

Families where a Parent has a Mental Illness (FaPMI)

Program Guidelines

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Mental Health Branch, Health Service Performance and Programs Division



Health
and Human
Services

Purpose

The purpose of these guidelines is to provide operational advice to support the planning and delivery of the *Families where a Parent has a Mental Illness* (FaPMI) program, via Victoria's adult Area Mental Health Services (AMHS).

Background

The FaPMI strategy was launched in 2007 with the aim of reducing the impact of parental mental illness on all family members through timely, coordinated, preventative and supportive action within AMHS.

The 2016-17 Victorian State Budget enabled state-wide coverage of the FaPMI program.

Policy context

In November 2015, the Victorian Government launched Victoria's 10-Year Mental Health Plan to guide investment and drive better mental health outcomes for Victorians. The 10-Year Mental Health Plan recognises the importance of intervening early, and amongst its priorities it includes a focus on infants, children, young people and their families.

Improvements in child and youth mental health, and strengthening support for families, will also assist the Victorian Government's major reforms in response to the Royal Commission into Family Violence. The Royal Commission has provided practical recommendations to prevent and address family violence, based on an examination of the current service system and best practice approaches.

Other key policy areas that impact on child and youth mental health include:

- the *Roadmap for Reform: Strong Families, Safe Children*, setting out how the Victorian child and family service system can be improved to support our most vulnerable children and families
- the *Public health and wellbeing plan 2015-2019*, which establishes a new health vision for the state: a Victoria free from the avoidable burden of disease and injury, so that all Victorians can enjoy the highest attainable standards of health, wellbeing, and participation at every age. Mental health is one of six key priorities in this plan
- *Health 2040*, a process for long-term reform of the health system in Victoria, based on the perspective of the people who use the system. This includes thinking about the alignment of the mental health system with the broader hospital and community health sector, and ways to ensure that the most vulnerable members of the Victorian community have access to the kinds of support and treatment services they need.

Objectives

- Increase the capacity of adult AMHS to provide a family-inclusive (considering the needs of all family members) response to the parenting needs of consumers and the needs of their children.
- Increase the capacity of adult AMHS network partners (such as family violence services, drug and alcohol services, services to Aboriginal communities, housing services, child protection, youth and family services, maternity, infant and early childhood services, primary care and education) to recognise and respond appropriately to parental mental illness.
- Establish and strengthen service networks in partnership with consumers and carers to provide a coordinated and collaborative response to the needs of families where a parent has a mental illness.

Target Group

This program will support clients of adult AMHS who have dependent children. The priority is on better understanding the needs of all families where a parent has a mental illness and the associated risks for all family members, including children.

Priority will be given to:

- consumers who are experiencing family violence
- consumers experiencing substance abuse
- Aboriginal communities
- consumers experiencing housing security issues
- families with involvement from Child Protection.

Service Model

- Ensure consumers who are parents, and their children, are routinely identified.
- Promote greater involvement by consumers and their families/support networks in decisions about their assessment, treatment and recovery in line with the principles of the *Mental Health Act 2014* (Victoria).
- Improve the ability of the service to support parents with a mental illness, their children and their families at critical points in care and across the family life cycle.
- Support mental health clinicians in developing family care planning to tailor service delivery to respond to the needs of all family members, particularly children.
- Build the capacity of the clinical mental health workforce to deliver relevant and evidence-based family-inclusive interventions.
- Increase linkages between agencies to facilitate timely referral pathways and collaborative work between agencies to deliver a more coordinated response to families where a parent has a mental illness.
- Deliver family-inclusive training and consultation to mental health clinicians and network partners.
- Advocate for the operation of programs for parents, children and young people.
- Facilitate the dissemination of high quality information and resources regarding parental mental illness for families, mental health clinicians and other human service workers.
- Family-inclusive support to be provided as part of an integrated model from the health service.
- Deliver support through brokerage funding, see Attachment A, Guidelines for Brokerage Funding: Families where a Parent has a Mental Illness (FaPMI) Program.

State-wide coordination – The Bouverie Centre

The Bouverie Centre will play a role in state-wide coordination and support of the FaPMI program by:

- providing support in the recruitment of FaPMI coordinators to adult AMHS
- regularly liaising with FaPMI coordinators and service management to provide expert advice about their ongoing work
- facilitating regular meetings of FaPMI coordinators to provide professional development, exchange collaboration between coordinators and to enable contribution to the program at a state-wide level
- delivering family-inclusive evidence-based training to FaPMI coordinators and the adult AMHS more broadly
- providing a central point of communication on the FaPMI program to the department and other sectors more broadly.

