



Families where a Parent has a Mental Illness (FaPMI)

Strategic Priorities 2019–2022



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Acknowledgements

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GLOSSARY OF TERMS

CHAMPS: CHAMPS peer support programs aim to give children aged 8–12 years old (and parents/ carers) opportunities to spend time with others who may have had similar experiences to gain support and age-appropriate information about mental illness. These programs compliment the support which may be provided by others working with families. They are designed to facilitate discussion about mental illness and the impact on families using formats that are appealing to children and adults.

CMI: Client Management Interface - The CMI is the local client information system used by each public mental health service.

FaPMI File Audit Tool: An existing tool that provides feedback from AMHS community and bed-based data via a sample of randomly selected client records. Analysis of statewide data is conducted by The Bouverie Centre

Let's talk about Children: (Let's Talk) is a brief, evidence-based method that trains professionals to have a structured discussion with parents who experience mental illness about parenting and their child's needs.

Program Monitoring Tool: Demonstrates local level practice regarding the FaPMI program and initiatives. The analysis of this data over time will show practice shifts and areas requiring quality improvement

Space4Us: a peer-support program for 13–18 year-olds who live with, or have significant contact with, a parent and/or family member who has a mental illness. Space4Us gives these young people an opportunity to share their experiences and receive support from other young people in similar situations.

SSFC – Single Session Family Consultation: A time-limited and structured process for meeting with a client and her or his family and is focussed on achieving realistic and negotiated goals.

TIMEFRAME AND RESOURCES

The strategic priorities will be tracked by financial year:

- YEAR 1: 1 July 2019 – 30 June 2020 *
- YEAR 2: 1 July 2020 – 30 June 2021
- YEAR 3: 1 July 2021 – 30 June 2022

* As Year 1 has already commenced, the FaPMI statewide team will contact each AMHS once the document has been circulated to arrange a meeting (face to face or via Zoom) to discuss these strategic priorities and local implications.

A plus (+) sign in the year column this indicates that the priority for that year will be ongoing. If no plus is seen the task is a discrete action that will end that financial year.

Each year resources will be emailed out to AMHS with templates and links to support the actioning of the strategic priorities.

ABOUT THE FAPMI PROGRAM

The FaPMI (Families where a Parent has a Mental Illness) program aims to improve outcomes for clients who are parents, their children and their families by reducing the impact of parental mental illness on all family members through timely, coordinated, preventative and supportive action within Adult Mental Health Services (AMHS). The program is operationalised through the appointment of local FaPMI co-ordinators who work within AMHS and with network partners to improve their response to families where a parent has a mental illness. The program has been funded by the Victorian State government since 2007 and was expanded in 2016 to extend coverage to all Victorian clinical adult mental health services and to enhance the statewide co-ordination of the program.

The FaPMI program is coordinated at the statewide level by The Bouverie Centre, a practice-research centre of La Trobe University.

Integral to the program are principles of family inclusion, valuing the contributions of people across the life span with Lived Experience, adopting trauma recovery and strengths-based frameworks, and consideration of the particular needs of families from culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander backgrounds.

ABOUT THE STRATEGIC PRIORITIES

These priorities provide a shared focus of activity across Victoria's clinical mental health services; increased opportunities for sharing knowledge between AMHS and greater consistency in achieving the aims of the FaPMI program. The strategic priorities will inform the development of local FaPMI plans and The Bouverie Centre's coordination of the FaPMI program.

The priorities are intentionally aligned with the Chief Psychiatrist's guideline - working together with families and carers (2018), which highlights the requirement for rigorous data collection for mental health services to:

- Identify family members and carers (including children and young carers) at first contact with the service
- Collect, review and maintain family members' and carers' contact information
- Better identify the parenting status of consumers and their dependent children

The FaPMI strategic priorities follow a general process of three principles:

Year 1: Review, map, and scope

Year 2: Collect and collate data and information

Year 3: Implement new initiatives or build on existing work

FAPMI STRATEGIC PRIORITIES 2019-2022

STRATEGIC PRIORITY 1:

Improve data collection, analysis and utilisation

Effective processes for collecting and analysing data will inform priorities for local and statewide action

STRATEGIC PRIORITY 2:

Enhance clinical practice

Mental health practitioners equipped with relevant and effective practice models will achieve improved outcomes for families where a parent has a mental illness

OUR AIM

To improve outcomes for clients who are parents, their children and their families by reducing the impact of parental mental illness on all family members through timely, coordinated, preventative and supportive action within AMHS

STRATEGIC PRIORITY 3:

