Welcome to MHPN's webinar on supporting families dealing with parental mental illness.

We will begin at 7:15pm AEST.

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- **Interested in hearing more about the face to face MHPN network meetings in your area?**
- **Thinking about joining, or starting a special interest mental health network?**
- **Do you live in a remote or rural area and would like to discuss options for virtual networking with your mental health peers?**

Contact us after the webinar at **contactus@mhpn.org.au** or ring us on **1800 209 031** for more information on these and other MHPN networks.

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We are always looking at ways to improve our service to you.

If you have any suggestions about future webinar topics or ways we can improve our webinar format, please provide them in the exit survey at the webinar's completion

Welcome to MHPN's webinar on supporting families dealing with parental mental illness.

We will begin at 7:15pm AEST.

Tonight's panel discussion will be based on 'John's story' (part A). If you have not read it yet you can find the link in our emails to you regarding this webinar.

Part B of John's story will be available on the MHPN website from tomorrow under 'additional resources'.

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mhpn
Mental Health Professionals Network

Webinar

An interdisciplinary panel discussion

Working together, working better to support families dealing with parental mental illness

Wednesday 15th August 2012

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by

mhpn
Mental Health Professionals Network

Panel

- Mr John Clark (consumer)
- Dr Cate Howell (GP)
- Dr Nick Kowalenko (psychiatrist)
- Emeritus Professor Dorothy Scott (social worker)

Facilitator

- Dr Michael Murray (GP)

Learning Objectives

At the end of the session participants will be better equipped to:

- Recognise the key principles of intervention and the roles of different disciplines in assessing, treating, managing and supporting families dealing with parental mental illness

- Recognise the merits, challenges and opportunities in providing family based collaborative care and support to enhance resilience in children dealing with parental mental illness

Consumer perspective

Prevalence:

- **Various studies indicate that between 14-28% of children live with a parent with a mental illness – about one in five**
- **Outcomes for children vary according to factors related to a parent's mental illness as well as certain environmental protective and risk factors related to the family, social support and community (Reupert et al 2012)**

Mr John Clark

Consumer perspective

The consumer voice:

- **Including the consumer voice engenders a consumer lead recovery. It ensures that clinical professionals don't unintentionally render consumers passive and powerless**
- **Consumers need to share in decision making to give them agency (and make them become the expert on themselves)**
- **In many treatment teams clinicians do not communicate – the consumer is the common voice**
- **Consumers need to be heard and to tell their story to ameliorate isolation, distrust and restore dignity**

Mr John Clark

Consumer perspective

Impact on others:

- **Most people with a mental illness do not live in isolation and yet are usually treated in isolation (in a clinic, or office surrounded by walls of confidentiality)**

- **Less visible consumers (forgotten?) may include long suffering partners, parents and children caring for those experiencing treatment. Numerous studies indicate much higher prevalence of medication use and mental illness among carers**

Mr John Clark

GP perspective

- **GPs are often the first point of contact for patients concerned about their mental health, or their families/carers**
- **It is not unusual for a patient to say that they have looked at the *beyondblue* website and done a test prior to coming in**
- **At the outset it is important to make a connection with the patient. The patient can find it challenging to go and talk to a GP (John mentions his sense of shame a number of times)**
- **Putting John at ease, listening, paying attention, building a therapeutic relationship is fundamental**

Dr Cate Howell

GP perspective

Assessment:

- **Begins from the moment we meet John, and involves gathering the history, doing a MSE and risk assessment, examining him, and carrying out blood tests to exclude any physical problems which might present as anxiety or depression**

- **To properly assess John it will be necessary to ask key questions at the first consultation (e.g. to ensure his safety), and then to get him back as soon as possible for a longer consultation to complete the assessment**

Dr Cate Howell

GP perspective

Psycho-education:

- **Psycho-education can begin at the first consultation**
- **It is also important to convey a sense of the courage it took John to present, and a sense of hope or reassurance that help is available, and that he can feel better with help in time**
- **It is important that John have a list of agencies and people to contact if there is a crisis**
- **As time goes on, information on useful resources (books, websites) can be provided**

Dr Cate Howell

GP perspective

Bringing it all together:

- **GPs are in a good position to come to an understanding of the bio-psychosocial-spiritual contributors to the presentation**
- **Together with John, the GP can identify the key issues and prioritize them**
- **Goals and a plan of action can then be created**

Dr Cate Howell

GP perspective

Lifestyle Factors:

- **GPs are able to address lifestyle factors, including sleep, eating, exercise, stress management, work-life balance, and any drug and alcohol issues**
- **John had been feeling very stressed, and working very hard to avoid uncomfortable feelings**
- **He enjoys fishing and motorbike riding – encouragement of pleasant and meaningful activities can be very helpful**

Dr Cate Howell

GP perspective

Management:

- **Management will potentially involve psychosocial approaches and medication**
- **The GP can be involved in prescribing and monitoring of medication, and in providing support and counselling. John was prescribed an SSRI**
- **Note that a number of GPs are trained in focused psychological strategies and can provide additional assistance (e.g. problem-solving, CBT, relaxation techniques, IPT, ACT, narrative therapy)**

Dr Cate Howell

GP perspective

Management (continued):

- **The GP may refer to a Psychologist or MHP for further assessment and for psychological therapies. It is important for GPs to have a good knowledge of what different MHPs do and a list of MHPs/agencies to refer to**
- **With John's history of trauma and recent suicidality, I would be seeking the opinion of a Consultant Psychiatrist as well**
- **Central to John's recovery will be assisting him in understanding and managing the range of emotions he is experiencing, and to rebuild his sense of self and his strengths**

Dr Cate Howell

GP perspective

John and his family:

- **The GP may have met John before or his family**
- **It is important to offer to offer to meet with John and his wife, especially given the hostility in the relationship, or to suggest that she see a colleague within the practice**
- **The children have also been witnessing a lot of conflict and are distressed. Again, the GP can organize assistance for the children**
- **John had been distant from the children, and the GP may refer the family for therapy**
- **It would be important to explore the issues of domestic violence, to be clear about the risks, and to ensure safety of the family**

Dr Cate Howell

GP perspective

Follow-up and relapse prevention:

- **John received minimal input from the GP and little follow-up. This is of great concern to me**
- **John was at risk of increased suicidality when starting medication, and it is vital to monitor his response to the medication and to adjust dosage accordingly**
- **Also, many patients stop their medication too early, and follow-up can monitor this**
- **Ongoing support and follow-up is vital, and a relapse prevention plan should be developed (early signs, high risk situations, plan of action)**

Dr Cate Howell

Psychiatrist perspective

What Discipline?

- **General Psychiatry**
- **Child and Adolescent Psychiatry**

Dr Nick Kowalenko

General psychiatrist perspective

Context:

Support GP who has

- **Made diagnosis**
- **Initiated effective treatment**
- **Referred for management options?**
  - **Opinion and advice?**
  - **Advice only?**
- **Rural and remote GP Psychsupport**
- **Resources: www.copmi.net.au**

Dr Nick Kowalenko

General psychiatrist perspective

Assessment:

Includes

- **Risk issues (suicide) and risk to others**
- **Medication-**
  - **Paroxetine has helped**
  - **Side effects**
- **Concerns about wife/kids -GP**
- **Identifies his 9 year old**
- **Gain consent to involve wife**

Dr Nick Kowalenko

General psychiatrist perspective

Personhood (impressions):

John

- **is analytical & measured**
- **uses denial, is self reliant & methodical**
- **has a view about his manhood, his work role & pastoral roles**
- **likes a 'third space' (leisure)**
- **has experienced serial crises: found the crisis is an illness**
- **might struggle with accessing and sustaining helping relationships**
- **Spirituality and attitude to DSH**
- **Protective factors**
  - **family oriented**
  - **guilt**
- **Hope?**

Dr Nick Kowalenko

General psychiatrist perspective

Treatment:

Treatment Plan Aims:

- **Achieve full recovery**
- **Get yourself better**
- **Address relationship issues**
- **Identify intergenerational (FOO) issues**
- **Discussion with GP re S/W**
- **Coordinate if required**
- **Case conference**
- **Relapse prevention**

Dr Nick Kowalenko

Child psychiatrist perspective

Context of Referral:

Who? = 9 yr old boy because:

- **GP** - childhood depression/family stressors
- **S/W** - persistent marital conflict
- **Pastor** - crying at Sunday school/family stress
- **School** - crying and wishes he were dead

