

# Supporting Parents

---

# Healthy Children

Supporting parents with mental illness  
and addiction and their children

A guideline for mental health and  
addiction services

Citation: Ministry of Health. 2015. *Supporting Parents Healthy Children*.  
Wellington: Ministry of Health.

Published in September 2015  
by the Ministry of Health  
PO Box 5013, Wellington 6145, New Zealand

ISBN 978-0-478-44882-5 (print)  
ISBN 978-0-478-44879-5 (online)  
HP 6255

This document is available at [health.govt.nz](http://health.govt.nz)



MANATŪ HAUORA



This work is licensed under the Creative Commons Attribution 4.0 International licence. In essence, you are free to: share, ie, copy and redistribute the material in any medium or format; adapt, ie, remix, transform and build upon the material. You must give appropriate credit, provide a link to the licence and indicate if changes were made.

---

# Foreword

Tena koutou

In introducing *Supporting Parents Healthy Children* I wish to acknowledge the people with experience of mental illness and those whose lives are affected by addiction in New Zealand. We must also never forget the impact of these challenges on families and especially on vulnerable children. My vision is that these guidelines will spearhead a paradigm shift in the way we provide all mental health and addiction services toward explicitly supporting people in their role as parents.

Parents want the best for their children and these guidelines provide all mental health and addiction services, adult and child services alike, with the mandate to work in a family focused way to help parents achieve this. This will ensure that the wellbeing of children is everyone's responsibility, not just infant, child and adolescent services.

*Supporting Parents Healthy Children* includes the voices of parents and young people talking about their experiences of services, which will inform our reshaping of them. The guidelines set out the essential and best practice elements of service design based on the evidence of what works to support both parents and their children. There are also resources that will help services to assess their readiness and progress during implementation of the guidelines and sample documents that can be adapted for use in local service settings.

These guidelines give effect to the direction set out in *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017* for the children of parents with mental illness and addiction and support the government's intention to drive forward programmes to improve outcomes for children and youth.

Implementing *Supporting Parents Healthy Children* will take time and a key component will be supporting the mental health and addiction workforce. The Ministry of Health has commissioned the mental health and addiction workforce centres to provide support to district health boards and other services on this important service change.

I would like to thank the skilled and dedicated people who work in the mental health and addiction sector who are already beginning to prepare for the required improvements that are outlined in these guidelines.

I would also like to thank the service users, parents and young people, the reference group and others who contributed their experience and expertise to the development of these guidelines.

Noho ora mai

Dr John Crawshaw  
Director of Mental Health  
Chief Advisor, Mental Health

---

# Aim of this guideline

The mental health and addiction sector:

- is family and whānau focused
- takes responsibility for promoting and protecting the wellbeing of children
- makes the rights and needs of children a core focus of all that it does
- employs a strengths-based approach that protects and strengthens parenting capability and builds the resilience of children
- provides interventions that are informed by evidence about what works
- provides services that are culturally safe and appropriate for all families and whānau
- finds and includes family and whānau and, when necessary, connects them to community supports and services, ensuring a coordinated response to addressing the needs of the whole family and whānau
- provides a safe and competent workforce that is confident and able to recognise and respond to the needs of children and their family and whānau

in order to support and promote positive family relationships and the social and emotional development of all children of parents with mental health and/or addiction issues.

---

# Contents

<b>Foreword</b>	<b>iii</b>
<b>Aim of this guideline</b>	<b>iv</b>
<b>Introduction</b>	<b>1</b>
Terms used in this document	2
<b>Background</b>	<b>3</b>
The case for change	3
Understanding how many children live with a parent with mental health and/or addiction issues	5
Improving outcomes for children and parents	6
Early intervention and a strengths-based approach	8
Better public services – supporting vulnerable children	9
Cultural responsiveness	11
The role of primary and community services	13
Summary	14
<b>What makes a difference to us?</b>	<b>15</b>
Views from young people and parents on how services can work best with families and whānau	15
<b>Implementation guidelines</b>	<b>20</b>
Organisational-level elements	21
Service-level elements	22
Practice-level elements	25
<b>References</b>	<b>29</b>
<b>Appendices</b>	<b>31</b>
Appendix A: Advisory groups	31
Appendix B: Resources	33



---

# Introduction

This document has been developed as a guideline for the mental health and addiction sector in New Zealand. Its guidance covers the implementation of systems, policies and practices to identify and address the needs of children of parents with mental health and/or addiction issues. The aim is to achieve systemic change across both adult services and infant, child and youth services in order to better identify, protect and support this group of children and their families and whānau. The Ministry of Health (the Ministry) expects that mental health and addiction services will work together to deliver seamless, integrated services to all age groups.

Mental health and addiction services are provided by a range of organisations, including district health boards (DHBs) and non-governmental organisations, across a variety of settings. The guidance in this document is expected to apply across all organisations and service types. Planners and funders, boards, managers, clinical leaders and practitioners will need to develop policies, protocols and practices that incorporate this guidance in ways that are tailored to the specific groups of people that use their services. A particular focus should be on ensuring that all interactions with families and whānau are undertaken in the context of cultural competence and are cognisant of the needs of Māori, Pacific peoples and families of other ethnicities. For this reason, service leaders and practitioners will need to implement this guidance in ways that are culturally safe and appropriate for all service users.

While the primary audience for this document is the mental health and addiction sector, it is also relevant to primary services, which have a clear and important role in identifying, supporting and protecting children of parents with mental health and/or addiction issues and their families and whānau. Primary services have a specific role in identifying and supporting children of parents who have a mild to moderate mental health and/or addiction issue and do not access specialist mental health services. Another of their roles is to link children whose parents use specialist mental health and/or addiction services to appropriate supports and services in the community.

To date, the wellbeing of children within the mental health and addiction sector has largely been the responsibility of infant, child and adolescent mental health (ICAMH) and alcohol and other drug (AOD) services. Most mainstream services for adults have focused on individualised programmes for service users and have felt that they lack the mandate, time or skills to work in a more holistic, family-focused way.

This guideline calls for adult services to move away from this traditional paradigm and for the development of a mental health and addiction sector in which supporting the wellbeing of children is everyone's responsibility and everyone's business. For this to happen, leaders within the adult mental health and addiction sector will need to proactively manage and support a programme of change that embeds family- and whānau-focused practice within all services, ensuring that parents within services are identified and that processes are in place to support them and their children by:

- promoting strengths and addressing vulnerabilities
- promoting psychosocial resilience
- supporting and promoting healthy parent–child relationships
- reducing stigma
- promoting social network support
- making referrals to specialised programmes when needed.

It will take time and planned change to move from where we are now to having a truly family- and whānau-focused mental health and addiction sector with systems and practices that reflect this focus and a workforce that is competent and confident to work in this way. In recognition of these requirements, the guideline proposes a phased approach to implementing family- and whānau-focused practices. The ‘Implementation guidelines’ section outlines both phase I ‘essential elements’ and phase II ‘best practice elements’. The Ministry expects that the implementation of the essential elements will be completed across the sector within the next three years, and that all services will implement best practice elements within five years.

The underpinning assumption of this guideline is that all services will work from a strengths-based perspective with a focus on assisting parents to develop their own strategies to support identified strengths and to overcome any vulnerabilities of their children, family and whānau. Furthermore, the Ministry expects that, by considering the needs of all family and whānau members, supporting healthy parent–child relationships and promoting protective factors for the child’s wellbeing, services will help to improve outcomes for parents and children while also preventing problems for future generations.

In developing this guideline, the Ministry has drawn from the current evidence, along with advice from a range of sector leaders, on addressing the needs of the children, family and whānau of parents with mental health and/or addiction issues. Three key groups have provided advice and guidance on the development of this document: the Ministry of Health COPMIA Steering Group, with members from the combined workforce development centres, the COPMIA Project Group and the national COPMIA Advisory Group. A membership list for each group is included in Appendix A.

## Terms used in this document

For ease of reading, the term **children** is used in this document to refer to infants, children and young people aged from 0–19 years. Implicit in this use is the expectation that services will be tailored to the varying developmental needs of children across these age groups. Similarly, a broad definition of **parent** is used: it refers to mothers, fathers and any other family or non-family members who play a significant caregiving role for one or more dependent children.

**Family and whānau** refers to both immediate family members and those people who parents and children consider to be important in their lives either through extended family relationships or close friendship.

The acronym **COPMIA** (children of parents with mental illness and/or addiction) is used nationally and internationally to refer to both children with experience of parental mental health and/or addiction issues and the types of supports and services offered to them and their families and whānau. For many service users and their families and whānau, being referred to by an acronym feels depersonalising and disrespectful. For this reason, this document uses COPMIA to refer only to services or advisory groups.

---

# Background

## The case for change

While many children who have a parent with mental health and/or addiction issues do well, in general this group is at risk of adverse health and social outcomes. The risks related to parental mental health and addiction issues are, however, considered to be malleable, meaning that measures can be taken to reduce them. Expanding international evidence points to the effectiveness of a number of interventions to improve short- and longer-term outcomes for children of parents with mental health and/or addiction issues.

