

Royal Commission into Victoria's Mental Health System

A submission from

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The problem: mental illness runs in families

Extensive Australian and international research has shown that parental mental illness is associated with an increased risk of psychological and developmental problems in their children. Longitudinal studies have shown that the risk of developing mental disorders among these children ranges from 41% to 77%. The mechanisms underlying this association are complex and involves a number of mechanisms, including genetic mediation, lack of parental responsiveness, modelling of emotional dysregulation and other environmental factors often associated with mental illness such as marital conflict, poverty and poor living conditions.

Prevalence

A significant proportion of individuals who have a mental illness are also parents. We have found that between 21 and 23% of all Victorian families (approximately 266,397 children) have at least one parent who has (or had) a mental illness. In the financial year 2010-11, 11,789 Victorians (20% of service users) attending Adult Mental Health Services (AMHS) were parents with children. Moreover, Victorian adult mental health clinicians made 52,665 family contacts during the year with these individuals. The number of client-parents is relatively stable with 20.4% of adult service users in 2003-4 also being parents. Considering that the average Australian family has 1.83 children it is estimated that in 2010-11, 11,789 Victorian service users had 21,573 children. We believe these estimates would also translate into large numbers of Australian parents, children and families. This is a large number of children concomitant with adult mental health services and a large number of parents who are recovering from mental illnesses. A more recent study conducted by the research team found that up to 45% of all adult mental health client are parents.

Thus, families where parents have a mental illness constitute a significant public health issue.

Current Victorian responses

In 2014 the Victorian state government in Australia introduced the Mental Health Act (MHA, 2014). The MHA makes specific reference to the children of mental health clients. Principle (j) states that 'children, young persons and dependents of persons receiving mental health services should have their needs, wellbeing and safety recognised and protected'. The MHA also stipulates that children may be formally appointed as a nominated person and/or as their parent's carer. Our research has shown however that these sections of the Act were, by and large, not promoted in services, and did not result in substantive practice change.

The FaPMI (Families where A Parent has Mental Illness) program was launched as a Victorian service development strategy in 2007 by the Department of Health, Mental Health Branch. Though the program has undergone changes since then, the aim remains the same - to reduce the impact of

parental mental illness on all family members through timely, coordinated, preventative and supportive action within adult mental health services. An evaluation we conducted found that despite significant efforts to train the current mental health workforce, change was slow. We did find however that when aware of the needs of families, services did increase the number of referrals for children and parents, even if they did not themselves work with clients in a family orientated manner.

What more needs to be done:

There is much more that needs to be done to stop the transmission of mental illness from parent to child. Based on our extensive clinical and research experience over 20 years, the following recommendations are presented.

Professional practice

- Adult mental health workers need to identify and assess parenting status, pregnancy status and the family's current support system.
 - Identifying parenting status needs to become a compulsory part of the intake process.
 - Workers need to assess for family strengths and vulnerabilities, especially risks to children.
- Adult mental health workers need to work in a family recovery orientated manner. This means working with a client's children by identifying, acknowledging, supporting, educating, referring and intervening with clients' children as well as supporting the client's parenting role and responsibilities.

Workforce implications

- Data base systems for the identification of parents and children are made available and are a compulsory requirement for ongoing clinical work
- There are clear procedures for working with parents and children
- Training is provided to promote worker confidence, skills and knowledge for working with families where a parent has a mental illness
- There is the provision of time for training and supervision in family-oriented practices
- Parents and children are allocated to workers trained in family-oriented practices
- Psychoeducational and parenting resources are actively offered to parents and children
- Family-friendly facilities are made available in psychiatric and other mental health facilities

Systems requirements

- An integrated, systems-oriented policy for vulnerable families is established across services
- Provision of implementation guidelines to promote long-term, sustained change
- Benchmarking and audit systems of family orientated practices (including identification) are conducted across the adult mental health sector
- Policies and systems are developed for cross sector and agency collaboration and communication
- Further research is conducted into recovery-oriented interventions for parents with a mental illness including adaptations for different family types.