

## Issue Brief

# Meeting the Intergenerational Needs of Families Where a Parent Has a Mental Illness

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Parental mental illness can have significant psychological, social and economic impacts on families.<sup>1</sup> Because of the potential impact of a parent's mental illness on children, it can also have an 'intergenerational' impact.<sup>2-4</sup> For example, children may develop a heightened awareness of their parent's symptoms, become burdened with caring responsibilities and may even develop their own mental health conditions through a mix of genetic and environmental influences.<sup>5-9</sup> For this reason, it is important for services to address the intergenerational impacts of parental mental illness.<sup>10, 11</sup>

The needs of families where parents have a mental illness are diverse and may include a need for support with:

- ✦ parent-child relationships (e.g. attachment, attunement);
- ✦ family relationships (e.g. family conflict, communication);
- ✦ dealing with the stigma associated with mental illness (e.g. children being excluded or isolated because of parent's mental illness);
- ✦ managing the day-to-day practicalities of family life (e.g. getting children ready for school, household tasks);
- ✦ building networks of support; and
- ✦ respite or emergency child care (e.g. when a parent is seriously unwell).

Meeting the intergenerational needs of families where a parent has a mental illness is a complex undertaking.<sup>10</sup> This complexity arises not only from the challenges associated with parental mental illness and how it impacts upon families,<sup>2,3</sup> but also from the limitations of existing services and systems to adequately respond to their needs.<sup>10-14</sup>

## Family Inclusive Interventions

Family focused practice is one approach that can be used to meet the intergenerational needs of families where a parent has a mental illness. This practice views



the person with the mental illness in the context of their family relationships and also considers the needs of all family members.<sup>1</sup> Family focused practice can be understood as a continuum of varying intensity – from identification and assessment through to the provision of family focused interventions or therapy.<sup>1, 11, 15</sup>

Family focused practice is beneficial for the person with mental illness and their family members.<sup>16, 17</sup> It leads to improved outcomes for parents with mental illness, and the early detection of vulnerability among children affected by their parent's illness.<sup>7, 9, 18</sup> The benefits of family involvement in the treatment of mental illness and other complex problems are recognized across a broad range of fields including the health care, adult and child mental health and social services sectors.<sup>5, 12, 19</sup>

## Challenges of Family Inclusive Interventions

Despite the increasing body of research demonstrating the benefits of family-inclusive interventions, family focused approaches in adult mental health services have been slow to take hold. The reasons for this include:

- ✦ the focus in adult mental health settings on the individual client, rather than viewing the individual

in the context of their family relationships and the needs of family members<sup>11</sup>;

- ✦ the nature of administrative structures, funding requirements and organizational cultures, which mean that many organizations have a limited capacity to extend their practice to a family focused paradigm,<sup>20-22</sup> and
- ✦ practitioners' self-perception that they do not have the knowledge and skills to undertake family focused practice.<sup>23-25</sup>

Not surprisingly, training alone – without support for practice development and organizational change – is rarely successful at addressing these barriers.<sup>12</sup> Several key international workforce development initiatives are moving away from an ineffective 'train and hope' strategy to address workforce barriers and create lasting practice change.<sup>10</sup>

## Improving Services for Families

To address the needs of families where parents have a mental illness, we need tools that encourage family focused approaches, especially in adult mental health services where those approaches have been slow to take hold. The Families where a Parents has a Mental Illness (FaPMI) Standards of Practice and Audit Tool were developed to address this need. The FaPMI is a policy directive established by the Victorian State Government of Australia that aimed to improve service provision for families where a parent has a mental illness.

The FaPMI standards of practice incorporate several essential and recommended practices related to the identification, assessment, support and referral of families where a parent has a mental illness.<sup>11</sup> What is unique and innovative about these standards of practice is that they are specifically designed to inform how family focused practices could be used in existing treatment models used by adult mental health services. This enables practitioners and services to see how the evidence-based elements of family focused practice can be used within the current role of mental health practitioners and their service contexts.

The FaPMI audit tool is used to monitor and report on adult mental health clinicians' practice. It is designed to provide feedback to organizations, from case files, about the benefits of family focused practice, missed opportunities for family focused practice, highlights of 'best practice' and practice challenges. In addition to providing clinicians and services with feedback on their own practice, this method of monitoring and reporting on family focused practice in adult mental health settings

will advance our understanding of actual practice within adult mental health services rather than self-assessed practice, as is the case with many current standardized measures.<sup>26, 27</sup> While auditing of case files is common practice across health services, the nuances and impact of family focused practices within specific cases can be lost in these more generalist auditing approaches.

The FaPMI Standards of Practice and Audit Tool were developed as part of a policy directive established by The Victorian State Government of Australia to improve service provision opportunities for families where a parent has a mental illness ('FaPMI')<sup>28</sup> and a multi-disciplinary participatory research project.<sup>11</sup> Under this directive, senior clinical leaders within the adult mental health sector (FaPMI coordinators) are employed to facilitate system and organizational change within the sector to enable the adult mental health workforce and relevant service partners to be more responsive to the needs of clients who are parents and their dependent children. The FaPMI Audit tool is currently being tried out in Victoria and will provide an important support mechanism to both inform and respond to changes in the routine service delivery of family focused practice in adult mental health services.

## Future Steps

In Victoria, the FaPMI audit tool has had numerous benefits.

- ✦ First, it has provided an initial baseline snapshot of family focused practice.
- ✦ Second, it has created opportunities to influence adult mental health service development planning and enhance their focus on identification, assessment and support for families where a parent has a mental illness.
- ✦ Last, the Audit Tool has generated data that can be used to better align program priorities and monitor changes in family focused practice over time, such as monitoring mental health practice and illustrating improved identification of children of parent-consumers during intake procedures.
- ✦ Over time, the Audit Tool will continue to generate data that allows FaPMI and adult mental health services to monitor the impact of workforce development initiatives that encourage family focused practice. The FaPMI audit tool also has applicability across mental health service contexts, both within Australia and internationally. The tool can assist in showcasing the impact of workforce development initiatives to provide improved support and care to families where parents have mental illnesses.

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