Children who have a parent with mental health issues are at increased risk of a number of poor outcomes, including developing mental health and/or addiction issues themselves. They experience higher rates of suicidal ideation and interpersonal and behavioural problems (Fraser et al 2006). Parental substance use is consistently reported in the literature as having adverse effects on child outcomes (Ministry of Social Development 2011). Parental substance misuse can affect children's emotional and psychological development, commonly resulting in challenges with attachment and family functioning, increasing the risk of violence and abuse. In households where both parents have an addiction problem, offspring have much higher rates of conduct disorder and other lifetime mental health problems, such as anxiety disorders and addiction problems (Kroll 2004, as cited in Contractor et al 2012). Fetal alcohol spectrum disorders (FASD) can occur as a consequence of mothers drinking alcohol while pregnant. FASD is associated with irreversible damage to neural development. Children with FASD face significant challenges, including those associated with learning and behavioural problems. While the number of people with FASD in New Zealand is unknown, it is conservatively estimated, based on data from the United States of America, that approximately one in 100 live births are affected by FASD (Alcohol Healthwatch 2007).

A study of the mental health risks associated with mothers with serious mental health issues makes it clear that a diagnosis of a mental health issue is likely to be only one component of the overall vulnerabilities that they and their families and whānau experience. Mothers with serious mental health issues are also more likely to experience family disruptions and conflicts, single-parent status, social isolation, and financial and other stressors associated with living in poverty (Oyserman et al 2000). Similarly, families in which parents are involved in problematic substance use often have an assortment of stressors that will impact on parenting ability and family functioning (Battams and Roche 2011). These adverse environmental factors mean that many children of parents with mental health and/or addiction issues can experience intermittent or permanent separation, inadequate accommodation and/or frequent changes in residence and schools.

A significant issue for many children of parents with mental health and/or addiction issues is that they are required to take on caregiving responsibilities for one or both of their parents and for their siblings. As research has identified, this role can have a range of consequences, including anxiety, socioeconomic disadvantage, isolation, low levels of health and emotional wellbeing, impaired psychosocial development, limited friendships, difficulties with developing intimate relationships, low participation and achievement at school and in employment, difficulties making the transition to independence, and a lack of opportunities and choices (Polkki et al 2005; Hargreaves et al 2008).

While genetic and environmental mechanisms are important in linking parental mental health and/or addiction issues to children's difficulties, there is good evidence that the quality of parenting and family interaction is a key mediating variable (Ramchandani and Stein 2003). Thus interventions that improve the quality of parenting and family and whānau interactions are likely to lessen the risk of harm and adverse outcomes for children. This association provides a strong argument for ensuring that adult mental health and addiction services proactively work to intervene early to support service users in their role as parents, both directly and by linking them to appropriate parenting supports in the community.

Clear evidence now points to the critical importance of caregiver relationships in the first three years of life and of their impact on physical and mental health outcomes. Infants are at a key developmental period in terms of their physical, social and emotional development. Virtually all aspects of early human development, including the architecture of the brain, are affected by the caregiving environment during the prenatal period and infancy (Shonkoff and Phillips 2000). Responsive, warm and attuned caregiving can enhance the structural development and chemistry of the brain. Adverse circumstances and problematic or unresponsive caregiving relationships in early life have been shown to increase the risk of a range of emotional, behavioural and health problems in both the short term and the longer term into adulthood (Merry et al nd). For these reasons, supporting parents with mental health and/or addiction issues to develop positive, responsive relationships with their children from an early stage (prenatally and postnatally) is critical to ensuring positive outcomes for both the children and the wider family and whānau.

In recent years, New Zealand has made some progress towards addressing the needs of children of parents with mental health and/or addiction issues. However, too often these needs are overlooked within existing service provision. The adult mental health and addiction sector in New Zealand has traditionally been based around services for individuals, without routinely identifying or considering the needs of children. Consequently, despite the evidence showing the vulnerability of this group, and the increasing evidence on the effectiveness of interventions for them, children of parents with mental health and/or addiction issues often remain an 'invisible population' within our services and communities.

It must also be noted that the resilience of children and parents can be considerable and many children of parents with mental health and/or addiction issues grow up without adverse outcomes. A focus on families and whānau in which parents have mental health and/or addiction issues is not intended to imply that the parents are negligent or uncaring or are to blame for their children's difficulties. It does, however, recognise that many of them will at times require particular support and assistance.

### **Key points**

- Children who have a parent with mental health and/or addiction issues are at increased risk of a number of poor health and social outcomes.
- The quality of caregiver relationships in the first three years of life has a critical impact on physical, social and emotional outcomes in childhood and later life.
- Expanding international evidence points to the effectiveness of a number of interventions to improve short- and longer-term outcomes for children of parents with mental health and/or addiction issues.
- While some progress has been made in recent years, children of parents with mental health and/or addiction issues generally remain an 'invisible population' within New Zealand.

# Understanding how many children live with a parent with mental health and/or addiction issues

Data on the number of children in New Zealand affected by parental mental health and/or addiction issues is limited and incomplete. Results of a recent Ministry of Health stocktake indicate that, while all DHBs recognise this issue is important, currently child and adult mental health and addiction services have no consistent ways of identifying children of parents with mental health and/or addiction issues and many services do not routinely record this information. Australian data highlights that an estimated 23 percent of Australian children live with a parent who has, or has had, a mental illness and that 60 percent of these children are at greater risk of developing mental health issues than other children (COPMI Australia 2008).

Similarly, the number of children affected by problematic parental substance use in New Zealand is unknown. Evidence suggests that between 780,000 and 1.3 million children in the United Kingdom are affected by problematic parental alcohol use (Templeton et al 2009) and between 250,000 and 350,000 children are affected by problematic parental drug use (Advisory Council on the Misuse of Drugs 2003). In Australia, an estimated 10–13 percent of children are affected by parental alcohol or other drug use (NCETA 2010), and international studies estimate that 10 percent of children worldwide are exposed to alcohol and other drug ‘misuse’ (Dawe et al 2007).

## Key points

- Data on the number of children in New Zealand affected by parental mental health and/or addiction issues is limited and incomplete.
- Further work is needed to ensure that all services routinely and consistently identify children of parents with mental health and/or addiction issues.

# Improving outcomes for children and parents

Compelling evidence now demonstrates that interventions focused on families and whānau in which parents are facing mental health and/or addiction issues can help to prevent later mental health issues and reduce the prevalence and burden of mental illness and addiction for future generations (Beardslee et al 2011). These approaches target known risk factors, and enhance protective factors. In their systematic review and meta-analysis, Seigenthaler et al (2012) identified that interventions with children of parents with mental health and/or addiction issues decreased the risk of new diagnoses of mental health problems by 40 percent. A COPMIA strategy is therefore a preventative strategy as it includes the aim of reducing the incidence and prevalence of mental health and addiction issues in future generations.

COPMIA services generally aim to support children's healthy social and emotional development and prevent the development of mental health and/or addiction issues by addressing risk and protective factors; promoting psychosocial resilience in children; improving parent–child interactions; reducing stigma; and promoting social network support (Saxena et al 2006). Interventions used to achieve these aims include:

- psycho-education
- parenting support
- cognitive therapy
- behavioural therapy
- individual and family therapy
- group therapy
- online courses
- parenting skills training
- peer support programmes.

As this is a relatively young area of research, in which the evidence base is still being established, further research is needed to clearly ascertain the specific component(s) that improve outcomes for parents and children.

Awareness of the need for adult mental health and addiction services to take a 'whole of family and whānau' approach is growing. Individual treatment of parental mental illness in isolation tends not to achieve good outcomes for the child, parent or their family and whānau, especially compared with a family-focused approach. A whole-family, strengths-based approach that is informed by the service user and involves well-integrated services appears to be the most effective form of intervention. Key to this approach is that adult services have systems in place to identify parents of dependent children, and to provide psycho-education and support services that address the needs of the children, parents and wider family and whānau and that give them access to advice and support from ICAMH/AOD services and to more specialised therapeutic programmes when needed. Conversations about parenting should be an essential part of practice in adult services.

Usually the stated focus of ‘COPMIA initiatives’ is to address the immediate needs of the children and prevent adverse outcomes in their adult life. However, such initiatives also have the potential to impact positively on the health and wellbeing of the parents themselves. While there is very little research or evidence on how these interventions affect the mental health and wellbeing of parents, an argument can be made for adult mental health and addiction services to consider the needs of the whole family and whānau in service delivery from an adult recovery perspective. For many service users, parenting offers meaning and purpose, provides opportunities for meaningful interactions and activities, and promotes hope. It can often be a positive and motivating factor in parents’ recovery. Equally, mental health and addiction services can help decrease stress for service users who are facing parenting challenges by either directly providing or linking people to parenting programmes.

The potential positive benefits to parents with mental health and/or addiction issues therefore provide a strong rationale for adult mental health and addiction services to become more involved in addressing the needs of families and whānau.

### **Key points**

- Expanding international evidence indicates a number of interventions are effective in improving outcomes for children of parents with mental health and/or addiction issues.
- Adult services have a significant role in recognising and responding to the needs of service users who are parents.
- Conversations about parenting should be an essential part of practice in adult services.
- Family- and whānau-focused practice has the potential to enhance the recovery of adult service users.

# Early intervention and a strengths-based approach

Children living in families in which parents have mental health and/or addiction issues can be considered across a spectrum of strengths and needs. Some are doing well and need little or no additional support; some are resilient but need support; some are vulnerable and need specialised services; and some are vulnerable and need protection (Australian Infant, Child, Adolescent and Family Mental Health Association 2004). On some occasions, members of the mental health and addiction workforce may identify child safety concerns or neglect. This can pose a tension between the recovery interest of the parent and the ‘paramountcy’ of the needs of the child. The mental health and addiction sector (including adult services) has a responsibility to identify and respond to care and protection issues according to best practice and to ensure that staff within these services are provided with the training and support to do so.