Deliverables

Health services will be required to deliver community service hours. The expected hours are calculated by dividing the total funding (minus brokerage funds) by the community service hour rate. The community service hour rate is published each year in the department's Policy and Funding Guidelines.

Reporting

Client Management Interface/Operational Data Store (CMI/ODS)

A requirement of the FaPMI program is for activity to be recorded via the CMI/ODS. To ensure this is done correctly, health services should:

- Be aware of the client registration process.
 - Not all participants of this program will be required to be registered on the CMI/ODS.
- Be aware of the correct process for recording contacts.
 - Including the various types of community contacts.
 - Recording of contacts where clients are unregistered, ensuring sufficient demographic details are obtained.
- Make sure the FaPMI program has been set up correctly within the CMI/ODS. New and existing FaPMI services should be set up with the following details:

Mental Health Program	Subcentre Type	Program Classification	Program Type	Fund Source	Target Population
FaPMI	Community	Community	Comm, FaPMI – Child & Adolescent (CF1) or Comm, FaPMI- Adult (CF2)	Adult Integrated Community Services	Children of Parents with Severe Mental Illness or Drug Abuse

Further information about the correct use of CMI/ODS can be found on the Victorian Government's website. In particular, see the sections on: Registration of Clients, CMI/ODS Service Contacts and Subcentre Maintenance. <https://www2.health.vic.gov.au/mental-health/research-and-reporting/reporting-requirements-for-clinical%20mental-health-services>

Mental Health Program Meetings

In 2016-17 and 2017-18, reporting on the progress of service delivery for children aged 0-12 will be an agenda item for health service mental health program meetings with the department.

Funding recall

As outlined in the 2016-17 Policy and Funding Guidelines for mental health non-admitted services, there is no recall between 0-5 percent below target.

If more than five percent below target, the department may recall funds at the relevant rate. The amount subject to recall is that beyond the five per cent underperformance.

Outcomes

Service providers will work with consumers and families to achieve the following outcomes:

Consumer Outcomes

- Parents who have a mental illness are able to access mental health services for treatment and rehabilitation that are also mindful of their parenting role, and are routinely offered appropriate information and support.
- Reduction in consumers experiencing family break-up.

- Lower rates of suicide and self-harm.
- Reduction in drug and alcohol misuse.
- Improved social and economic participation.
- Dependent children and young people whose parent has a mental illness will have their own support needs recognised by their parent's mental health service or other participating service, therefore having their own mental health optimised.

Improved Long Term Outcomes

- Increased safety.
- Reduction in risky behaviours.
- Improved family cohesion.
- Improved mental health outcomes for children

Services System Outcomes

- Increase in workforce capacity in family-inclusive practice, with particular increase in supporting children.
- Increase in collaboration with other family support services.

Attachment A

Guidelines for Brokerage Funding: Families where a Parent has a Mental Illness (FaPMI) Program

Context

The purpose of these guidelines is to describe the parameters under which FaPMI may be used to fund brokerage activities for consumers under the broader FaPMI Program Guidelines.

Brokerage is incorporated into funding provided for FaPMI. Each year, AMHS will receive \$16,000.

Rationale

The department recognises that some consumers may occasionally need support to address a pressing need or to prevent a critical situation that falls outside the scope of a provider's usual service delivery or which cannot be readily met by an alternative health or community service, funding source and/or the consumer themselves. Under these exceptional circumstances, brokerage funding may be used on behalf of a consumer to ensure maximum responsiveness and flexibility to need.

Key features of brokerage arrangements

Health services:

- must have a documented policy for the use of brokerage funding which takes into account the requirements described in these guidelines
- must establish safeguards and processes to ensure that brokerage funds are used appropriately and consistently across their service. This includes processes related to any delegated authority given to individual staff to use funding for this purpose
- are to work with a recipient to put in place a longer term solution to prevent/reduce potential for repeated use of brokerage to address a particular need
- are responsible for understanding the availability and quality of support services in their community that may be suitable to meet the needs of their consumers and developing referral pathways to these services
- must ensure that the use of brokerage funds does not duplicate the use of brokerage funds from other sources.

What can brokerage funding be used for?

Brokerage is only to be used for the purchase and provision of goods and services to address a need and/or for the prevention of an emerging situation for which no alternative response is available. The funds should be allocated at the FaPMI coordinator's discretion in agreement with their manager.

While brokerage funding is not to be used to pay for goods or services for which an alternative funding source or program exists, the exception to this is where such support is not readily available and the need has been assessed as urgent. For example:

- food and clothing may be purchased in the case of emergency where there is no readily available material aid service in the area that can assist, and the consumer is unable to pay for themselves
- practical support for families, such as transport, recreational programs, child care and school support.