Monash University

Title: Excellence in research and evaluation: making a difference for families living with parental mental illness

Date of commencement: 2003

Brief description of research project (150 words limit)

Our research aims to stop the intergenerational cycle of mental illness. In collaboration with parents, children and other family members we have established a broad body of research that involves

i. developing and evaluating child and parent interventions;
ii. designing and evaluating professional development materials for various mental health workers including psychiatrists, psychologists, general practitioners, teachers, social workers and psychiatric nurses;
iii. delivering research and evaluation training opportunities for mental health workers and university students; and
iv. continually providing an evidence informed contribution to government and organisational policies and workforce procedures.

To better support families, we focus on strengthening the capacity of the workforce to promote the mental health and wellbeing of children whose parents have a mental illness. Our ultimate aim is that our research and evaluation activities make a substantial and long lasting difference to the lives of vulnerable children and their families.

Research and evaluation team:

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Introduction and overview of application

Children whose parents have a mental illness are a particularly vulnerable group. One of our initial, seminal studies was the first Australian estimation of the extent of this issue, finding that one in five Australian children have a parent with a mental illness (Maybery, Reupert, Patrick, Goodyear & Crase, 2009). Compared to their same aged peers, these children are at higher risk of poorer psychological health, dropping out of school and increased behavioural and developmental difficulties. Often this leads to ongoing psychological problems as adults and so the cycle continues with their own children. Both genetics and family dysfunction contribute to the cycle-of-mental-illness in families.

Notwithstanding the many problems these young people face, mental health services typically focus on the mental health needs of the mental health consumer; they do not support parents in their parenting role, nor intervene with children unless there are issues with abuse or neglect. Our work aims to stop the intergenerational cycle of mental illness by better understanding the problems for these families and by enhancing the capacity of the workforce to identify and respond appropriately.

1. Evidence of contribution to, or potential impact on, mental health service improvement

As outlined below, our work has had a significant impact on service improvement.

Impact on service delivery and practice

A major initiative we have led is:


This four-year project trialled a modified intervention called Let’s Talk About Children, for parents experiencing major mental health problems. The intervention was modified to incorporate recovery. The project involved engaging with over 50 adult mental health, rehabilitation and family services across Victoria, the development and evaluation of professional development opportunities (e.g. Tchernegovski, Reupert & Maybery, 2015), three community forums (with over 100 participants attending at each) and the use of our Family-Focused Mental Health Practice Questionnaire as an audit tool. Significantly, 31 trainers and over 400 practitioners were involved, resulting in large scale workforce change in Victoria. Post training, workers reported being more confident and competent to work with consumers on their parenting and to support their children.

Changes in pre, post and follow-up measures identified important changes for parents as a result of the Let’s Talk About Children intervention. In comparison to parents who did not receive the intervention, parents receiving Let’s Talk About Children reported

- significantly less parenting stress
- more parenting satisfaction
- improved locus of control in their parenting role
- significant improvements in family functioning
- improved perceived therapeutic alliance between a parent and their practitioner.

Additionally, and as evident in the following publication, our research has explicitly examined those factors that impact on workforce change, providing clear guidance for promoting family focused practice:


Development and provision of national training programs in program evaluation

In 2007 we developed and trialled the Smart Skills training approach for workers who regularly design and/or deliver interventions, initiatives and programs related to children, parents and/or families. The aim of "Smart Skills: Program Development and Evaluation" is to encourage workers to reflect on, and refine their practice, thereby increasing the evidence base of the mental health and wellbeing programs they facilitate. The two-day face to face
training involves small and large group discussion, lectures and case studies. The two days of training is followed by regular monthly mentoring sessions - providing a forum to implement program logic and program evaluation in their workplaces. Our evaluation of the training program demonstrated significant and six month sustained increases in participants' knowledge, confidence and behaviour in regard to program evaluation and the use of program logic:


The training program is still being delivered and extended, with a forthcoming special issue in Advances in Mental Health specifically devoted to publishing the efforts of clinicians evaluating their work in a rigorous and evidence based manner.

