Paper for VICSERV Conference 2002

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'THE SUPPORTING KIDS PROJECT' - AN INTERAGENCY COLLABORATIVE APPROACH

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ABSTRACT

In Australia there is an emerging awareness of the support needs of children whose parents have a mental illness. Mental Health services, community agencies and parents in the North East region of Victoria have made a commitment to work together to respond to these identified needs.

Interagency collaboration has been essential to the funding and development of a pilot project, designed to identify support needs in our region, and to develop a model of service delivery that is specific to our rural environment.

This paper describes the collaborative process that occurred during the development of the Supporting Kids Project. In an area in which interagency collaboration can be challenging, this has been an exciting and invigorating process, which offers us the opportunity to continue to develop a model of sustainable interagency collaboration.

RATIONALE

In Australia, it is estimated that up to 4.7 million Australians are affected by at least one mental disorder in a 12-month period (Department of Health and Aged Care, 1999). People with a mental illness are among the most vulnerable and disadvantaged in our community (Human Rights and Equal Opportunity Commission (1993) and evidence also suggests that these disorders are a major health issue in rural areas due to a lack of services (Mathews-Cowey, 2000).

Little data is available regarding the number of children whose parents have a mental illness. Australian studies indicate that between 29% and 35% of mental health service clients are female parents with dependant children under the age of 18 years. 70% of these children are living with the maternal parent (Cowling, 1999;Hearke et al, 1999; & Farrell et al, 1999, cited in Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA), 2001). Research also indicates that 13% of principal caregivers and 4% of secondary caregivers in the Western Australian Child health survey 2 (1993) had been treated for mental health problems (Farrel et al, 1999). It is estimated that at least 27 000 Australian children are affected by maternal psychotic illness alone (Cowling, 1999).

Research shows that mental health problems can affect parent and child interactions in a manner that negatively impacts on the attachment needs of the child. Parental mental health concerns place the children at a significantly greater risk of developing reduced social, psychological and physical health, than children in families not affected by mental illness (AICAFMHA, 2001,O'Donnovan, 1994, Cowling, 1999, McEnroe, 1998, Kowalenko, 1999, Cuff and Mildred, 1998).
However, while much of this research highlights the increased risks for these children it also suggests that timely interventions can prevent deleterious outcomes. The following factors are thought to be important in this regard:

- Increase children's knowledge and understanding of relevant aspects of mental illness in families;
- Assist children to identify and develop strategies and skills that will increase their resilience, social and emotional wellbeing;
- Improve service systems responses to families; and
- Increase social supports and resources.

(O'Donovan, 1994; Mc Enroe 1998; Pope 1998; Cowling 1999; Farrel et al 1999 and Kowalneko et al 1999, cited in AICAFMHA, 2001)

A recent scoping study undertaken by the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA, 2001) identified current national evidence based initiatives in relation to addressing the needs of children of parents with a mental illness, focusing on fostering resilience. Resilience is the ability for a person's successful adaptation in the face of significant stress and adversity (Luthar, Cicchetti, Becker, 2000). Resilience does not result from avoidance of risk; rather it stems from exposure to risk and successful negotiation with it through effective problem solving techniques (Rayner & Montague, 1999; Rutter, 1987; 1993). The report noted that this area of practice is relatively new within Australia and identified three themes in their recommendations. These included:

1) the establishment of new programs that have the primary goal of identifying and meeting the needs identified by the children and parents themselves
2) These programs should be undertaken with inter-sectoral collaboration
3) That a research focus should be incorporated within such programs.

This report was timely as its release coincided with the inception of *The Supporting Kids Pilot Project.*

BACKGROUND

The Supporting Kids Pilot Project is a collaboration of mental health services, community agencies and consumers who are parents, which is based in North East Victoria. The region covers the cities of Wangaratta and Wodonga and the Shires of Alpine, Delatite, Indigo and Towong. The region stretches from Mansfield and Benalla in the south and Corryong and the Upper Murray in the north. This includes the Alpine areas of Falls Creek and Mt. Buffalo and the wine-growing region of Rutherglen. The population of the region is approximately 115,000 (Department of Infrastructure, 2001). If we use the rough guide that 1:5 people are affected by a mental illness in their lifetime, approximately 23,000 people are likely to experience a mental illness in this region. Of course, for all those who have a mental illness, many more are affected by it as parents, children, friends and neighbours. In this paper we are primarily concerned with the children who have parents who have a mental illness. This concern resulted in the birth of *The Supporting Kids Projec*t.