Dr Nick Kowalenko

Child psychiatrist perspective

Assessment:

- **Clarify risk and clinical issues**
  - Interview with Family
  - Interview Couple alone
  - Interview Child alone (confidentiality)
- **Corroborative information (with consent)**
  - School, church, GP, SW
- **Feedback of formulation to family**
  - Opinion and next steps

Dr Nick Kowalenko

Child psychiatrist perspective

Opinion: Treatment of family & child:

- **Treat dad's depression**
- **Mum is ……..?**
- **Individual child assessment findings**
- **Participate in formulation & feedback**
- **Work out next steps with mum, dad and 9 year old boy**

Dr Nick Kowalenko

Child psychiatrist perspective

Treatment Focus:

- **Family focus & kid's input**
- **Psycho-education for mum, dad, family**
- **Co-ordination with consent**
- **Empowering parents options re intervention**
- **Couple confidence & competence**

Dr Nick Kowalenko

Social worker perspective

From clinical practice in the 1970s

As a young mental health social worker, I co-developed a family focus in treating women with post-partum psychiatric disorders, and also pioneered group therapy for these women.

Emeritus Professor Dorothy Scott

Social worker perspective

To policy advocacy today…

"The Government should enhance its capacity to identify and respond to vulnerable children and young people by providing funding to support specialist adult services to develop family-sensitive practices, commencing with an audit of practices of adult specialist services that identify and respond to the needs of any children of parents being treated …"

Recommendation 15. Cummins,P.,Scott, D. & Scales, B. (2012) Report of the Protecting Victoria's Vulnerable Children Inquiry

Emeritus Professor Dorothy Scott

Social worker perspective

The setting shapes the social work response to parental mental illness:

- **private practice**
- **adult mental health services, and child and adolescent mental health services**
- **relationship counselling services**
- **employee assistance programs**
- **alcohol and other drug services**
- **family violence services**
- **child welfare services**

Emeritus Professor Dorothy Scott

Social worker perspective

Family Inclusive Practice Elements

- **No 'wrong door'** (contact with any service offers an open door to joined up support)
- **Look at the whole family** (services take into account family circumstances and adult services consider clients as parents**)**
- **Build on family strengths** (relationship and strength based engagement)
- **Provide support tailored to need** (not one size fits all)

Cabinet Office Social Exclusion Task Force (2008), 'Think Family: a literature review of whole family approaches', London.

Emeritus Professor Dorothy Scott

Social worker perspective

Key questions for social workers:

- **Who is "the client" and what is my duty of care to vulnerable family members?**
- **How are family relationships being affected by parental mental illness and vice versa?**
- **What are the stressors and the strengths in the family and social environment?**
- **How do I work with other service providers involved with the family?**

Emeritus Professor Dorothy Scott

Social worker perspective

Collaboration:

Family centred practice across professional and organisational borders requires us to overcome many challenges

- **inter-organisational**
- **intra-organisational**
- **inter-professional**
- **inter-personal**
- **intra-psychic**

Emeritus Professor Dorothy Scott

Social worker perspective

Useful resources:

- **Cabinet Office Social Exclusion Task Force (2008), 'Think Family: a literature review of whole family approaches', London.**
- **Cummins, P., Scott, D.& Scales, B. (2012) Protecting Victoria's Vulnerable Children Report.**
- **Scott, D, (1992) Reaching vulnerable populations: framework for primary service provision, American Journal of Orthopsychiatry, 62,332-341**

Emeritus Professor Dorothy Scott

Q & A session

For further information on supporting families dealing with parental mental illness, please go to the *Children of Parents with a Mental Illness* website: http://www.copmi.net.au

Thank you for your participation

- Please ensure you complete the exit survey before you log out (if it does not appear automatically, click the exit button on the webinar screen)
- To continue the interdisciplinary discussion please go to the online forum on *MHPN Online*
- Each participant will be sent a link to online resources associated with this webinar within 48 hours
- Part B of John's story will be available on the MHPN website from tomorrow under 'additional resources'
- The next MHPN webinar will be '*Working together, working better to support a young person who is experiencing cyber-bullying*' at 6.45pm on Wednesday 12 September 2012