The underlying premise of this guideline is that, whenever possible, mental health and addiction services should take a strengths-based approach focused on early intervention and prevention rather than an approach that focuses solely on risk. While the safety of the child is paramount, mental health and addiction services must fulfil their care and protection responsibilities. These services are uniquely placed to reduce and manage these risks by acting early and supporting vulnerable families and whānau in order to prevent adverse childhood experiences.

COPMI Australia advocates for an approach that promotes child development rather than one that focuses solely on detecting signs of child neglect, maltreatment and harm. The aim of this approach is to ‘make discussions about parenting a normal part of the parent–mental health/addictions worker partnership and to empower parents to support the needs of their child’ (COPMI Australia 2015). This aim is achieved by providing practitioners and organisations with tools that support a paradigm shift in the way they think about and support the needs of parents and their children and that promote a view of the parent as the ‘expert’ on their child, using a strengths-based approach.

## Key points

- Children living in families in which parents have mental health and/or addiction issues can be considered across a spectrum of strengths and needs.
- Services should work proactively to intervene early, support strengths and address vulnerabilities.
- Mental health and addiction services have a responsibility to identify and address care and protection issues. They can fulfil this responsibility most effectively by supporting child development rather than focusing solely on risk issues.

# Better public services – supporting vulnerable children

High-level, cross-sector agreements have been identified as an enabler of positive change for children of parents with mental health and/or addiction issues; conversely, the absence of such agreements has been identified as a barrier to positive change (Owen 2008). For this reason, intersectoral coordination across health, education, justice and social services is another important factor in improving outcomes for children and their family and whānau.

The Government has a range of initiatives under way to improve outcomes for vulnerable children. The Green and White Papers for Vulnerable Children describe the Government's road map for responding to children at risk of significant harm due to both their environment and complex needs. Better Public Services – in particular, the target of reducing assaults on children – is central to this work. Other significant initiatives are the Children's Action Plan, the Prime Minister's Youth Mental Health Project and Whānau Ora.

The Children's Action Plan outlines how agencies will work together. It identifies the following common actions for agencies to progress:

- improving information sharing to identify and understand who vulnerable children are and how we can help them
- better targeting and integrating services
- ensuring that government funding gets results
- working together better at the frontline.

*Rising to the Challenge: The National Mental Health and Addiction Service Development Plan 2012–2017* (Ministry of Health 2012b) also reflects the Government's commitment to this area. It outlines priority actions aimed at addressing the needs of children of parents with mental health and/or addiction issues and their family and whānau, including:

- having systems for identifying service users who are parents and for working with parents to identify any parenting support they require
- facilitating access to parent education and support programmes for people who use mental health and/or addiction services
- ensuring advance plans for acute mental health episodes consider children's care and safety, including access and visits during hospitalisation
- taking action to ensure families and whānau participate in all aspects of service delivery
- developing specialist mental health services for high-needs families and whānau with infants
- developing programmes for children of parents with mental health and/or addiction issues
- improving responsiveness to the needs of new mothers with high-prevalence mental health and/or addiction issues.

There can be no doubt that while parents, children, families and whānau are strong and resilient in the face of adversity, many can and do experience distress as a result of mental health and addiction issues. While realising family and whānau potential is everybody's responsibility, clear evidence points to the effectiveness of a mental health and addiction sector that better identifies and addresses the needs of vulnerable children and their family and whānau and that works closely with other health, education and social services to achieve positive results. Moreover, a Government mandate exists to ensure the sector takes this approach.

### **Key points**

- The Government has set a clear agenda to improve outcomes for vulnerable children through Better Public Services, the Children’s Action Plan, the Prime Minister’s Youth Mental Health Project and Whānau Ora.
- *Rising to the Challenge: The National Mental Health and Addiction Service Development Plan 2012–2017* outlines priority actions aimed at addressing the needs of children of parents with mental health and/or addiction issues and their family and whānau.

# Cultural responsiveness

When services work in partnership with family and whānau, it is important that they acknowledge and support cultural and ethnic diversity. All families and whānau have their own beliefs, experiences, language and needs regarding the role of parents, children, extended family and the wider community.

In the New Zealand context, it is essential that guidelines and practices in relation to children of parents with mental health and/or addiction issues pay particular attention to the needs of Māori. Whānau are the foundation of Māori society and involving whānau is an active acknowledgement of Te Tiriti o Waitangi. A principal source of connection, strength, support, security and identity, whānau play a central role in the wellbeing of Māori individually and collectively (Minister of Health and Associate Minister of Health 2002).

Over the past decade, whānau ora and whānau-centred practice have emerged as the primary vehicle for attaining Māori health and wellbeing aspirations and improving outcomes. Whānau ora rests on a foundation of realising whānau potential and giving effect to the collective aspirations of the whānau by building on the strengths and capabilities that are already present within whānau (Taskforce on Whānau-centred Initiatives 2009).

Initiatives that have a focus on children of parents with mental health and/or addiction issues have a natural alignment with the concept of whānau ora. A whānau ora perspective views the whānau as a whole – where the collective wellbeing of the whānau is affected by the wellbeing of each individual whānau member. For this reason, the needs of children should be considered in the context of whānau wellbeing, rather than independently or separately from parental wellbeing (Te Rau Matatini 2014).

Whānau-centred best practice is the mechanism by which whānau ora is realised. Whānau-centred best practice is firmly founded on long-accepted, best-practice methodologies derived from holistic Māori models of health and wellbeing, for example Te Whare Tapa Whā (Durie 1985), Te Pae Mahutonga (Durie 1999) and Te Wheke (Pere 1984). Effectively identifying and addressing the needs of Māori requires that the mental health and addiction sector workforce has the attitudes, knowledge and skills, within the context of whānau-centred best practice, to identify how whānau with mental health and/or addiction issues impact on children and young people, and to play their role as part of an integrated response to address those issues (Te Rau Matatini 2014).

For Pacific families, it is important to recognise and acknowledge that each Pacific culture is different and that views may be contemporary as well as traditional (Wille 2006). Pacific peoples have a holistic view of health. A major part of responding to this view is to involve families in supporting family members who are facing mental health and or addiction issues.

Participation of and partnership with family from other minority groups, including Asian, refugee and migrant communities, is also essential at all levels of service delivery. The role of family and views and beliefs about parenting practices vary across different ethnic groups. To achieve good outcomes, it is important to acknowledge and understand specific cultural beliefs and practices and to deliver services in a way that is culturally safe and appropriate for all service users and their families and whānau.

**Key points**

- It is important to deliver services in a way that is culturally safe and appropriate for all service users and their families and whānau.
- Over the past decade, whānau ora and whānau-centred practice have emerged as the primary vehicle for improving outcomes for Māori.
- Initiatives that have a focus on children of parents with mental health and/or addiction issues have a natural alignment with whānau ora.

# The role of primary and community services

It is generally agreed that the wellbeing of children of parents with mental health and/or addiction issues and their later life outcomes are determined by a complex interplay of risk and protective factors that are both genetic and environmental in nature. While severity of parental mental health and addiction issues is a risk factor, it should not be assumed that the provision of COPMIA services is solely the responsibility of secondary mental health and addiction services. A systematised approach to addressing the needs of children of parents with mental health and/or addiction issues and their families and whānau extends beyond the secondary mental health and addiction services to primary health care and other health, education and social services.

A New Zealand study of the prevalence of mental illnesses in general practice settings found that more than one in three general practice attendees met diagnostic criteria for a mental illness in the past 12 months. More than one in ten people seen in general practice settings were considered by general practitioners to have a moderate to severe mental health problem (MaGPIe Research Group 2003). These findings have significant implications for service delivery in 'primary care as usual' as well as for primary mental health and addiction services. They point to the need for pathways to identify, connect and support children of parents with mental health and/or addiction issues and their families and whānau in primary care settings.

Primary-level services, including general practice, Well Child services, school-based services and other 'first point of contact' community services, have a clear role in:

- achieving early identification of vulnerable children and families and whānau
- providing information and education to children and parents
- providing parenting support and advice
- linking vulnerable families to other family support services
- referring to secondary services when required
- identifying and responding to care and protection issues
- reducing and managing vulnerability
- working together with other services to ensure an integrated approach to service delivery.

## **Key points**

- Primary and community services have a key role in identifying, supporting and protecting children of parents with mental health and/or addiction issues and their families and whānau.

# Summary

Children who have a parent with mental health and/or addiction issues are at increased risk of a number of poor outcomes, including developing mental health and/or addiction issues themselves. However, these risks are considered malleable and expanding international evidence indicates a number of interventions are effective in improving short- and longer-term outcomes for this group of children.

Data from Australia suggests that an estimated 23 percent of children live with a parent who has, or has had, a mental illness and 10–13 percent of children are affected by parental alcohol or other drug use. No accurate data on the number of children in New Zealand who have a parent with mental health and/or addiction issues is currently available. While some progress has been made in recent years, children of parents with mental health and/or addiction issues generally remain an ‘invisible population’ within New Zealand.