We have also developed a suite of online support resources (information sheets, checklists, evaluation questionnaires) on the Children of Parents with a Mental Illness website (see Appendix and http://www.copmi.net.au/professionals-organisations/what-works/evaluating-your-intervention/workforce). These resources aim to support training initiatives as well as provide a standalone evaluation and research resource for practitioners, evaluators and researchers. The development and maintenance of the website was financially supported by the national Children Of Parents with a Mental Illness (COPMI) initiative. In collaboration with the COPMI initiative we also provided evaluation training programs with five groups of 40 participants across Australia (Brisbane, Sydney, Perth, Melbourne) who were involved in COPMI related interventions.

These evidence based training opportunities have major and wide reaching impact at the ‘coal face’ as it led to participants being able to:

- Implement program logic in their workplace;
- Establish the quality of, and evidence for, child, adolescent or family practices and programs;
- Appreciate the evaluation and reflection cycle;
- Design an ethical and realistic evaluation that measures change in practice and programs over time;
- Use various online evaluation outcomes measures and tools;
- Complete an evaluation plan, which identifies appropriate measurement instruments or tools and collaborative processes; and
- Work collaboratively with others to implement program and practice evaluations in the workplace.

Research supervision

As research leaders at Monash University we have supervised many higher degree research students in the area of families where a parent has a mental illness. Their research projects have substantially moved the field forward, see below. It is also evident that this supervision has impacted the mental health workforce with many of our students having current and ongoing roles in mental health service delivery. Our students have a major ‘ripple effect’ within their organisations and with the type, level and quality of best practices to parents, children and families in their care. The following table illustrates the supervision provided over the last five years to local, interstate and international researchers.
<table>
<thead>
<tr>
<th>Student</th>
<th>Year</th>
<th>Thesis topic</th>
<th>‘Ripple impact’ of research supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melissa Kennelly Masters</td>
<td>2018-current</td>
<td>Implementation of family-focused practice (FFP) at a mental health inpatient unit in regional (Mildura) Victoria.</td>
<td>Social worker in adult mental health services, Mildura, Vic</td>
</tr>
<tr>
<td>Emma Thompson (co supervisor with Dr Sheen) Masters of Psychology</td>
<td>2017-current</td>
<td>Employing the recovery attitude scale to parenting</td>
<td>Student</td>
</tr>
<tr>
<td>Phillip Tchernegovski PhD</td>
<td>2014-current</td>
<td>The role of clinician factors in family focused practice.</td>
<td>Psychologist with the Victorian Counselling and Psychological Services &amp; University lecturer</td>
</tr>
<tr>
<td>Violette McGaw PhD</td>
<td>2013-current</td>
<td>Combat Families with PTSD: An insider’s perspective</td>
<td>Psychologist with the Australian Defence Force, Qld</td>
</tr>
<tr>
<td>Rochelle Hine PhD (co supervisor with Dr Goodyear)</td>
<td>2014-2017 completed</td>
<td>Mothering with mental illness in a rural context: The role of identity and connectedness in recovery</td>
<td>Manager of a rural adult mental health service, Vic</td>
</tr>
<tr>
<td>Stella Laletas, PhD (co supervisor Dr Goodyear)</td>
<td>2013-2017 completed</td>
<td>An integrative, developmental perspective on children whose parents have a mental illness: early childhood the forgotten years</td>
<td>University lecturer in early childhood</td>
</tr>
<tr>
<td>Natasha Marsten PhD</td>
<td>2012-2017 completed</td>
<td>Refocusing the lens on parent depression, family functioning and the impact of interventions on families.</td>
<td>Kidsmatter, Tasmania</td>
</tr>
<tr>
<td>Christine Grove PhD</td>
<td>2012-2016 completed</td>
<td>Interventions for children of parents with a mental illness: children’s experiences and outcomes</td>
<td>University lecturer in inclusive education</td>
</tr>
<tr>
<td>Jonine Naughton PhD</td>
<td>2014-current</td>
<td>Consumer-Directed Mental Health Recovery for Children: Future Directions Utilising CAPA</td>
<td>Social work clinician CAMHS Gippsland Victoria</td>
</tr>
<tr>
<td>Michael Naughton PhD (co supervisor Dr Goodyear)</td>
<td>2011-current</td>
<td>How young people manage a parent with a mental illness</td>
<td>Social work clinician CAMHS Gippsland Victoria</td>
</tr>
<tr>
<td>Bjorg Eva Skokoy PhD</td>
<td>2011-current</td>
<td>Children with parents with mental illness, substance abuse and serious physical illness: A study of the health Authorities implementation of the ban.</td>
<td>Psychiatric nurse, Northern Norway</td>
</tr>
<tr>
<td>Anne Grant PhD (co supervisor Dr Goodyear)</td>
<td>2011-2014 completed</td>
<td>Family focused practice in Irish nurses</td>
<td>Lecturer, School of Nursing &amp; Midwifery Queen's University Ireland</td>
</tr>
<tr>
<td>Pamela Patrick (co supervisor Dr McLean)</td>
<td>2016-current</td>
<td>Transgenerational parenting practices: Lessons from adult children of parents with mental illness (ACOPMI) and the impact on their parenting</td>
<td>Student</td>
</tr>
</tbody>
</table>