The Supporting Kids Pilot Project, is a community initiative that was conceived at a 'grass roots level' by listening and responding to requests from parents who have a mental illness and being aware of their perceptions of the support needs of their children. In response to a request by a participant of Trinity Community Support Association, a Psychiatric Disability Support Service in Wangaratta, a community forum was held at Wangaratta, North East Victoria, in April 2001. The aim of this was to enable discussion and consideration by parents, spouses, professionals, service providers and guest speakers, of what the perceived needs of these children in the Eastern Hume Region might be; what resources existed; what service gaps were identified; and what if any programs were current and attempting to address these needs in our or other regions.

OUTCOMES

During the forum, a distinct service gap and deficit of resources available within this area of practice was recognised within the Eastern Hume Region. Until *The Supporting Kids Pilot Project* commenced, there were no specific services or programs for children of parents with a mental illness. Some services provided limited opportunities as part of more generic family or mental health services, but access to services specifically for these children, operated in consultation with the families affected, was not available in our region.

Some of the findings from the forum identified issues that would impact negatively on parents and children being able to access/use any potential service.

These included:

* Lack of funds for service provision
* Lack of service providers knowledge
* Too big/Too Hard
* Geographical area huge
* Politics of agencies re ownership
* Lack of transport
* Geographical Isolation
* Fragmentation of existing service
* Lack of services
* Financial Constraints
* Financial constraints of parents
* Fear of losing children if services approached

These issues were viewed in combination with the identified lack of funding and services available to support children whose parent/s have a mental illness, and the complex needs of children whose parents are affected by mental illness. It was recognised that interagency collaboration from both mental health and non-mental health services was essential to enable any program to be sustainable and successful in identifying and meeting the needs of this group of children. This is supported by current research, which has also recognised that effective interagency collaboration is not only desirable but essential in approaches to meeting the needs of children whose parents have a mental illness (AICAFMHA, 2001, Pieitsch & Long 1996). This required the establishment of a group of committed key stakeholders to be established.

THE INTERAGENCY PARTNERSHIP

Mental health services in the Eastern Hume region are provided by two Community Mental Health Services in Wodonga and Wangaratta; a Child and Adolescent mental health service; a number of Psychiatric Disability Support Services; an Acute Mental Health ward at the Wangaratta & District Base Hospital and a number of other

generic community based agencies who offer support and services to people affected by mental illness and/or to families generally. Many of these agencies were excited by the concept of working together to achieve a means of addressing this need area. A Steering Group was convened which represented many key stakeholders. These key stakeholders which include parents and service providers, both mental health services and non-mental health services, government and community based organisations, have worked together to ensure that this pilot program would proceed.

Issues that arose during the initial Steering Group Discussions

- Lack of funds
- Children did not have a mental illness so where should the service sit?
- How to identify potential participants. How big was the need? What were the numbers of potential participants?
- What were the needs of the children? Avoiding the trap of assuming that we already knew what they were
- Overcoming individual agencies protocol/procedure issues
- Workers/ agencies having the mandate to work in the area
- Lack of knowledge of non-mental health workers regarding mental health issues and the impact on the parent and children
- Workers finding the time for the service development/steering committee commitments
- Need for a dedicated worker for the project. What organisation within the partnership would employ, supervise, supply desk, phone, computer Workcover etc.
- Identifying the level of management support for the project and ongoing capacity for commitment
- Ability to engage all the agencies that we perceived as being key players in this area
- Concern about the potential to “open a can of worms”. The projected pilot could only offer a limited service. What if the need was greater than the projects ability to service? This included concern about the psychological vulnerability of the children and families
- Where are meetings held with about 1hr car travel required between the Major cities (cost & time)

The enthusiasm and commitment of the key agencies and their workers were the mainstays in the determination that the project should proceed. When it was identified that there was a distinct lack of any financial support currently available, each agency 'found' either cash or ‘in kind’ contribution to support their commitment and to develop what has become a model of sustainable interagency collaboration.