Strengthen Partnerships

Effective working relationships between AMHS and services relevant to children and families will enable AMHS clients, their families and children to access these services in a timely and coordinated manner

STRATEGIC PRIORITY 4:

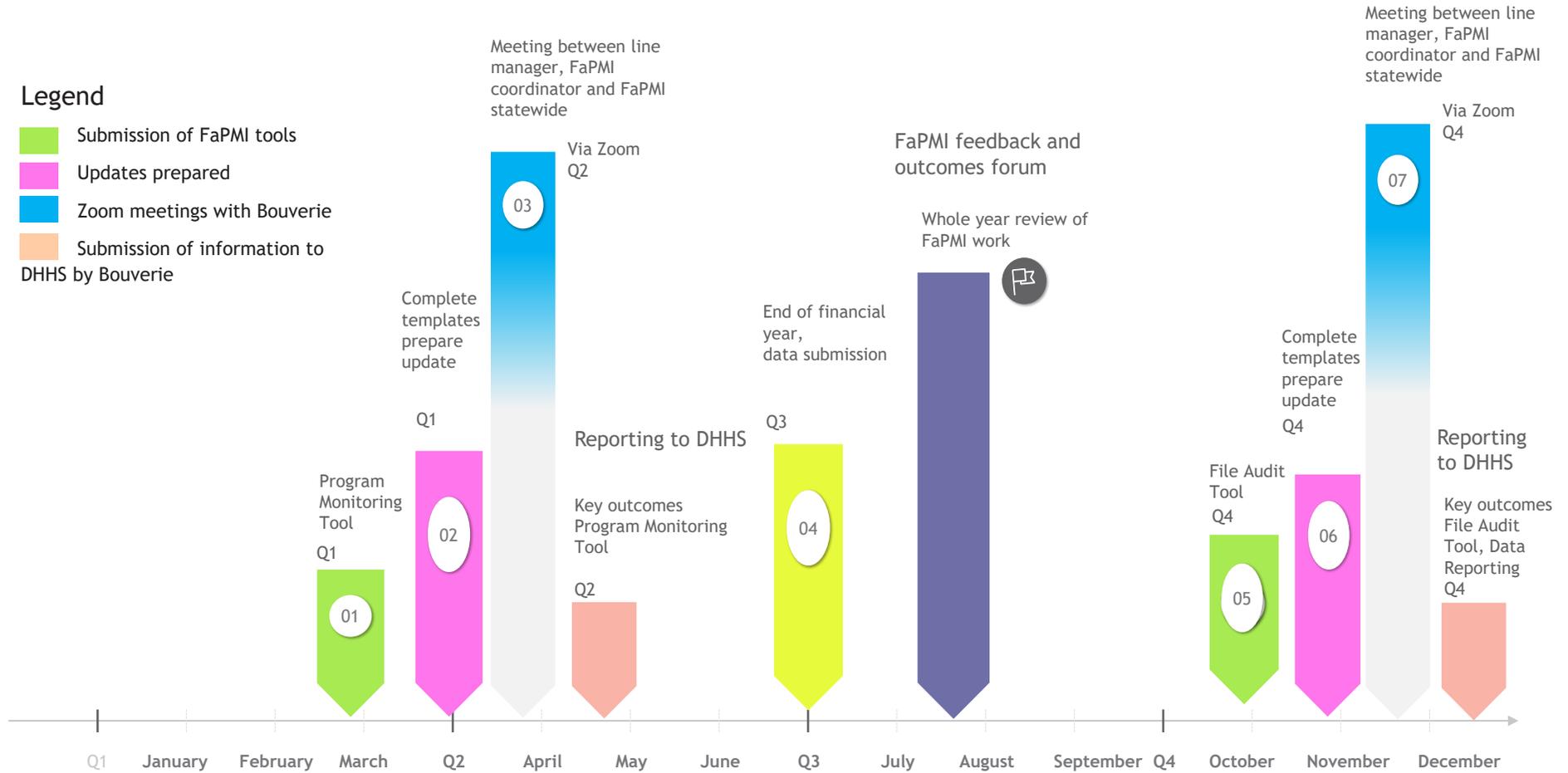
Respond to local need

FaPMI program activity will be tailored to reflect and respond to the diverse local needs of families where a parent has a mental illness. The approaches undertaken by AMHS to respond to these needs will vary across Victoria

ANNUAL FAPMI MILESTONES

Legend

- █ Submission of FaPMI tools
- █ Updates prepared
- █ Zoom meetings with Bouverie
- █ Submission of information to DHHS by Bouverie