All mental health and addiction services have a role in recognising, supporting and protecting children of parents with mental health and/or addiction issues and their family and whānau by working proactively to intervene early, support strengths and address vulnerabilities. The ‘Implementation guidelines’ section provides guidance for service managers, clinical leaders and practitioners on how to do this.

---

# What makes a difference to us?

## Views from young people and parents on how services can work best with families and whānau

In the process of developing this guideline, parents' and young people's views were gathered on how services can work best for families and whānau. The key themes are summarised below alongside quotes that highlight these themes in the words of the parents and young people.

### **Ask about our family and whānau and include them in ways that work**

#### **What parents said:**

The first time I entered services I wasn't even asked if I was a parent (I was 21 and had two children). The second time they asked and then asked, 'Have you got that covered while you stay in hospital?' and that was it.

Don't assume people who use your services aren't the type to have kids – we often are and no one has asked us about it! Initiate conversation about how our families are doing. Involve and support our wider family and whānau. It's helpful when kids are able to ask lots of questions of staff, and come along to appointments that are planned in a child-friendly way. Being able to parent still, such as continuing to breastfeed, while we're unwell is so important.

#### **What young people said:**

Listening, normalising, being able to see the hard stuff without making that invalidate the good stuff.

Young people really value honest communication. It is hard when our families or services try to 'protect' us from the truth that our parents have been hospitalised. Keep up contact; be consistent and reliable. Find out how families and whānau are supporting or intend to support our parents. Don't assume we're too old or too young to want to be involved. Create a space where we can talk confidentially about any worries.

Be honest and respectful of children, even those at a young age, and their role in maintaining the good health of their parents.

## **Acknowledge and respect our strengths**

### **What parents said:**

I believe that having my daughter helped my mental illness, particularly when my depression has worsened. She has given me purpose, a reason to get up in the morning, and has been cause for happiness, and an incredible amount of pride.

Both parents who use services and their children want services to focus on the strengths of their families, not just on areas where there are issues. For parents, this is about seeing the positive impact of our lived experience on our parenting, and vice versa. Being a mum or dad gives us a positive, 'normal' identity, motivation to stay well, and routine. It's a source of pride, purpose and community connection through school or play centre. Our kids also benefit – we love them to bits, and can role-model strength and coping through our recovery experiences. If they have struggles, we can understand and give them practical support, and they seem to be less judgemental and more empathetic from growing up with us too.

### **What young people said:**

Having a parent with an addiction is extremely tough on the rest of the family ... However, at times when things have been the hardest, relationships are also tested and strengthened. I put much of the strength of the relationships in my family down to the way they stood strong when they were tested.

In young people's eyes, in spite of challenges, having a parent who experiences mental health and/or addiction issues has its positives too.

It makes us more resilient and self-reliant; our parents can be heaps of fun, they are amazingly strong people, and they love us for who we are.

## **Knowledge is power – provide us with good information**

### **What parents said:**

Everything they [my family] have learned has come from me. I hope it is useful. There is nothing I know of to get [them] more support.

Sometimes we worry that we've shared too much information with our kids, and other times we're not sure where to even start with explaining what's going on so end up sharing too little. Having support from services to know how to talk about mental health and/or addiction challenges with our kids is helpful. It's important to many of us that we're the ones having these conversations with our kids, using our own language, so check in with us and make sure that the way information is provided to our children sits right with us. Books, brochures, websites etc that are age appropriate are great resources for us to access and use.

### **What young people said:**

What helped the most was talking with each other and reading books about it as well as talking to the staff and getting brochures.

I wanted to continue to love my parents and over time found ways to do so. What helped was understanding more about the nature of being addicted to a substance and that it wasn't necessarily about them choosing drugs or alcohol over me. (paraphrased from a citation in Houmoller et al 2011)

For children, information that is age appropriate and not too medical is useful.

Pamphlets and books are good, but we don't often have access to them. Staff can share these with us and our families, or be around to meet us in person to answer our questions. Meeting with other people whose parents experience similar issues is also hugely helpful for us to learn that people can go through difficult times and be okay.

## **It's about so much more than protection**

### **What parents said:**

Good conversations that are not protection orientated ... referrals to single mothers' groups or musical babies [are helpful].

I remember ... one morning I didn't get my daughter out of her cot until 9 am because finally I had got some sleep. I try to imagine how she would have cried without having me there to soothe her and it makes me teary even now ... but I've never shared that with anyone before because I'm not sure what the threshold is for CYF [Child, Youth and Family], to be honest. I was scared that I'd get my children taken from me and that would wreck us all.

Services need to be able to support us to stay well and that means supporting us to parent well too, rather than just waiting until there is a crisis to intervene with care and protection concerns at the fore. In the past, a lot of what services have done to look after families has been limited to referrals to care and protection services. The thought of a care and protection referral is daunting for parents using services. We often have no idea of the threshold for concerns to be passed on to Child, Youth and Family, and this uncertainty, combined with our low self-esteem and self-stigma, can make it hard for us to talk about issues and get support for our families. It's really helpful to have reassuring conversations, for staff to be up front about confidentiality and involving other services, and for services to have good links to community supports that help parents to build on strengths and grow resiliency. Have these conversations early and work in partnership with us to make sure the right plans and supports are in place to enable us to get through the testing times.

### **What young people said:**

Falling out of touch with family only causes further isolation.

For young people too, this is a difficult and sensitive area.

Being removed from our parents' care leads to a number of issues; it uproots us from home and can be detrimental to our own mental health. We see early intervention as far more useful. Look for alternatives to support families, not just referrals for care and protection; support our whole family early on to help keep us stable and together.

## **Forget about ‘illness’ – deal with people**

### **What parents said:**

[It] turned out later that my daughter is on the autism spectrum –so my experiences of how difficult it was to work out sleep and feeding routines for her weren’t just about me being ... anxious; she really did have some neurological reasons for why this stuff was so hard.

No one even seemed to be aware of the links between psychological abuse and ‘mental illness’ ... No one connected the dots and thought ... hey, maybe this woman’s ‘illness’ might be worsening in reaction to psychological abuse.

For parents, a holistic approach that looks at issues in their context is useful.

Having all our challenges interpreted through an ‘illness’ lens can be disempowering and unhelpful, often missing what is really going on. Being prescribed medication without also having access to counselling or therapy to look at tools for coping can be of limited value to us. It’s important that trauma, stress and abuse are recognised and support offered. Asking about domestic violence and supporting those of us who are experiencing physical or psychological abuse are key parts of supporting our wellbeing, our family or whanau, and meeting the needs of our children.

### **What young people said:**

[They] pathologised me throughout my whole childhood. Viewed my behaviour as symptomatic of illness, instead of as a reaction to a very difficult environment.

For my whole life I was the ‘sick one’ in my family, but one way of seeing it was that I was just reacting to [Mum’s] un-talked about trauma and the way that really affected her parenting.

Young people in particular note the limitations of a purely medical perspective.

When it comes to addressing our parent’s struggles, the medical model isn’t useful in working towards recovery. Because we have gone through the challenges of having a parent with mental health and/or addiction issues, we ourselves can end up with a diagnosis. While this might help us access services, it takes our experience out of context. It can be a moment of realisation when we start seeing that what we’ve gone through has been a result of stressful situations, not some illness we have. It is great when we come across services that avoid labelling but provide useful help. Services working with our families should be thinking about how they can offer support, even just a supportive conversation, to those of us who don’t require a referral or diagnosis.

### **Top five take-home tips from children**

Provide information so we know we're not alone

- Help us find information and link us with other kids whose families have similar lives so we don't feel alone.

Reassure us that it's not our fault when things are difficult

- It's easy for us to feel like family challenges are our fault. Reassure us and don't assume that we know it isn't our fault when things are hard.

Don't assume that abuse or neglect is happening; don't assume it isn't

- Give us a space to talk confidentially about any worries. If our parents aren't treating us well, talk to them about this: let them know it's not okay; don't condone it.

Focus on our families' strengths

- No family is perfect. Acknowledge the positives and give us hope.

Keep our families together

- Support us to visit parents in hospital or residential treatment. Link us in with support that will help Mum or Dad with parenting so we can stay in their care.

### **Top five take-home tips from parents**

Ask us about our families and whānau

- Ask if we have kids, in a genuine, conversational way. Remember to ask men about their families too.

Share knowledge of positive activities and supports out there

- Link us in with services and supports for parents in our local community.

Support us to talk with our children about what's going on

- Help us find the language and resources to explain to our children what we're going through in a way that feels right for us, and will provide the information our kids need.

Help us look after the practicalities

- If we're admitted to hospital, residential treatment or respite, find out where our kids are and if they're okay.

Make it safe for us to talk about our children

- Understand that we're likely to be feeling guilty for not being perfect parents. Understand our anxiety about losing care of our kids; let us know that you're there to support us and will be up front about any concerns.

---

# Implementation guidelines

This section provides guidance on the specific actions needed across the mental health and addiction sector to improve services' approach to identifying, supporting and protecting children of parents with mental health and/or addiction issues and their families and whānau.

As outlined in the 'Background' section, the expectation is that there is collective responsibility across the mental health and addiction sector for supporting families and whānau, with the overarching aim of embedding family- and whānau-focused practice in all services and organisations. For many service providers, achieving this aim will require action at all levels within their organisation. On this basis, the actions in this section are divided into three sections:

- Organisational-level elements
- Service-level elements
- Practice-level elements.