When individuals were grappling with the thoughts that the area was' too big or too hard', the group decided to: utilise the current strengths and commitment that each agency and their workers offered, face the challenges presented as they arose and identify strategies to overcome the myriad of potential issues that might have stopped the project before it even began. When the issue of where the project should 'sit' arose, the commitment to seeing a positive outcome overcame any politics and ownership issues. Consequently the pilot project was born. Funds were found, time was committed, a coordinator was appointed, processes developed and the pilot project became a reality!

In our attempt to pass on our thoughts and experiences on the 'How and Why' of the interagency collaborative process we have asked all agencies to respond to a survey. The responses are as varied as the organisations represented however, there were several strong themes in each section.

Why did you become involved in the Steering Committee of The Supporting Kids Group?

- The Project was 'sold' to me @ team meeting by project member, colleague or manager
- An awareness of young people affected by parents with a mental illness & a lack of services

What has kept you involved over the past 12 months?

- Interest from clients/identified need
- Personal Interest/ fits with organisation direction
- The cooperative and supportive approach
- Broken down the barriers between organisations
- Achieving outcomes and meeting goals

What positive aspects of the collaboration and project exist for you/your organisation?

- Workloads shared
- Networking and breaking down barriers between agencies
- Goals achieved and outcomes that are real for families
- Range of inputs, expertise, ideas and resources
- Great teamwork and collaboration

What are the key strengths of the collaborative and consultative approach?

- Sense of community and working towards a common goal
- Greater access to resources and professional expertise and utilising strengths of different agencies and developing stronger interagency relations
- Encourage and facilitate wider community involvement in the project
- Sharing of workload
- Made it happen -willingness to find solutions

Were there any negative aspects of the approached used?

- Some difficulty in engaging some key organisations
- Time and commitment in a consultative approach is at times high (but worth it!)
- Potential problems with different organisations and their procedures/approval processes

Is there anything that your would have like to have seen done differently?

- No!
- Broader community awareness/involvement and engage key players earlier

What advice would you offer to anyone else who is thinking of undertaking this kind of approach?

- Do it! Have a go!

- Broaden community awareness/involvement and focus on those with enthusiasm
- Bring in key players and persist regardless of obstacles

Do you have any other comments regarding the process used?

- Lets hope it keeps going
- This has been an outstanding example of agency cooperation in what is often a difficult area, with great enthusiasm for the project

THE RESEARCH PARTNERSHIP

As well as the development of the actual service development interagency collaboration, another level of partnership emerged throughout the development process. It was identified that there was a substantial lack of evidence-based research available in the area of supports for children who have a parent with mental illness, and that many organisations, lacked the knowledge, skills and resources that would enable them to contribute to the research evidence in this area of practice (AICAFMHA, 2001). It was consequently decided that a partnership with a tertiary educational institution was desirable to investigate the possibility of incorporating an evidence based research component into the pilot project. This again supported the theme of interagency collaboration (AICAFMHA, 2001) while also contributing to the possible development of research evidence in an area where it is currently a scarce commodity (AICAFMHA, 2001).

This partnership was commenced with La Trobe University, Albury Wodonga Campus, in 2001, resulting in a successful Industry Linkage grant submission. This has enabled the employment of a research assistant who is working in conjunction with the Steering Committee, the project coordinator, parents and children and the University to complete a formal needs assessment in the area of children who have a parent with a mental illness. This is an innovative and exciting partnership that again illustrates the potential benefits of working within a collaborative and consultative model of service delivery. Using this collaborative process, parents with a mental illness and their children, have been involved in exploring what their needs are and identifying strategies which could be used to meet them. This information will also result in a contribution to the evidence base knowledge of some of the needs of children of parents with a mental illness.