STRATEGIC GOAL 1: IMPROVE DATA COLLECTION, ANALYSES AND UTILISATION

Effective processes for collecting and analysing data inform priorities for local and statewide action

Strategic area	Activities	Year	Measures of progress
1.0 Parent client data collection	Identify any current issues around the collection of parent client data, including accuracy and completeness	1	YEAR 1: Provision of feedback at the bi-annual Bouverie/AMHS meeting regarding the collection of parent client data
	Report on any identified deficits in collection and propose strategies for addressing gaps	1	
	Produce a profile of clients who are parents from existing registration (PR1/MH1) data identifying key demographic information	2+	YEAR 2: Document produced with data from July 1, 2020 to June 30, 2021 showing all parent clients in this range PARENT CLIENT DATA COLLECTION: (Resources year 2)
	Ensure that the parent client data profile is appropriately shared across AMHS and as appropriate incorporated into existing reporting of client data and service activity	2+	From Registration (PR1/MH1) <ul style="list-style-type: none"> • Living status (children) • Date of Birth • Sex • Country of Birth • Indigenous status • Marital status • Referral Source OR Referral Services
	Use the parent client profile to regularly review and inform FaPMI program workplans, and service improvement activities	3+	YEAR 3: Workplans reviewed using parent client profile data to identify local priorities Service improvement activity is informed by parent client data

Strategic area	Activities	Year	Measures of progress
1.1 FaPMI program tools: Program monitoring tool File Audit Tool	Submit information for the Program Monitoring Tool annually by the end of February	1+	YEAR 1: Program monitoring and File Audit Tools are submitted annually in line with the milestone dates Provide the following information from the 'Internal File Audit Tool Report' for discussion at the second zoom meeting in quarter 2:
	Complete the File Audit and submit the community based and bed-based spreadsheets annually in October	1+	<ul style="list-style-type: none"> • Areas of best practice • Areas for further development or improvement • Recommendations / Implications for service • Activities for FaPMI work plan as a result of the File Audit
	Review any deficits or strengths identified in the Program Monitoring and File Audit Tools	2+	YEAR 2: Gap analysis undertaken for FaPMI services based on reporting from the Program Monitoring and File Audit Tools. (<i>Resources year 2</i>)
	Use data collected from tools to identify areas for service improvement	3+	YEAR 3: Evidence provided of service improvement strategies relating to data from FaPMI Tools
	Implement plans to improve service responsiveness to FaPMI families according to output collected from the tools	3+	

Strategic area	Activities	Year	Measures of progress
1.2 Identification of dependent children	Review existing processes for identifying dependent children	1	YEAR 1: Complete an audit of current data collection processes to identify any dependent children data (for examples see <i>Resources year 1</i>)
	Establish or strengthen processes for collection data about dependent children of parent clients	2+	YEAR 2: Implement (or continue to utilise) methods of collecting information on dependent children of parent clients including the following data fields: <ul style="list-style-type: none"> • Number of dependent children • DOB of each child • Sex of each child
	Provide evidence of existing tools which routinely collect data about dependent children of parent clients	2	
	Use the data collected regarding dependent children of parent client's profile to review FaPMI workplan and inform service improvement activities.	3+	YEAR 3: Demonstrate use of dependent children data of parent clients in service planning and quality improvement activity

STRATEGIC GOAL 2: ENHANCE CLINICAL PRACTICE

Mental health practitioners equipped with relevant and effective practice models will achieve improved outcomes for families where a parent has a mental illness

Strategic area	Activities	Year	Measures of progress
2.0 Let's Talk and Single Session Family Consultation (SSFC)	Review the practice models Let's Talk / SSFC (specific focus on working with families where there are dependent children) and select one or both according to the best fit for service	1	YEAR 1: Select focus of activity <ul style="list-style-type: none"> Let's Talk, and/or SSFC
	Review local mental health workforce in context of the above practice models	1	Local staffing information utilised to assess the current capacity to deliver Let's Talk and/or SSFC
	Using the tools provided, undertake implementation planning for Let's Talk and/or SSFC, including setting targets for: <ul style="list-style-type: none"> Numbers of offers made to client Numbers of sessions conducted Numbers of clinicians using the practice model Implement your chosen model/s	2	YEAR 2: Implementation tools completed, from supplied templates (<i>Resources year 2</i>): <ul style="list-style-type: none"> Readiness tool Readiness thinking Implementation checklist Implementation plan completed and data collected for SSFC and/or Let's Talk
	Report on implementation of Let's Talk and/or SSFC	2	
	Build on implementation of program/s and report on progress	2+	
	Embed your chosen models into the AMHS model of care, ensuring that it aligns with other family inclusive related workforce development initiatives Support the sustained implementation of Let's Talk and SSFC	3+	YEAR 3: Complete package that will be provided to collect data on: Clinician training <ul style="list-style-type: none"> People trained Program area Purpose of training Internal, external or combined Where training was conducted Duration of training Evaluation of training delivered Uptake documented <ul style="list-style-type: none"> Numbers of offers made to client Numbers of sessions conducted Numbers of clinicians using the practice model