We have also made a difference to tertiary training programs: Professor Reupert has introduced a module on family focused practice to the post graduate psychology training programs at Monash University, with a particular emphasis on families where a parent has a mental illness. She also provides ongoing training and supervision (with Rose Cuff, Bouverie) to master of psychology students on mi.spot, an online intervention for young
people whose parents have a mental illness. These activities ensure that psychology graduates have a sound understanding of these families and have the capacity to provide appropriate support and intervention.

**Impact on Policy**

We have had a major impact on development of the Victorian FaPMI (Families where a Parent has a Mental Illness) strategy. In 2003 and in conjunction with Eastern and North Eastern Health we were funded by VicHealth and beyondblue to evaluate several programs for children whose parents have a mental illness in Victoria. This led to a major report and six peer reviewed publications. As the evaluation progressed we were asked to estimate the numbers of children whose parents have a mental illness in a research summary for VicHealth, beyondblue and the Victorian Department of Health. This work had a major influence on the Victorian Government strategy 2007-2011 leading to the implementation of the Victorian FaPMI strategy (see Appendix and the letter from Dr Ruth Vine, and http://docs.health.vic.gov.au/docs/doc/Families-where-a-parent-has-a-mental-illness-A-servicedevelopment-strategy) and the establishment of 14 specialist FaPMI coordinator positions across Victoria. In 2012 we were asked to conduct a targeted evaluation of the Department of Health FaPMI strategy:

2012: **Maybery, D., & Reupert, A.** Targeted primary evaluation of the Department of Health FaPMI strategy. Department of Health, Mental Health, Drugs and Regions Division. $70,000

These evaluation results and our other research led, in 2016, to the expansion of the FaPMI coordinator positions to all Victorian health regions. The role of these specialists is to promote family focussed services for families where a parent has a mental illness with children aged 0-18.

In 2015, we were funded by the NSW Ministry of Health to conduct a review of the evidence to inform the revised NSW Children of Parents with a mental illness (COPMI) Framework. We subsequently presented our findings to Department representatives and key workers across the state. Our review provides implementation guidelines and minimum standards for a range of mental health services.

Finally, we have also evaluated the effectiveness of policy and its impact to practice, see below. Such research provides governments with clear indicators for moving the field forward.


**Dissemination activities**

We aim to make our research engaging and accessible so workers and policy makers can easily apply the resulting recommendations. We regularly employ a broad range of dissemination activities, such as community forums, online platforms and policy briefings, to ensure stakeholders appreciate the effectiveness of being family focused, and are hence more receptive to change, than they might otherwise be. We were the editors for the online
platform GEMS (Gateways to Evidence that Matters) for the national COPMI initiative, which regularly provided accessible two page research summaries in the area of parental mental illness. Pieces written for *The Conversation* have recorded over 17,500 readers.

