

Integrated responses for families with mental health and/or substance abuse issues



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Department of Human Services

A Victorian Government initiative



Outline of presentation

- Some of the facts that underscore the need for integrated service responses across a range of services
- Some current examples of where we are heading towards more integrated responses
- Flagging future directions, plans and ideas

The facts

- Mental health problems are the major cause of disability (70%) in children and young people.
- 14% of 4-17 year olds have a mental health problem...and 27% of 18-24 year olds.
- 75% of all serious mental health and substance use disorders start before the age of 25
- Suicide accounts for almost one in five deaths in young people between the ages of 15-24
- Mental health problems cost Victoria about \$5.4b a year, of which \$2.7b relates to lost productivity and workforce participation.
- Of the 3% of the Victorian population who have severe mental illness, less than half of this group accesses public mental health services.
- Registered clients in CAMHS account for approximately 1% of the 0-18 pop.
- At least 30% of public mental health clients also experience harmful drug and alcohol use – many of these are young people...in many services, practitioners suggest dual diagnosis rates are closer to 70%

- Mental health and AoD problems – along with family violence – are the common threads linking almost every child and family involved with statutory services...and vulnerable families in general

Children of parents with a mental illness

- ~ 22% of children living in Australia have a parent with a mental illness
- In Victoria approx ~ 35,000 children live in households where a parent has a **severe mental illness** (18,500 families)
- 25-50% of these children will experience some psychological disorder as they grow up
- Risk is greatest in single parent families
- These children and families often become involved with other services

Alcohol and other drug use

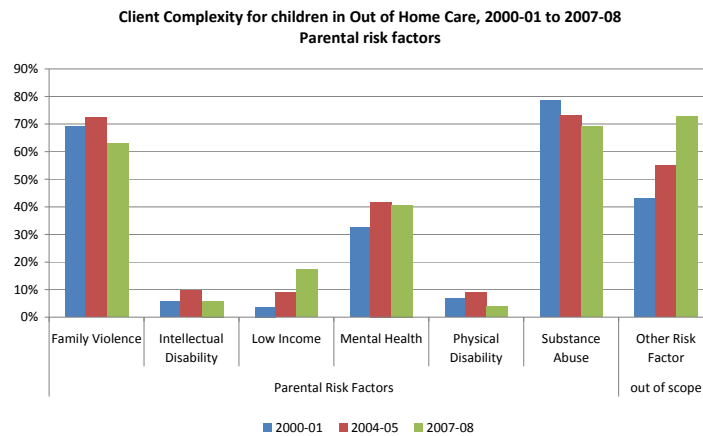
- Among Australian children it is estimated:
 - 13% of children under 13 years are regularly exposed to a binge drinker
 - 2.3% live with a daily cannabis user
 - 0.8% live with a monthly amphetamine user
- 26,500 people accessed AoD services in 2008/9 – 49,000 courses of treatment
- 12% of clients live with dependent children...but more than 50% of clients do not report living arrangements

Children in out of home care

- 65% of children in residential care at “abnormal risk” of mental health disorder
- 46% of children in foster care at “abnormal risk” of mental health disorder
- 59% exhibit levels of disturbance higher than that of mental health outpatient clients

Source: Audit of clients of residential care, 10 April 2006; Audit of clients in home based care, November 2005; both internal DHS research; AIHW, Child Protection Australia, 2006/07

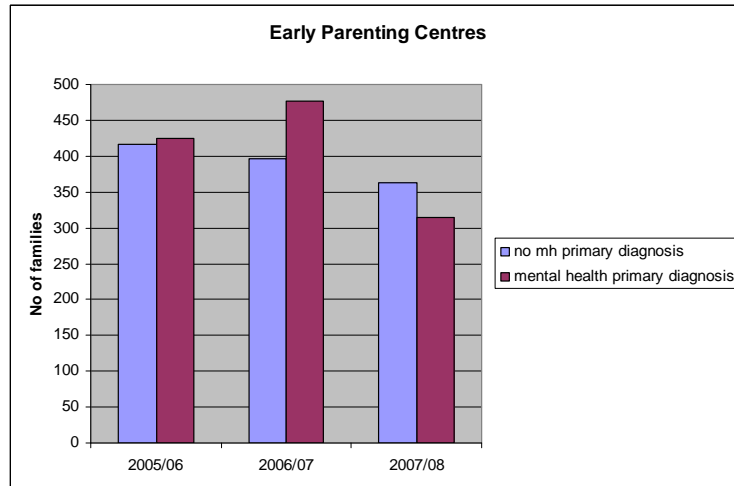
Parental risk factors for children in OoHC