Strategic area	Activities	Year	Measures of progress
2.1 Other workforce development activities	Document other training/professional development opportunities provided by FaPMI coordinators to clinicians within AMHS to enhance skills in working with families where a parent has a mental illness	1	YEAR 1: Online workforce initiatives survey tool completed biannually (Resources year 1)
	Review and report on the implementation of specialist peer support programs	2+	YEAR 2: Online survey tool completed biannually Workforce section of baseline tool completed (Resources year 2) Specialist peer support programs (e.g. CHAMPS, Space4Us, Parent peer support group)
	Complete workforce section of FaPMI baseline tool and resource	2	<ul style="list-style-type: none"> • Number of facilitators trained • Number of group programs run • Number of participants Evaluation data submitted to Bouverie
	Using collected data and other related information, develop a FaPMI workforce development implementation plan based on local needs for the next three years 2022-2024	3+	YEAR 3: Implementation plan developed to strengthen or roll out FaPMI workforce initiatives in the AMHS

STRATEGIC GOAL 3: STRENGTHEN PARTNERSHIPS

Effective working relationships between AMHS and services relevant to children and families will enable AMHS clients, their families and children to access these services in a timely and coordinated manner

Strategic area	Activities	Year	Measures of progress
3.0 Partnerships	Map the FaPMI related partnerships/collaborative work currently occurring between the AMHS and network partners (consideration is given to collaborative/co-design projects with consumer and carer peak bodies and people with lived experiences)	1	YEAR 1: Document using the information provided in the Program Monitoring tool document: (<i>Resources year 1</i>) <ul style="list-style-type: none"> • What agreements are established • How are these demonstrated • Strength and formalisation of partnerships Online partnerships assessment tool completed biannually
	Support the development of resources that promote effective partnerships (MOU's, joint protocols)	2+	YEAR 2: AMHS will conduct a more in depth review of its engagement with external FaPMI relevant organisations and forums using the checklist from year one and seek to develop any new partnerships that supports FaPMI work
	Develop relationships with relevant organisation within mental health and network partners to authorise and support better integration and co-ordination of services for families where a parent has a mental illness	3+	YEAR 3: The Bouverie Centre in 2021 will deliver a half day forum with a focus on best practice in building and sustaining effective partnerships The effectiveness of already formed partnerships is continually evaluated and assessed at a local level
	Foster the sustained implementation of specialist peer support group programs, partnerships and initiatives that directly benefit families	3+	

STRATEGIC GOAL 4: RESPOND TO LOCAL NEED

FaPMI program activity will be tailored to reflect and respond to the diverse local needs of families where a parent has a mental illness. The approaches undertaken by AMHS to respond to these needs will vary across Victoria

Strategic area	Activities	Year	Measures of progress
4.0 Responding to local need – Local projects	A statewide project register is developed and disseminated by Bouverie to enable sharing of project knowledge and collaboration	1	YEAR 1: Program monitoring tool is used to report key projects past and projected Mapping activity is undertaken to identify needs that are specific and relevant to the AMHS, using local knowledge and data New project identified addressing a local need or build on an existing one, use the project register to facilitate information sharing.
	Assess any gaps in service provision and context of local need	1	
	Project feasibility is considered and if required other funding opportunities are scoped for project development (local government, philanthropic trusts, state government)	1	
	Consider co-designing the project with a partner organisation or persons with lived experiences (utilise information from mapping activity in strategic goal 3)	1	
	Use demographic data and results from Program monitoring tool and File Audit Tool to inform project planning	2+	YEAR 2: Project template completed for a local significant new or existing FaPMI project (<i>Resources year 2</i>)
	Develop a project plan that will address the identified need including an evaluation plan	2+	
	Promote the project internally and to external stakeholders Deliver and evaluate the selected project	2+	
	Document project outcomes, any recommendations from the project and how these may contribute to sustainable possible outcomes.	3+	YEAR 3: Deliver the project Final report template completed including evaluation, outcome and recommendations