**International workforce change**

We have worked with researchers, workers and policy makers in Thailand, Ireland, Italy and Norway to increase awareness of the needs of families where a parent has a mental illness, and foster workforce capacity in this area. For example, our work in Thailand provides an audit of family focused practice, providing clear direction regarding professional development needs in this country:


Our work in Ireland has led to large scale commissioned studies into family focused practice in mental health and children’s services and again provided governments with clear implementation guidelines. This has also led to benchmarking between countries.


2. **Evidence of research excellence**

Research excellence is evident from the following indicators.

In 2015 Reupert and Maybery co-led the Cambridge University Press publication:


The book presented an innovative approach to thinking about and working with families where a parent has a mental illness. With 30 new chapters, the new edition presented the current state of knowledge in this critically important field. Multiple innovative interventions were outlined, targeting children, parents and families, as well as strategies that foster workforce and organisational development. Incorporating different theoretical frameworks, the book provided an enhanced understanding of the dimensions of psychiatric disorders from a multigenerational perspective. Notably Reupert and Maybery contributed to 11 chapters of the book.

Michael Rutter, father of child psychology and professor at King’s College, described this work as: ‘splendid handbook… provides a conceptual overview … giving guidelines on how
to deal with the family issues involved’. The British Medical Association President and former Children's Commissioner for England, Professor Sir Al Aynsley-Green Kt reported, “With the soaring impact of adult mental and emotional ill health on clinical services and on society generally this outstanding book is timely in addressing a neglected area in a comprehensive way.” The book is used at the Stanford University School of Medicine, and with trainee psychiatrists at the Maudsley in the UK. It is currently being translated into Italian. The book was the 2016 winner of the British Medical Association President’s prize.

Research excellence can also be measured by the range, depth and quality of our output. Since 2005, we have co-authored over 100 peer reviewed journal publications, obtained grant income totalling over $10 million, published numerous government reports, 60 conference presentations (15 key note addresses to international and national conferences, workshops or meetings) and made 20 media presentations. For example, in 2017 we both delivered a keynote for over 140 participants in Brescia, Italy titled, Prevention in mental health; an intergenerational approach. Professor Reupert has a h-index of 28 and 2973 citations and Professor Maybery has a h-index of 27 and 2954 citations. Our publications are published in a broad range of high impact, inter-disciplinary journals including the Medical Journal of Australia (Impact Factor [IF]: 3.369) the Australian and New Zealand Journal of Psychiatry (IF: 3.407), Child & Family Social Work (IF: 1.394) and the International Journal of Mental Health Nursing (IF: 1.869).

In 2017, Professor Reupert was a reviewer for the Social Sciences and Humanities Research Council of Canada. She is the Associate Editor for the Australian Psychologist, the flagship journal for the Australian Psychological Society, and the Editor in Chief of Advances in Mental Health. Professor Maybery was the editor of the Journal of Rural Society (including co-editor of a special issue in rural health). Professor Maybery and Professor Reupert have been guest editors of special issues for the Medical Journal of Australia and Child & Youth Services.

Reupert is the chair for the forthcoming May 2019 conference, It takes a village, an international conference on families experiencing substance use, mental or physical health problems, in Oslo, Norway, 2019. Both Maybery and Reupert were invited to be mentors to an ideas lab, for the Research Institute Ludwig Boltzmann Gesellschaft, Vienna (2017). Their role was to mentor innovative, interdisciplinary projects that impact on Austrian society with funds of over 2 million Euro awarded to the research teams. Both Maybery and Reupert were awarded the 2016 Ambassador Award from Emerging Minds for long term and distinguished commitment to the field of vulnerable families.

3. Evidence of participation of mental health consumers, in the planning, implementation and evaluation as relevant.

Our work would not happen without mental health consumers and their families. We value and actively seek to collaborate with mental health consumers in the planning, implementation and evaluation of our work.