The Ministry of Health acknowledges that it will take time to move to a place where all services have a fully integrated family- and whānau-focused approach that specifically identifies and addresses the needs of children of parents with mental health and/or addiction issues. As such, the guidelines in this section are divided into a set of phase I 'essential elements' that are expected to be in place in all services by June 2018 and a set of phase II 'best practice elements' that are expected to be in place in all services by June 2020.

This guidance also recognises that mental health and addiction services around the country are starting from different places; some already have many of the essential elements in place while others are only just beginning on this path. As such, a useful first step for many organisations and services will be to audit or review current practice to identify specific strengths in relation to family- and whānau-focused practices along with areas for further development.

Appendix B includes copies of resources that have been developed by COPMI Australia and adapted for use in New Zealand. These resources are intended as examples of the types of resources to be used within mental health and addiction services in New Zealand. Service leaders may decide to adopt these resources within their services or to use them as a guide in developing resources that will best meet the needs of people who use their services.

The mental health and addiction sector is made up of a complex and diverse system of services delivered by a range of different providers. Therefore, the way in which the elements described below are incorporated into services will vary depending on the specific needs of the people who use each service. Service leaders and managers will need to implement family- and whānau-focused policies and practices that incorporate the guidance in this document and are specific to the needs of the group of people who use their service/s.

# Organisational-level elements

Implementing and embedding family- and whānau-focused practices that identify and address the needs of children of parents with mental health and/or addiction issues will require actions at an organisational level in mental health and addiction services. These organisational-level elements are outlined below.

## Phase I: Essential elements

### **Implementation plans for family- and whānau-focused practice are in place**

All mental health and addiction services, including adult services, have written plans outlining actions required to implement family- and whānau-focused practice. Those plans specifically refer to implementation of policies and practices aimed at identifying and addressing the needs of children.

### **Data is routinely collected, recorded and reported**

Adult mental health and addiction services have systems in place to ensure that data on the number, date of birth and gender of dependent children of service users is routinely collected and recorded. This data is collected and collated in such a way that summary-level reports can be used for internal planning purposes and for external stakeholders as required. Any other additional data collection complies with the nationally agreed requirements for data collection.

### **The leadership team includes an identified COPMIA leader/champion**

The mental health and addiction services leadership team includes one or more identified people who have responsibility for leading and championing initiatives to embed family- and whānau-focused practices across the mental health and addiction services.

### **Documented care and protection policies are relevant to all mental health and addiction services**

Care and protection policies are documented, and are relevant to and widely available within all mental health and addiction services, including adult services. These policies comply with expectations laid out under the Vulnerable Children Act 2014 and contain provisions on identifying and reporting child abuse and neglect. Staff are provided with training and support that highlight the importance of these policies and offer guidance on how to apply them.

## Phase II: Best practice elements

### **Key performance indicators for family- and whānau-focused practice are used to measure performance**

At organisational and national levels, key performance indicators for family- and whānau-focused practice/COPMIA are agreed, and data relating to these is routinely recorded, analysed and reviewed.

## **Overarching organisational documents refer to family- and whānau-focused practice**

All overarching organisational documents – such as annual plans and strategic plans, vision statements, service frameworks, workforce competencies, and policy and procedure manuals – specifically refer to family- and whānau-focused practice and ensuring that the rights and needs of children are a core focus of service delivery.

## **Organisational approach is taken to enable and support integrated service delivery**

The organisation has in place, policies and mechanisms to enable and support:

- integrated service delivery across local health services, including between primary and secondary services
- coordination and collaboration across health and social services, including close links with programmes for vulnerable children such as the Gateway Assessment Programme, Children’s Teams and Family Start.

These policies and mechanisms specifically refer to service delivery for vulnerable children and their family and whānau.

## **Service-level elements**

If family- and whānau-focused practices that identify and address the needs of children of parents with mental health and/or addiction issues are to be implemented and embedded, service managers and clinical leaders must implement systems and processes that support this practice. These service-level elements are outlined below.

### **Phase I: Essential elements**

#### **Services have a COPMIA champion**

Until a service has adopted a ‘best practice’ approach to family- and whānau-focused practices, it has a COPMIA champion to provide leadership, training, mentoring and advice to staff on family- and whānau-focused practice and to ensure that the needs of children of parents with mental health and/or addiction issues are identified and addressed. The COPMIA champion may work within a specific service or across a range of services locally or regionally.

#### **Family- and whānau-focused service delivery is audited regularly**

Service leaders undertake regular audits of family- and whānau-focused service delivery. They then feed back the results to staff and service users and put plans in place to address identified issues.

#### **Service leaders are working towards a family- and whānau-friendly environment**

Service leaders use their best efforts to ensure that the service’s environment is family and whānau friendly. In this environment:

- posters that welcome family and whānau are on the walls
- rooms are large and comfortable enough for families and whānau
- visiting/appointment times are appropriate for families and whānau with children
- staff acknowledge and talk to children when they visit or are in waiting rooms

- a play area is provided for younger children and age-appropriate magazines or other activities are available for older children who are visiting or attending with their parents
- layout and processes ensure that children attending the service with their parents are safe.

### **Directory of community services is available**

All services have an up-to-date list of local parenting, family and whānau support services. This list is readily available for staff and service users.

### **Resources are available for parents about talking to their children about mental health and addiction issues**

Written information for parents about talking to their children about mental health or addiction issues is routinely available. It is tailored to the needs of the people who use the service and the developmental needs of the children.

### **Resources are available for children about mental health and addiction issues**

Age and developmentally appropriate resources (written, web-based or video) that provide information about mental health and addiction issues are routinely available for children.

### **Forms and documents are family and whānau focused**

Electronic or written forms that record personal information, goals and plans include specific space to identify and record:

- the name, date of birth and gender of all dependent children and the usual custody/caregiving arrangements for each child
- strengths and vulnerabilities in relation to parenting, and actions to address any identified vulnerabilities
- family care plans – ‘just in case’ or ‘crisis’ plans that outline the parent’s wishes for caregiving arrangements for dependent children if the parent is temporarily be unable to care for them.

### **Coordinated systems of care for pregnant and postpartum service users are in place**

Systems and guidelines are in place to ensure that pregnant and postpartum service users have access to appropriate supports and services, including:

- a coordinated care plan for the pregnancy, birth and postnatal periods across mental health and addiction, maternity and child health services. These plans include crisis response plans, and plans for alternative temporary child care if required
- access to consult-liaison, assessment and intervention services from specialised perinatal and infant mental health and addiction services as required.

### **Services have access to specialist advice on care and protection issues**

Mechanisms are in place to enable staff of mental health and addiction services to access specialist advice on care and protection issues through either a designated Child, Youth and Family liaison person or through close working relationships between the service and local Child, Youth and Family offices.

## **Interagency planning and information sharing processes are in place**

Processes are in place to support and enable coordinated interagency planning and information sharing to best meet the needs of our most vulnerable children and their families and whānau. These processes focus on the best interests of the children while addressing issues of privacy and confidentiality and identifying and supporting family and whānau strengths.

## **Phase II: Best practice elements**

### **Written pathways for support and treatment are available**

Children of parents with mental health and/or addiction issues and their families and whānau require varying levels of information and support depending on their individual circumstances. Written documents outline the pathways of support and treatment available within and across services, including pathways for those who require information only, for those who require links to natural community support and for those who require more intensive or specialised support and treatment.

### **ICAMH consultation and liaison services**

Mechanisms are in place to enable and support adult mental health and addiction services to access consultation and advice from ICAMH/AOD services regarding the needs of those children who may be in need of more specialised, child-focused services that are not available within the adult service. These mechanisms will also allow for referral to ICAMH services or other more specialised services when necessary.

### **Comprehensive range of resources is routinely available for parents and children**

A comprehensive range of written, web-based and video resources is routinely available for parents and children, including:

- resources providing information for parents on talking to their children about mental health and addiction issues
- age and developmentally appropriate resources for children about mental health and addiction issues.

### **Environment is family and whānau friendly**

The service has a family- and whānau-friendly environment that includes:

- posters on the walls that welcome family and whānau
- rooms large and comfortable enough for families and whānau
- visiting or appointment times that are appropriate for families and whānau with children
- staff acknowledging and talking to children when they visit or are in waiting rooms
- a safe play area and age-appropriate resources and activities in waiting and consultation rooms
- a nappy-changing area for parents with infants
- one or more private, child-friendly areas for families and whānau to visit in inpatient and residential services
- layout and processes that ensure that children attending the service with their parents are safe
- an appropriate and private space for breastfeeding mothers

- options for babies and infants to ‘room in’ with mothers within inpatient and residential services (as and when appropriate)
- mechanisms to encourage and enable parents and their children to maintain contact while parents are using inpatient or residential services.

## Practice-level elements

Staff working within mental health and addiction services will need to recognise and pay attention to the specific family and whānau situation of all service users and to identify and pay attention to the needs of the children of service users. These practice-level elements are outlined below.

### Phase I: Essential elements

#### **Conversations about children, parenting and family and whānau are routine**

At entry into the service and routinely during service use, service users who are parents are asked about their children, their wider family and whānau, and any strengths or vulnerabilities in relation to their parenting. Staff within services feel confident and competent to have these conversations.