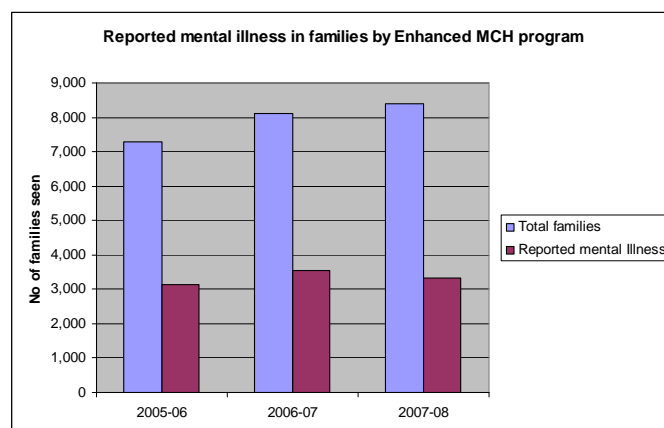
Youth Justice

- 60% of young people on youth justice orders have mental health problems
 - 23% of clients have a recorded diagnosis
- Between 60% and 80% of all YJ clients use alcohol or other drugs in a problematic way

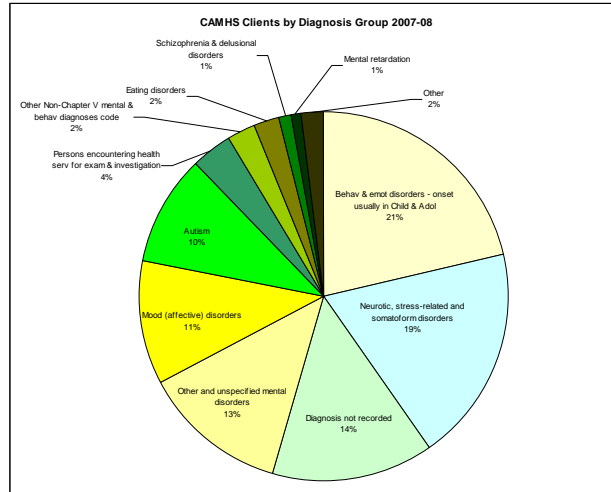
Early Parenting Centres – prevalence of mental health issues