For example, in the 2014-2015 Family focused practice within a recovery framework, Partners in Recovery project, consumers and family members were recognised as producers of knowledge and not just research participants. This funded project led to the following publication, co-authored with stakeholders:

In this project we conducted community forums across several communities in the Loddon Mallee region with family members, mental health consumers, workers and managers to identify shared understandings of family focused care, and consider how various agencies might then adapt this approach. This allowed different stakeholders to articulate their unique needs and challenges, listen to each other and collaboratively identify shared solutions. A key strength of this approach was the integration of researchers’ theoretical and methodological expertise with non-academic participants’ experience and knowledge, to respond to issues in a comprehensive and coordinated manner. Consumers and family members were key stakeholders involved in the data collection, interpretation and presentation process.

In addition, we regularly invite consumers and family members on the reference groups of our various projects and ensure they have an authentic role to play, in providing input into the planning, implementation and evaluation of our work. This typically involves seeking their advice regarding interview schedules, research procedures and measurement tools employed. We also invite consumers and family members to co-facilitate conference presentations and to participate in conference symposiums (see appendix for an email from young person who is a reference group member and conference co-facilitator and the impact this had on her life). Finally, we have also provided advice to services regarding ways to promote consumer participation, for example in a 2017 project funded by the Murray Primary Health Network, regarding recovery ‘support’ feasibility for the local region:

2017: Ward, B., Sutton, K., & Reupert, A. Recovery ‘support’ feasibility for Murray Primary Health Network. $24,000

4. Evidence of Partnerships and Linkages (collaboration for continuity between organisations).

Our partners are the strength and wisdom behind our research. We strive to form authentic partnerships and linkages with multiple mental health and other organisations as evident below in the selected examples, in Australia and internationally.

National collaborations

We have worked with and obtained funding from peak national bodies such as beyondblue, the Australian Infant Child Adolescent and Family Mental Health Association (AICAFMHA), the Psychotherapy and Counselling Federation of Australia (PACFA) and Apex. Other state organisations we have worked with include the NSW Ministry of Health, the Victorian Department of Health, VicHealth, NSW Department of Community Services, the Victorian Department of Education & Early Childhood Development and the Queensland Department of Education. Much of this work constitutes repeated contracted work, demonstrating high satisfaction on behalf of the funders.

This collaborative work demonstrates and promotes an active and sustained linkages between organisations. For example, in collaboration with AICAFMHA we provided input into, and evaluated various professional development tools e.g. Keeping Families and Children in

Mind, an online resource, endorsed by The Royal Australian College of General Practitioners, Australian Psychological Society, Australian Association of Social Workers and the Royal Australian & New Zealand College of Psychiatrists. Post training, workers from numerous
organisations and professional groups reported an increase in knowledge, skill and confidence when supporting parents and children as evident by the following publication:


International collaborations

Maybery and Reupert initiated, developed and co-convened the Parental and family mental health: fostering international research initiative. This has involved five research meetings (Prato, 2013, 2015, 2017, San Francisco, 2014 and Basel, 2016) with 40 researchers across psychiatry, psychology, social work and nursing from 11 countries. The aim of the collaborative is to exponentially advance the parental mental illness research agenda around the world, by collaboratively designing and conducting research on a global scale. To date the initiative has resulted in a special journal issue in Child & Youth Studies (editorial written by Charles, Reupert & Maybery, 2016), the establishment of an online journal (Parent and Family Mental Health e-journal) and the mentoring of over 20 higher degree research students. The group has provided significant weight to advocating for these families at federal and state levels in several countries overseas (for example, in Canada; see Appendix for the personal correspondence, from Dr Grant Charles, Division of Adolescent Health and Medicine, British Columbia Children’s Hospital). The group is currently working on a position paper for governments and several large-scale international studies.