#### **Service users are linked to local parenting and family and whānau support services when needed**

Service users who are parents are provided with information about and, when necessary, linked to local services that provide parenting or family and whānau support appropriate to their specific needs. Staff have easy access to up-to-date information about local parenting and family and whānau support services.

#### **Family-inclusive appointments are made when appropriate**

Families and whānau (including children) are included in appointments with staff – as and when appropriate to the needs of the service user and the family and whānau. Staff within services feel confident and competent to involve families and whānau (including children) in appointments when appropriate.

#### **Family care plans are developed as appropriate**

Service users who may from time to time be temporarily unable to care for their children have the opportunity to develop and maintain a family care plan that outlines information about their children’s day-to-day needs and their wishes about care for the children while they are temporarily unable to provide this care. Staff feel confident and competent to work in partnership with service users to develop these plans.

#### **Focused support is provided for pregnant and postpartum women**

Staff pay particular attention to the needs of pregnant and postpartum service users. These women, their partners and their family and whānau have access to:

- coordinated care planning across the health services that they are using, in particular mental health and addiction, maternity and child health services
- advice and support regarding safe use of prescribed medications during pregnancy and breastfeeding

- advice and support regarding use of alcohol and other drugs during pregnancy and breastfeeding
- opportunities to talk about their pregnancy/infant and the impact on their health and wellbeing including any strengths or vulnerabilities in relation to the pregnancy, their developing relationship with their infant and their infant's development
- access to advice, information, assessment and services from specialist perinatal and infant mental health clinicians as required.

### **Staff feel confident and competent to talk about children and parenting**

Service users who are parents access services in which staff feel confident and competent to talk with them about their strengths and vulnerabilities in relation to their children and their parenting. Staff in the service have all received:

- basic-level training on family- and whānau-focused practice, such as the Australian COPMI, Keeping Children in Mind and Child Aware training
- family violence intervention training (Violence Intervention Programme Training)
- orientation processes that ensure they are aware of and familiar with care and protection policies
- orientation processes that ensure they are aware of and familiar with policies outlining responsibilities and requirements in relation to cross-service and cross-sector information sharing.

## **Phase II: Best-practice elements**

### **Family- and whānau-focused practice is embedded in all aspects of service delivery**

Service users access services in which family- and whānau-focused practice is systematically embedded in all aspects of service delivery, including the following.

At the service user's entry to the service, staff:

- consider family and whānau circumstances and needs as part of the triage/prioritisation processes
- identify and document all dependent children, their date of birth and gender
- identify family and whānau strengths and vulnerabilities – including any care and protection issues
- identify existing family and whānau supports, natural community supports and services accessed via other agencies.

During the service user's engagement with the service, staff:

- identify specific family- and whānau-focused goals within personal plans
- develop family care plans
- link service users to natural community support for parents and families and whānau as and when needed
- link service users to more specialised family and parenting support programmes as and when needed
- link service users and their family and whānau to more specialised assessment and treatment programmes such as ICAMH services or perinatal mental health and addiction services when needed.

When the service user is transitioning from the service, staff:

- include family and whānau in transition planning meetings and transition plans.

### **Evidence-based programmes that support parenting and child wellbeing are available in all adult mental health and addiction services**

Service users who are parents are able to access evidence-based COPMIA programmes, such as Let's Talk,<sup>1</sup> through all adult mental health and addiction services.

### **Specialised evidence-based programmes are available for the most vulnerable children and their families and whānau**

At a local or regional level, the most vulnerable children and their families and whānau are able to access specialised programmes that are specific to their needs, including:

- age and developmentally appropriate psycho-education programmes
- parenting support programmes tailored to the needs of parents who use mental health and addiction services
- relapse support programmes
- resilience skills training for children and parents
- family therapy
- ICAMH and perinatal mental health and addiction services.

### **Specialised programmes are in place to address the needs of pregnant women and infants**

Service users who are pregnant or have infants are able to access comprehensive perinatal mental health and addiction services, including both maternal mental health and infant mental health expertise. These services are delivered in line with the guidance outlined in *Healthy Beginnings: Developing perinatal and infant mental health services in New Zealand* (Ministry of Health 2012a).

### **The mental health and addiction sector workforce is confident and competent to address the needs of children of parents with mental health and/or addiction issues**

Service users who are parents come in contact with a workforce that has had comprehensive training and support to work in a family- and whānau-focused way. Staff are confident and competent to address the needs of children of parents with mental health and/or addiction issues. Training includes:

- basic-level training for all staff
- advance training for some or all of the staff (depending on the nature and size of the service)
- specific training programmes for staff working in specialised programmes for children of parents with mental health and/or addiction issues and their family and whānau.

<sup>1</sup> Let's Talk About the Children (Let's Talk) is a brief, evidence-based method developed by COPMI Australia (2015). It trains professionals to have a structured discussion with parents who experience mental illness (or mental health problems) about parenting and their child's needs. It aims to make this conversation a routine part of the partnership between parents and professionals.

**Table 1: Summary of key elements**

<b>Organisational-level elements</b>	
Essential elements	<p>Implementation plans for family- and whānau-focused COPMIA initiatives are in place</p> <p>COPMIA data is routinely collected, recorded and reported</p> <p>The leadership team includes an identified COPMIA leader/champion</p> <p>Documented care and protection policies are relevant to all mental health and addiction services</p>
Best-practice elements	<p>Key performance indicators for family- and whānau -focused practice are in place, and performance against these is regularly audited and reviewed</p> <p>Overarching organisational documents refer to family- and whānau-focused practice</p> <p>Organisational approach is taken to enable and support integrated service delivery for vulnerable children and their families and whānau</p>
<b>Service-level elements</b>	
Essential elements	<p>COPMIA champions work at either a local or a regional level</p> <p>Family- and whānau-focused service delivery is audited regularly</p> <p>Service is working towards a family- and whānau-friendly environment</p> <p>Directory of community services is readily available</p> <p>Resources are available for parents about talking to their children about mental health and addiction issues</p> <p>Resources are available for children about mental health and addiction issues</p> <p>Forms and documents are family and whānau focused</p> <p>Coordinated systems of care for pregnant and postpartum service users are in place</p> <p>Services have access to specialist advice on care and protection issues</p> <p>Interagency planning and information sharing processes are in place</p>
Best-practice elements	<p>Written pathways outline the pathways of support and treatment available within and across services</p> <p>Mechanisms are in place for adult mental health and addiction services to access to ICAMH/AOD consultation and liaison services</p> <p>Comprehensive range of resources is routinely available for parents and children</p> <p>Environment is family and whānau friendly</p>
<b>Practice-level elements</b>	
Essential elements	<p>Conversations about children, parenting and family and whānau are routine</p> <p>Services users are linked to local parenting and family and whānau support services when needed</p> <p>Family inclusive appointments are made when appropriate</p> <p>Family care plans are developed as appropriate</p> <p>Focused support is provided for pregnant and postpartum women</p> <p>Staff feel confident and competent to talk about children and parenting</p>
Best-practice elements	<p>Family and whānau planning occurs routinely in all services</p> <p>Evidence based COPMIA programmes are in place in all adult mental health and addiction services</p> <p>Specialised, evidence-based COPMIA programmes are available when needed</p> <p>Specialised programmes are in place to address the needs of pregnant and postpartum women and their infants</p> <p>The mental health and addiction sector workforce is confident and competent to address the needs of children of parents with mental health and/or addiction issues</p>

---

# References

- Advisory Council on the Misuse of Drugs. 2003. *Hidden Harm: Responding to the needs of children of problem drug users*. London: Advisory Council on the Misuse of Drugs.
- Alcohol Healthwatch. 2007. *Fetal Alcohol Spectrum Disorder in New Zealand: Activating the awareness and intervention continuum*. Auckland: Alcohol Healthwatch.
- Australian Infant, Child, Adolescent and Family Mental Health Association. 2004. *Principles and Actions for Services and People Working with Children of Parents with a Mental Illness*. Stepney: Australian Infant, Child, Adolescent and Family Mental Health Association.
- Battams S, Roche A. 2011. Child wellbeing and protection concerns and the response of the alcohol and other drugs sector in Australia. *Advances in Mental Health* 10(1): 62–71.
- Beardslee WR, Chien PL, Bell CC. 2011. Prevention of mental disorders, substance abuse, and problem behaviors: a developmental perspective. *Psychiatric Services* 62: 247–54.
- Contractor LFM, Celedonia KL, Cruz M, et al. 2012. Mental health services for children of substance abusing parents: voices from the community. *Journal of Community Mental Health* 48: 22–8.
- COPMI Australia. 2008. The importance of being child and family focused. *COPMI Gems: Keeping families in mind*. URL: [www.copmi.net.au/images/pdf/Research/gems-edition-1-july-2008.pdf](http://www.copmi.net.au/images/pdf/Research/gems-edition-1-july-2008.pdf) (accessed 15 July 2015).
- COPMI Australia. 2015. Let's Talk About the Children E-Learning course. URL: [www.copmi.net.au/professionals/professional-tools/lets-talk.html](http://www.copmi.net.au/professionals/professional-tools/lets-talk.html)
- Dawe S, Atkinson J, Evans C, et al. 2007. *Drug Use in the Family: Impacts and implications for children*. Canberra: Australian National Council on Drugs.
- Durie M. 1985. A Maori perspective of health. *Journal of Social Sciences & Medicine* 20(5): 483–6.
- Durie M. 1999. Te Pae Mahutonga: A model for Maori health promotion. *Health Promotion Forum of New Zealand Newsletter* 49: 2–5 December.
- Fraser C, James EL, Anderson K, et al. 2006. Intervention programs for children of parents with a mental illness: a critical review. *International Journal of Mental Health Promotion* 8(1): 9–20.
- Hargreaves J, Bond L, O'Brien M, et al. 2008. The PATS peer support program: Prevention/early intervention for adolescents who have a parent with mental illness. *Youth Studies Australia* 27(1): 43–51.
- Houmoller K, Bernays S, Wilson S, et al. 2011. *Juggling Harms: Coping with parental substance abuse*. London: London School of Hygiene & Tropical Medicine.
- MaGPIe Research Group. 2003. Psychological problems in New Zealand primary health care: a report on the Mental Health and General Practice Investigation (MaGPIe). *New Zealand Medical Journal* 116(1171): U379.
- Merry S, Wouldes T, Elder H, et al. nd. Addressing the social and emotional needs of infants in Counties Manukau District Health Board: the CMDHB Infant Mental Health Project. Unpublished report. URL: [www.werrycentre.org.nz/sites/default/files/IMH\\_Report\\_Literature\\_Review.pdf](http://www.werrycentre.org.nz/sites/default/files/IMH_Report_Literature_Review.pdf) (accessed 15 July 2015).
- Minister of Health and Associate Minister of Health. 2002. *He Korowai Oranga: Maori Health Strategy*. Wellington: Ministry of Health.

