at the Living and Learning Centre next door. There is also an outreach post at Yarra Junction. *1 Badger Creek Rd, Healesville Tel. 5962 2388*

Lifeworks Psychosocial rehabilitation servicethat provides arange of services designerd to enhance quality of life and living skills of people with a psychiatric disability. Individual, group and community based activities. *15 Green wood Avenue, Ringwood 3134. Tel. 9879 4699*

Halcyon As Lifeworks - day programs and drop in for people with a psychiatric disability.*3 The Avenue, Ferntree Gully Tel. 9758 8508*

Statewide Support Services

- **General**

Parent HelpLine Advice and Support for Parents and Caregivers, 24hours a day, 7 days a week. *Tel. 13 22 89*

Kids HelpLine. Telephone Counselling Service 24 hours a day, 7 days a week. *Tel. 1800 551 800*

Lifeline 24 hour counselling service *Tel. 13 1114*

Crisis Line 24 hour service *Tel. 9329 0300*

- **Mental Health**

EPPIC (Early Psychosis Prevention and Intervention Centre) This service aims to address theneeds of young people aged 16 – 30 years who are experiencing or at risk of developing their first episode of psychosis. Secondary and tertiary services are offered statewide. *Parkville Centre, 35 Poplar Rd. Parkville 3052 Tel. (03) 9342 2800*

The Bouverie Centre, Victoria's Family Institute A State-wide specialist mental health agency which provides family therapy, consultation and specialist training for workers. *50, Flemington St, Flemington. Tel. (03) 9376 9844*

SFV (Formerly the Schizophrenia Fellowship) State-wide service which provides a range of services for people with a mental illness and their carers. Alos has a home based and outreach support service in the eastern metropolitan region which covers the areas of Knox and the Yarra Ranges. *223 McKean St, Fitzroy Tel. (03) 9482 4199*

SANE Australia SANE is an independent national organisation committed to improving the wellbeing of Ayustralians seriosly affected by mental illness. SANE conducts socila research and develops model programs and innovative print and multimedia resources. *PO Box 226, South Melbourne 3250 Tel. (03) 9682 5933*

Association of Relatives and Friends of the Mentally Ill (A.R.A.F.M.I.). Victoria Inc. Provides support and information to families and friends dealing with serious emotional or mental illness. Also facilitates an group for adults who grew up with a parent with a mental illness ('The Offspring Program') *615 Camberwell Rd, Camberwell. Tel. (03) 9889 3733*

P.A.N.D.A. (Post and Antenatal Depression Association) Offers telephone support and information to women affected by post natal and antenatal depression, quartely newsletter and monthly meetings in most areas. *19 Canterbury Rd. Camberwell 3124 Tel. (Admin). 9882 5396 (Support) 98825756*

Part 7: Bibliography

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Cogan, J. (1993). *Accessing the Community Support Service Needs which Women with psychiatric Disabilities May Have Regarding relationships.* Vermont: Trinity College, The Centre for Community Change through Housing and Support.

Cowling, V., (1996) *Report on Eight Focus Group Interviews with Parents.* Melbourne: Early Psychosis Research Centre.

Cowling, V., McGorry P., & Hay D., (1995). Children of parents with psychotic disorders. *The Medical Journal of Australia.* 163, 119-120

Department of Health & Community Services (1995). *Victoria's Child & Adolescent Mental Health Services: Future Directions for Service Delivery.* Melbourne: Dept of Health & Community Services.

Department of Human Services, (1997); *Victoria's Mental Health Services: Tailoring Services to Meet the Needs of Women.* Melbourne: Department of Human Services.

Human Rights and Equal Opportunity Commission, HREOC, (1993); *Human Rights and Mental Illness: Report of National Enquiry into the Rights of People with Mental Illness.* Canberra: The Australian Government Publishing Service, 493-506.

Luntz., J. (1993) *A Visit to the United States to Observe Programmes for Children whose Parents suffer from a Serious Psychiatric Illness.* South Eastern Child & Family Centre.

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Part 8: Appendices

- **Appendix 1** Flyer for consumer consultation
- **Appendix 2** Questions for consumers at the consultations
- **Appendix 3** Questions for workers who run support groups for parents
- **Appendix 4** Flyer for support group (Upper Ferntree Gully)
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- **Appendix 5** Referral form
- **Appendix 6** Guidelines for weekly write-up of support group
- **Appendix 7** Individual evaluation for support group participants
- **Appendix 8** Group evaluation for support group participants
- **Appendix 9** Flyer for Professional Development
- **Appendix 10** Case Scenario