Enhanced maternal child health services – prevalence of mental health issues

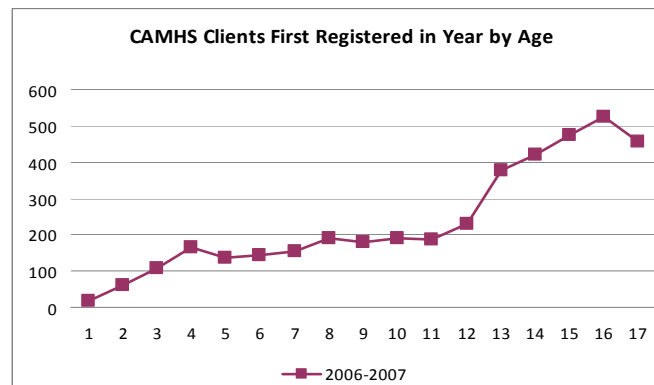


Diagnostic profile – CAMHS clients

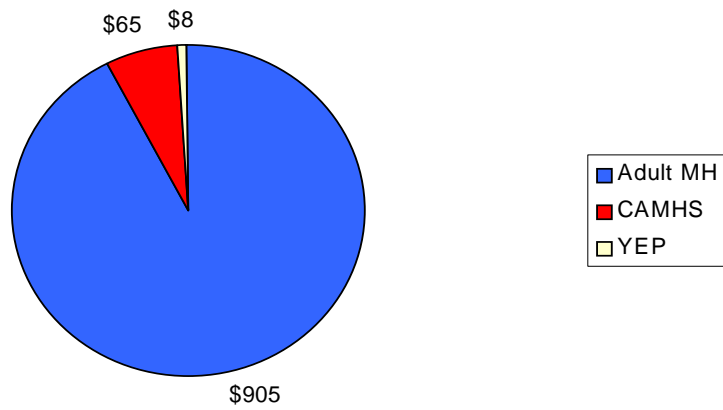


CAMHS see 1% of 0-18 yr population (approx 9000 pa)

Age at Initial Registration: 1-17 yrs



Mental health funding - \$m



How integrated are our current responses?

Definition of integrated...

“Combining or coordinating separate elements so as to provide a harmonious, interrelated whole”

“Organised or structured so that constituent units function cooperatively”

History repeats.....

- Evidence of good integration in some cases/places/sectors
- However, this is inconsistent and not an identifiable common feature of service delivery
- There continue to be examples of poor integration, leading to poor outcomes and exposure of services not working well enough together
- Why?

Why...an unscientific suggestion...

- Lack of understanding
- Unrealistic expectations
- Significant work demands
- Workforce pressures
- Desire for a solution
- Limited opportunities for high quality co-work
- When things go wrong, inadequate structures for discussion/resolution

What is needed to achieve this?

Organised or structured so that constituent units function cooperatively

- Mutual understanding of each other's systems, cultures, roles, priorities
- Shared knowledge – practices, ways of working
- Practical ways for communication to occur and issues to be resolved...relationship building
- Want to return to this

What initiatives are in place where some integration is evident?

Families where a Parent has a Mental Illness (FaPMI)

FaPMI aims:

To reduce the impact of parental mental illness on all family members especially dependent children, through

- *timely,*
- *coordinated,*
- *preventative* &
- *supportive* action.

Families where a Parent has a Mental Illness (FaPMI)

- Strategy being implemented by the Bouverie Centre (State-wide Family Institute)
- 9 EFT with a broader focus
 - Collaboration with Child FIRST (i.e. has a regular presence)
 - Includes families with alcohol and other drugs (AOD) problems as well as parental mental illness
 - Consultations and clear referral pathways between MH, AOD and Family Services
 - Recurrent brokerage funding
- 1 full-time State wide coordinator at Bouverie
- 11 regional positions(8 EFT) – 5 full time, 6 part time.
- National linkages with CoPMI

FaPMI Objective (1)

- **Increase capacity of specialist MH Services & PDRSS to provide family focused response to FaPMI :**
 - Delivery of education, training & support to the mental health workforce
 - Review of Intake & Assessment procedures to identify FaPMI & assess need for referral to child-focused support.
 - FaPMI policies & guidelines are embedded in core practice
 - FaPMI issues included in family/carer policy
 - Carer consultants
 - Ownership by the organisation

FaPMI Objective (2)

- **Increase capacity of specialist MH services' network partners to recognise & respond to FaPMI :**
 - Increasing capacity of network partners to identify and support FaPMI
 - Network/Liaison groups established
 - Provision of information (e.g. 'Handy Hints')
 - Improved referral pathways
 - Protocols e.g. maternity services
 - Coordination of education, training & support to the network partners
 - Community Forums
 - Education and provision of resources

FaPMI Objective (3)

- **Establish/strengthen capacity of networks & support structures:**
 - involving mental health services and their network partners, in partnership with consumers and carers
 - Developing collaborative approaches to service provision.
 - Peer support showcase
 - Partnerships to deliver programs for parents and children

Alcohol and Other Drug Initiatives

- Criticism of AoD sector – not family/child focussed... children of clients accessing treatment are not clients of the service

A new blueprint for AoD treatment services 2009-2013

Principle 2:

“Interventions must reduce the harmful impact of alcohol and other drug use on children and families”

Actions:

- *Prioritise the interests of children – reflected in funding agreements and processes*
- *Improve access to family therapeutic interventions*
- *Improve information for families*
- *Improve workforce skills in engaging families in treatment*

Bouverie Beacon Project

- Three year capacity building project to facilitate family based work within the Alcohol and Other Drugs (AOD) sector
- 19 'Beacon Sites', have been trained in family inclusive practice
- Seeks to build 'infectious enthusiasm' for family work in the AOD sector

Parents Under Pressure (PUP)

- Specifically designed for high risk families with multiple problems such as substance abuse, severe mental illness, child abuse and neglect.
- Aims:
 - help parents facing adversity develop positive and secure relationships with their children
 - reduce problematic child behaviours
 - promote a settled, stable, and safe family environment
 - decrease parental stress
 - helping families reconnect with their local community such as child care and school involvement
 - improve family functioning by targeting affect regulation, mood, views of self as parent, drug use and parenting skills

Family therapeutic interventions

- Family therapeutic interventions for young people involved in problematic alcohol use
- Auspiced by Anglicare Victoria to deliver their Linking Youth and Families Together (LYFT) program
- The service will be delivered across five localities, each of the sites will be connected to different units within Anglicare depending on their region

Where to from here?

- **Mental Health Reform Strategy**
- **New Budget initiatives**
- **Improved understanding between services**

Mental Health Reform Strategy

- Seeks to create a better system of mental health care
- Strong focus on promotion and prevention
- Increased numbers with a broader range of problems being seen earlier
- Intersectoral responses
 - A system of mental health care

Reform area 2: Early in life

“We want to see children and young people with emerging mental health and drug and alcohol problems identified and receiving help earlier...we want to see young people accessing help in youth-friendly settings...we want to see highly vulnerable young people involved with child protection, out of home care, the Children’s Court, youth justice, or who are homeless receiving a better care response through flexible outreach...parents and carers will play a more central role in care planning...to achieve this vision we will work towards a significant redevelopment of services...”

Demonstration projects 0-25

- Two four-year projects (2008-2012) - Southern Partners and Ballarat Health consortia
- Aim to showcase reform by demonstrating how a coalition of providers can plan and deliver an earlier, better integrated and more comprehensive service response to children and young people (0-25) who experience a mental health problem – often including substance misuse
- Increase service access
 - Larger numbers with a broader range of problems treated
- Integrate treatment and psychosocial recovery

Southern partners

- .Alfred CAMHS (lead agency)
- .Alfred Adult Mental Health Service
- .Southcity GP Services
- .Inner South Community Health Service (ISCHS)
- .Prahran Mission (=PDRSS)
- .Southern Mental Health Association
- .TaskForce (=A&D)
- .DHS - Child Protection Southern Region
- .DEECD - Student Support Services
- .Headspace Southern Melbourne

Southern features

- Focus on a system of mental health care
- Outreach for high risk children and young people...and better access
- Stronger relationships with early childhood, schools, headspace
- Focus on homeless youth, care leavers, eating disorders

Grampians

.Grampians CAMHS, Ballarat Health Services (lead agency)
.Adult Mental Health Service, Ballarat Health Services
.Ballarat and District Division of General Practice
.West Vic Division of GPs
.Central Highlands GP Network
.Central Highlands Primary Care Partnership (CHPCP)
.Grampians and Pyrenees Primary Care Partnership
.Wimmera Primary Care Partnership
.Ballarat Community Health Centre
.Centacare, Catholic Diocese of Ballarat Inc.
.Wimmera Uniting Care
.Grampians Community Health Centre
.Ballarat & District Aboriginal Cooperative
.Goolum Goolum Aboriginal Cooperative
.Budja Budja Aboriginal Cooperative
.Grampians Region DEECD
.Catholic Education Office Ballarat Diocese

Grampians features

- Region wide, single intake point
- Four teams responding to needs of early childhood; primary school; secondary school; young adult ages and stages
- Strong Indigenous focus

**Creating an improved understanding
between services**

Working towards better integration

- Beyond specific new initiatives, how do service systems enhance integration?
- Where do good examples already exist?
- How do we replicate these?
- What are some important first steps to take?

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