- Ministry of Health. 2012a. *Healthy Beginnings: Developing perinatal and infant mental health services in New Zealand*. Wellington: Ministry of Health.
- Ministry of Health. 2012b. *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017*. Wellington: Ministry of Health.
- Ministry of Social Development. 2011. *Vulnerable Children: Numbers and risk factors*. Wellington: Ministry of Social Development Centre for Research and Evaluation.
- NCETA. 2010. *For Kids' Sake: A workforce development resource for family sensitive practice in the alcohol and other drugs treatment sector*. Adelaide: National Centre for Education and Training on Addiction.
- Owen S. 2008. *Children of Parents with a Mental Illness: Systems change in Australia report*. Australia: Australian Infant, Child, Adolescent and Family Mental Health Association.
- Oyserman D, Mowbray C, Allen Meares P, et al. 2000. Parenting among mothers with a serious mental illness. *American Journal of Orthopsychiatry* 70(3): 296–315.
- Pere RR. 1984. Te Oranga o te Whanau: The health of the family. In K Whakahaere (ed), *Hui Whakaoranga: Maori health planning workshop*. Wellington: Department of Health.
- Polkki P, Ervast S, Huupponen M. 2005. Coping and resilience of children of a mentally ill parent. *Social Work in Health Care* 39(1): 151–63.
- Ramchandani P, Stein A. 2003. The impact of parental psychiatric disorder on children: Avoiding stigma, improving care. *British Medical Journal* 327: 242–3.
- Saxena S, Jane-Llopis E, Hosman C. 2006. Prevention of mental and behavioural disorders: implications for policy and practice. *World Psychiatry* 5(1): 5–14.
- Seigenthaler E, Munder T, Egger M. 2012. Effect of preventative interventions in mentally ill parents on the mental health of the offspring: systematic review and meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry* 51(1): 8–17.
- Shonkoff JP, Phillips DA (eds). 2000. *From Neurons to Neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
- Taskforce on Whānau-centred Initiatives. 2009. *Whanau Ora: Report of the Taskforce on Whanau-centred Initiatives*. Wellington: Taskforce on Whānau-centred Initiatives.
- Te Rau Matatini. 2014. *Whanau Ora and COPMIA: The interface. A literature review*. Wellington: Te Rau Matatini Māori Health Workforce Development.
- Templeton L, Velleman R, Hardy E, et al. 2009. Young people living with parental alcohol misuse and parental violence: 'No one has ever asked me how I feel about any of this'. *Journal of Substance Use* 14(3–4): 139–50.
- Wille A. 2006. *Whakamarama te Huarahi: To light the pathways. A strategic framework for child and adolescent mental health workforce development 2006–2016*. Auckland: The Werry Centre for Child & Adolescent Mental Health.

---

# Appendices

## Appendix A: Advisory groups

### Ministry of Health COPMIA Steering Group

Arran Culver	Deputy Director Mental Health
Angela Moorhouse	Senior Contracts Manager Mental Health Service Improvement
Colin Hamlin	Principal Advisor Child Youth and Family Office of the Director General of Mental Health
Catherine Inder	Senior Policy Analyst Family and Community Policy Team
Graeme Beaumont	Senior Advisor Mental Health Service Improvement
Virginia Spackman	Senior Advisor Family and Community Policy Team

### COPMIA Project Group

Anna Nelson	Matua Raki
Anne Brebner	(Formerly) Te Pou
Arran Culver	(Formerly) Ministry of Health
Bronwyn Dunnachie	The Werry Centre
Colin Hamlin	Ministry of Health
Hiran Thabrew	The Werry Centre
Kahu McClintock	Te Rau Matatini
Karlo Mila	Le Va
Lucy Bush	Te Rau Matatini
Lyndy Matthews	Private Practice
Maraea Johns	(Formerly) Te Rau Matatini
Mark Smith	Te Pou
Sue Dashfield	The Werry Centre

## **COPMIA Advisory Group**

Adele Parkinson	The Carolyn Reid Programme
Aroha Whakamoe Noema	MidCentral DHB
Carmel Daly	Child, Youth and Family – Ministry of Social Development
Carolyn Swanson	Te Pou
Clive Benseman	Auckland DHB
Deb Fraser	Mirror Services
Debbie Crichton	Waitemata DHB
Denise Guy	Infant Mental Health Assn, Aotearoa New Zealand
Emma Dore	Supporting Families Auckland
Gerry Walker	(Formerly) Salvation Army
Jenny Boyle	(Formerly) Salvation Army
Joanne Henare	MidCentral DHB
Johnny Siaoasi	Waitemata DHB
Karen Ramsay	Southern DHB
Kelly Pope	The Werry Centre
Luci Falconer	The Werry Centre (Formerly Auckland DHB)
Marijke Cederman	Waitemata DHB
Melissa McCreanor	Pegasus Health
Sonja Worthington	(Formerly) West Coast DHB
Sue Nightingale	Canterbury DHB
Sue Paton	Health Promotion Agency
Trish Davis	(Formerly) Te Rau Matatini
Trish Lumb	Canterbury DHB

# Appendix B: Resources

## Community Checklist

Being a parent is an important role. This checklist invites staff to think about the children, family and whānau of people who are both parents and users of mental health and/or addiction services.

	Please indicate Yes or No, or Don't Know (DK) or Not Applicable (NA)	Comments
<p><b>Our environment</b></p> <ol style="list-style-type: none"> <li>1. Is there a baby changing facility at our service?</li> <li>2. Is there a safe play area with age-appropriate resources in waiting areas? In consultation rooms?</li> <li>3. Are there family-friendly appointment times (eg, can a service user with school-aged children get an appointment during school hours)?</li> </ol>		
<p><b>Coming in to our service</b></p> <ol style="list-style-type: none"> <li>4. When assessing people, do we routinely ask if they are parents?</li> <li>5. Do we ask if they or their partners are pregnant or intending to be?</li> <li>6. Do we use culturally appropriate family and whānau assessment tools, or at least take note of children's ages, locations, carer relationships, etc?</li> <li>7. Do staff make children feel welcome if they visit our service (eg, speak to them directly and at their level, not just to the adults with them)?</li> </ol>		
<p><b>While parents are part of our service</b></p> <ol style="list-style-type: none"> <li>8. Are parents encouraged to talk about their children?</li> <li>9. Are children included in the parent's care plan or, where necessary, in a plan of their own? (See <a href="http://www.werrycentre.org.nz">www.werrycentre.org.nz</a> for examples.)</li> <li>10. Are children/young people able to talk with staff/have their questions answered (given parental permission to do so)?</li> <li>11. Are parents supported in regularly communicating with their children (as appropriate)?</li> <li>12. Are children/young people included in discharge planning, as appropriate?</li> </ol>		
<p><b>Information and support</b></p> <ol style="list-style-type: none"> <li>13. Are age-appropriate information resources/booklets about mental health and addiction issues available for parents to share with their children? Or websites/online resources that staff can recommend?</li> <li>14. Are there culturally appropriate resources about mental health and addiction issues available for parents to share with their children?</li> <li>15. Is the parent supported to discuss with their child's school how the child could best be supported during the parent's recovery?</li> <li>16. Are there staff in our service who specialise in COPMIA* and who are available to children, family and whānau, or to advise staff?</li> <li>17. Do staff have up-to-date information about local services to which they can refer people for parenting, family and whānau support?</li> </ol>		

\* COPMIA stands for 'children of parents with mental illness and/or addiction'. See [www.werrycentre.org.nz](http://www.werrycentre.org.nz)

# Plan for Caring for Children

Being a parent is an important role. This plan helps everyone support the children, family and whānau of people who are parents and who also use mental health or addiction services.

If children need care due to a parent's illness or time in respite/rehab/hospital, it is good to record the wishes of everyone involved ahead of time. The plan is about being prepared and talking through possible processes and issues – the plan may never have to be used.