We have also worked with and shared publications and grants with researchers from the University of Toronto, University of British Columbia, the Geisel School of Medicine at Dartmouth, University of Liverpool, Radboud University, Netherlands, Queens University, Northern Ireland, Tel Hai College, Israel, University of Tampere, Finland, Akkershus University Hospital, Norway and Chiang Mai University, Thailand. These activities ensure that we can learn from each other with efforts being made to globally stop the intergenerational cycle of mental illness in families.

5. Verification and valuation of the research effectiveness in achieving the goals of the investigation.

The effectiveness of our research activities can be verified by the following selected publications and grants:


This paper presents a rigorous and registered protocol for the first attempt to evaluate a parenting intervention (for parents with mental illnesses) within a mental health recovery framework.

This chapter builds on previously invited work (by VicHealth and the Victorian Government - publications in 2006 and 2009) outlining the prevalence and risks for children in families with a parental mental illness. This has established a clear need in this area by ‘putting numbers to the problem’. Our key finding that “between 21-23% of all Australian children live in a family with a parent with a mental illness” is regularly cited nationally and internationally by policy makers and researchers.


This funded project examined evidence regarding parenting as a recovery focus in mental health services and was used to inform the revised NSW Children of Parents with a mental illness (COPMI) Framework and policy dialogue. The project lead to the following publication:


/Professor Reupert was the leader of this international research team from the Netherlands, Norway, Canada, Israel, Australia and Finland. The project developed an international research agenda for vulnerable families, as prioritised by those who live and work in this area.


This is the first psychometrically sound measure of family focused practice that is regularly used for research, evaluation and benchmarking of training and organisational improvement. The measure has been used as an audit tool for workforce practice in Victoria, NSW, Ireland, Canada, and has been translated into four languages for use in Norway, Sweden, Portugal and Thailand.


At the invitation of MJA this paper provides an important systematic review of children’s psycho-social outcomes according to different parental diagnoses along with required treatment options. It has received 62 citations.

The study employed the Delphi research technique to provide the basic knowledge architecture to underpin the development of Australian government funded online training resource: *Keeping Families and Children in Mind*.


This study presented longitudinal results of an intervention program for parents with a dual diagnosis, and their children, that clearly highlight the efficacy of a family centred approach. It was one of the first studies to include family planning activities within a recovery model framework for mental health.


First epidemiological study on the prevalence of children living with parental mental illness, commissioned by the Victorian Department of Health. This was used to make important policy changes to Victorian mental health workforce including funding the FAPMI coordinator positions across Victoria.

**Conclusion**

Kim Foster (2015) argued that intergenerational mental illness is a ‘wicked problem’, given that it is an issue resistant to straightforward resolution and beyond the capacity of a single organisation to address. Our research and evaluation activities have repeatedly highlighted the needs of these families and provided clear organisational and workforce recommendations, resulting in significant changes to policy and practice. Moreover, our research has developed and delivered the necessary educational opportunities for the current and future workforce so that they also might make a difference to the lives of children and their families.
Appendix:

**Showcasing the workforce evaluation page** we developed for COPMI:

![Workforce evaluation page](image)

**Workforce evaluation**

*Key resources for evaluation of workforce change programs and interventions*

*Click on the headings below to read more.*

- **Workforce change - the concept**
- **Theoretical background**
- **Measures of workforce change**
- **Other measures**
- **COPMI programs and interventions**
  - View the range of workforce training courses online
- **Key readings**
- **Other references**
An email from a participant in an online intervention for young people whose parents have a mental illness (mi spot), and who sits on the reference group of one of our projects, and has co-presented with Dr Reupert. This co-presentation led to her being invited to go to Austria. Her name has not been disclosed.

Dear Andrea,

How are you? I hope you’ve been well!

I’ve been meaning to send you this email for a while but my anxiety always got the better of me. Anyway, I decided to bite the bullet, because I think people like you are so very rare, and I believe that it’s so important to let them know how wonderful they are. Which is to say – I want you to know how wonderful you are.