SHARING OUR LEARNING EXPERIENCES

All agency partners entered the collaboration with great enthusiasm and commitment to accomplishing the desired *outcomes.* However, we have also experienced a significantly steep learning curve throughout the process. Recognition and sharing of some of the factors that have required us to re-examine the processes we used, may be of assistance to other agencies and individuals contemplating a similar process or project. Many of our learnings were related to the fact that the collaborative partners were focused on achieving *outcomes* however, we believe we naively failed to pay sufficient attention to *processes*.

Our Learnings:

- Take the time to ensure that there is clarity of agency representation. This includes ensuring that each agency is clear in its role, commitment and

agency representation. It is important to ensure that the representation of each agency is balanced.

- Be clear regarding who has decision-making authority. Is a quorum required? Does the whole group need to be represented in order for significant decisions to be made? Do members involved in making significant decisions need to have attended the previous meetings containing background information. For example, at one stage due to variance of meeting attendance, we had two completely different groups making conflicting decisions. The need for clarity regarding communication processes is essential. How will people be kept informed? Who is responsible? What are the time lines? What happens when someone is unable to complete a process? Who needs to know about this?

- Ensure appropriate orientation, including full history of project, for new members. This is essential whether they are project workers researchers or new committee representatives. We continued to lobby for participation by all key player agencies well after the project commenced. This was a positive move and resulted in recruitment of agencies that were originally not represented. However, some of the agencies came on board up to 6 months after the project commenced. We underestimated the importance of orientating these new members sufficiently. We needed to ensure that they had access to ***all*** the information that had lead the original partners to make the decisions they had made. Lack of enough attention to this caused confusion at times and resulted in decisions having to be revisited.

- Be clear concerning the equity of task allocation and responsibilities. It is easy for tasks and responsibilities to be allocated in a manner that places a higher workload on some members more than others. This may result in some individuals struggling to balance the project work with their other work responsibilities. It may also contribute to some imbalance of the perceived importance of all members to the project and its development and the importance of 'ownership' of the project by all members.

- Taking time to clarify the roles and responsibilities of various partners e.g. Committee members and the development of an executive or working parties, roles and accountability of project staff, research partners, funding bodies and partnership agencies. If sufficient attention is not paid to this at the commencement of the project it can lead to confusion, poor communication and a reduction in efficient progress.

- Be clear concerning any potential conflict of interests or confusion regarding committee members /staff having dual roles within the project. Being set in a rural community, many members were placed in a situation of having dual roles eg project worker or research worker and particular agency's representative. Taking this into account upfront, including what action needs to be considered is more likely to reduce any accompanying concerns that this can produce.

- Manage the initial enthusiasm and commitment of members so that sufficient attention is paid to details and processes as well as the ‘Big Picture’ outcomes. Much of what we have learnt would have been avoidable if we had had the foresight to ensure such details as ‘Terms of Reference’ protocol etc

were formulated at the beginning of the project. However, Committee members were mostly direct service staff or first line managers, who tended to be primarily outcome focussed and to be relatively inexperienced in project management. We tended to *react* to these kinds of issues as they arose rather than having developed a structure initially, which would enable us to *respond* to them.

CONCLUSION

In conclusion, whilst *The Supporting Kids Pilot Project* is still in its infancy, it has achieved significant outcomes and has contributed positively to the development of services for supporting the children of parents who have a mental illness in our region.

Overall, the collaborative and consultative approach has been recognised by those involved as being an outstanding success. It has offered a means of achieving what is unlikely to have been achieved by any agency on its own. It has: achieved service development for the children; increased interagency cooperation and collaboration; increased awareness by the broader community of issues existing in this area; and through the links with La Trobe University, the development of research evidence has commenced. It has enabled the development of a sustainable, effective and collaborative service delivery model, which has been developed in response to consumer identified need. It has successfully recognised and valued the expertise, experiences and opinions of all of the people involved.

All these factors in combination have resulted in a region where mental health, education and family support agencies have developed more effective networking, and an increased respect and recognition of each other's ability to work in a cooperative and collaborative manner to achieve the common goal of improved service delivery.

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