Take the time you need to work through the plan with staff and support people. Talk with your children, as appropriate, and with family and whānau. The plan is not legally binding; talk about any legal or custody issues with staff and support people as you work through the plan.

**This plan contains information to be used in the care of my/our child/ren, should I/we be unable to care for them temporarily.**

Parents/caregivers	
My name (parent/caregiver)	
Phone	
Another parent/ caregiver's name	
Phone	
Children	
Child's name	
	Date of birth: <span style="float: right;">Male/Female (circle one)</span> Phone:
Child's usual address and who lives with them	(If child lives between two addresses, please note both):
Child's name	
	Date of birth: <span style="float: right;">Male/Female (circle one)</span> Phone:
Child's usual address and who lives with them	(If child lives between two addresses, please note both):

(Include any extra children's names and their details on a separate piece of paper and attach it securely to the top of this page.)

**Should I/we be temporarily unable to care for them, I would like the child/ren to stay with one of the following adults:**

Name	Relationship to child/ren	Phone number/s:

This has been discussed with the people listed  Yes  No  
 The child/ren know how to get there (eg, bus, taxi, getting picked up)  Yes  No  
 I/we know how to contact them if they are there  Yes  No

**I/we do not want the following people to visit or care for the child/ren:**

If there are any current court orders in place preventing a person from visiting or caring for the child/ren, please attach.

Name	Other information

**Important people in the child/ren’s life who may need to be contacted:**

	Name	Phone
Doctor		
Support worker		
Childcare		
Other		
Other		
Other		

## Other important information

Children's school details  
(name and year)

Medications or special health care  
requirements (eg, allergies, illnesses)

Regular things the child/ren are  
involved in (eg, sport, playgroup,  
marae, church – days/times/details).  
Also use the calendar on the next page  
if you like.

Any other information, eg, children's  
likes/dislikes in food or activities; other  
favourite or important things, etc. (Use  
extra pages as necessary.)

**Calendar**

Here is a calendar to detail the things your child/ren do each week (eg, after school activities, seeing friends, appointments, etc). Fill it in only if it's useful and can be kept up to date.

	<b>Morning</b>	<b>Afternoon</b>	<b>Night</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

**If a parent has to be away for a while (eg, in hospital), I/we would like the following to occur, if possible.**

- Children to visit when parent is well enough
- To speak with the child/ren regularly by phone when parent is well enough
- The opportunity for the child/ren and parent to write to/email/text one another
- The opportunity for the child/ren and parent to have photos of each other
- Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please add any other information.**

---

---

---

---

---

---

---

---

---

---

---

## Signatures

This is not a legally binding agreement, but a plan to support children. Talk to staff about the privacy and confidentiality of the people mentioned in this plan, to make sure privacy is maintained.

I, ....., am the legal guardian of  
.....  
..... (children's names)

Signature ..... Date .....

I, ....., am the legal guardian of  
.....  
..... (children's names)

Signature ..... Date .....

## Details of people who have a copy of this plan

Name	Organisation (if applicable)	Phone

This resource was developed by the Children of Parents with Mental Illness (COPMI) initiative and funded by the Australian Government. It has been adapted by the Werry Centre for trial purposes within selected services in New Zealand. Further information can be found at [www.copmi.net.au](http://www.copmi.net.au) | © aiCaFMHa 2012.

# Residential/Inpatient Checklist

Being a parent is an important role. This checklist invites staff to think about the children, family and whānau of people who are both parents and users of mental health and/or addiction services.

Please indicate Yes or No, or Don't know (DK) or Not applicable (NA)	Comments
<p><b>Our environment</b></p> <ol style="list-style-type: none"> <li>1. Is there a baby changing facility at our service?</li> <li>2. Is there a separate area where family and whānau can visit together with some privacy?</li> <li>3. Is there easy access from this area to toilets, water/hot drinks, healthy snack-making facilities, play equipment or secure outdoor space?</li> <li>4. Is there a safe play area with age-appropriate resources (eg, coloured pencils, books, interactive toys/games, craft activities that parents and children can do together)?</li> </ol>	
<p><b>Coming in to our service</b></p> <ol style="list-style-type: none"> <li>5. When assessing people, do we routinely ask if they are parents?</li> <li>6. Do we ask if they or their partners are pregnant or intending to be?</li> <li>7. Do we use culturally appropriate family and whānau assessment tools, or at least take note of children's ages, locations, carer relationships, etc?</li> <li>8. Do staff make children feel welcome if they visit our service (eg, speak to them directly and at their level, not just to the adults with them)?</li> <li>9. Are parents encouraged to have their children's photos by their beds if they wish?</li> </ol>	
<p><b>While parents are part of our service</b></p> <ol style="list-style-type: none"> <li>10. Are parents encouraged to talk about their children?</li> <li>11. Are children/young people able to talk with staff / have their questions answered (given parental permission to do so)?</li> <li>12. Can children and young people easily contact their parents while in our facility (as appropriate), and do parents have some privacy when responding to them?</li> <li>13. Are parents supported in regularly communicating with their children (as appropriate)?</li> <li>14. Can babies and/or toddlers 'room-in' with their parent if the parent is well enough?</li> <li>15. Are children/young people included in discharge planning, as appropriate?</li> </ol>	
<p><b>Information and support</b></p> <ol style="list-style-type: none"> <li>16. Are age-appropriate information resources/booklets about mental health and addiction issues available for parents to share with their children? Or websites/online resources that staff can recommend?</li> <li>17. Are there culturally appropriate resources about mental health and addiction issues available for parents to share with their children?</li> <li>18. Are there staff in our service who specialise in COPMIA* and who are available to children, family and whānau, or to advise staff?</li> <li>19. Do staff have up-to-date information about local services to which they can refer people for parenting, family and whānau support?</li> </ol>	

\* COPMIA stands for 'children of parents with mental illness and/or addiction'. See [www.werrycentre.org.nz](http://www.werrycentre.org.nz)

# Talking with Your Children about Your Mental Health or Addiction Issues

---

Talking with your children about your mental health or addiction issues can help them make sense of changes they see in you and the family and whānau. Without your support, your children will try to make sense of these changes on their own. Talking with them will reduce their confusion.

You need to tell them enough to reduce their concerns about your issues and how you are being supported – and they need to know that they aren't to blame.

You might be worried that talking about your issues with your children will burden them. In fact, many parents say that their children are reassured to learn about why things might be 'different' and that their parents are taking steps to manage the issues.

## **Be prepared**

It is important to think ahead about what you will tell your children about your issues. Think about how old they are and what sort of things they will understand.

Also, think about what you know about your issues. When you and other family and whānau understand mental health and addiction issues, and the types of support and treatments that are available, you'll be more comfortable talking about them with your child. You can research this yourself or ask your health workers for information.

The internet has a lot of information about mental health and addiction issues. Some of this information is not very helpful or correct. If you're not sure if the information you find is true, discuss it with your health workers or support people before sharing it with your children.

## **What children know**

Children are very observant and are usually able to discuss changes to do with their parent's mental health or addiction issues (despite well-meaning efforts to keep them hidden). Try thinking about what your child might notice about what is happening for you.

Children also have very active imaginations and often think things are worse than they really are. And they tend to blame themselves and may feel responsible for what their parents do. This is why it's so important to tell your children about what is really going on.

## **How to start**

It can help your children if you 'normalise' the issues. You can do this by referring to another friend or family member they know who has a similar issue, or someone they know from TV or sports (eg, John Kirwan's depression campaign).

Explain that mental health and addiction issues are common – one in four people have a mental health problem – but people don't always like to talk about them.

You might explain your situation by comparing it with breaking a leg or having a physical illness – your mind can also be unwell or 'broken' for a while. You might ask your children if they've noticed any unusual behaviour and then explain why it is happening.

You can talk about how these issues might affect them and others in the family and whānau.

## **Practical tips**

- Avoid keeping mental health and addiction issues a 'secret'.
- Keep your first discussion simple.
- Just one talk is not enough. Children will have questions, and these will change over time.

- Talk to your children about recovery; tell them that people can manage these issues and live really good lives.
- Encourage your children to talk about what they notice and understand about your symptoms and behaviours.
- Ask them what they understand about the words they use to describe mental health and addiction issues. Children often use words they've heard but don't understand.
- Give correct, basic information that your children can understand. Don't support any wrong 'explanations' they may have made up or heard from others. For example, 'drug education' at school may be useful but can also make your children worry about things that aren't part of your experience.
- Ask your children about their fears or worries and make practical plans to try to reduce these.
- Make it clear that the problem isn't your children's fault and it's not their responsibility to make you better.
- Some children like to help. If so, you can suggest small things they can do when you're unwell, like tidying up their toys or drawing a picture for you.
- Point your children to the information on our website for children who have a parent with a mental health or addiction issue ([www.werrycentre.org.nz](http://www.werrycentre.org.nz)). Your mental health clinician might be able to recommend books or movies that could also help you discuss these issues.

### **Foster an open relationship**

Encourage your children to talk with trusted, supportive friends and family and whānau about what is going on. It's important to have an open and safe relationship with your children that enables them to ask all the 'scary', worst-case questions when they need to. Making them feel safe so they'll ask these questions and express their feelings is good for their development and wellbeing.

### **Recovery and self-care**

It's important to look after yourself and seek help when needed as this will reassure your children. Also, children see and copy choices their parents make. When you look after yourself, you're teaching your children to care for their own mental and physical health, too.