Thank you for running the mi spot program. When I heard about it, I knew immediately that I wanted to take part. Not only that – I had to take part. Something shared by many COPMI, as you’d know, is the feeling of being unable to really confide in anyone else about the situation. Friends might try to empathise, but their efforts can only go so far when they’re not living with a parent as unpredictable and inconsistent as mine. The mi spot program was a lifeline because it showed me that there were other people who could understand – I just hadn’t found them yet.

Without going into too much detail about my situation (I don’t want to bore you, and I know you’re super busy), another aspect of COPMI can be the feeling that we’re responsible for our parents’ behaviour, that the illness is somehow our fault. Again, mi spot refuted that, by giving us peer support as well as facilitators and – in my case – the ability to separate myself and my actions from my mother and her behaviour. I can’t even explain to you how liberating that has been in my day to day life, since I still live with mum, and I still get caught up in the complex dynamic between us.

One of my friends took part in mi spot in December, and she’s told me she got heaps out of it, and I have several other friends who are interested in taking part!

Beyond my participation in mi spot, Andrea, you have continued to be a god send. Being part of the mi spot reference group – being able to use the experience that has so often defined me in a negative way for something good – has been revolutionary in terms of my self-worth.

When you invited me to present with you on mi spot at the FAPMI forum, I stared at my laptop screen for several seconds with the biggest smile on my face, because you had chosen me. You thought that I was good enough to stand beside you. Ever since, I’ve used that forum, and your choice, to challenge my thoughts of inadequacy (CBT!) and reframe whatever situation I’m in. Your confidence in me has guided my decisions about my future, too: I’ve decided to apply for Masters next year! (I’m really excited about that!)

Probably the biggest thing for which I have to thank you is my involvement with the Village project in Austria. I remember asking you whether I should enquire about volunteer roles, and you were so supportive and encouraging. I might be going to Austria in September to sit on an advisory board!! And Andrea, that wouldn’t have been possible without you.

Sorry for my ramble, and thank you for reading this email, and for everything you’ve done for me. You have changed my life.

Best wishes,
Evidence of our input into the Victorian FaPMI strategy:

Dr Darryl Maybery
Coordinator, Mental Health R&D Team
Charles Sturt University
Locked Bag 678
WAGGA WAGGA VIC 2678

Dear Darryl

You may be aware that the Victorian service development strategy for Families where a Parent has a Mental Illness (FaPMI Strategy) has been released. We are hopeful that the implementation of the strategy throughout the mental health system and through the broad range of child and family support services will make a difference for these families. System wide changes are needed to provide for the needs of all family members when a parent has a mental illness. Local protocols for the identification of parental status of mental health clients, local networks, clear understanding of resources and referral pathways are just some improvements that may better accommodate the needs of these families.

I would like to acknowledge the contribution you and your team have made towards this progress. Your evaluation of prevalence data, your estimates regarding risks to children of families where a parent has a mental illness and your publications in this area all contributed to raising awareness and quantifying the scope of the cohort for Victoria and nationally. Your data and articles have been referenced throughout the strategy and were useful in presenting a case for funding.

I wish to thank you and your team for your diligent and thorough research in this area.

I hope that the Victorian Mental Health Branch can continue to work with you to support system change for families disadvantaged by parental mental illness.

Yours sincerely

[Signature]

Dr Ruth Vine
Acting Executive Director
Mental Health and Drugs Division
Award provided by the Victorian Department of Health for the trial of the recovery model for parents in mental health and family services

A Victorian Government Initiative

Mental Illness Research Fund

The Minister for Mental Health congratulates the

Developing an Australian-first recovery model for parents in Victorian mental health and family services

project on receiving a Mental Illness Research Fund grant.

Hon Mary Wooldridge MP
Minister for Mental Health
7 August 2013
Email from Dr Grant Charles and the impact of the Prato international collaborative in Canada

Hi,

Parto has for me lead to:

1. Two special editions of journals on young carers and mental health. This doesn't include the special edition we did.
2. Two graduate degree projects under way including one on parental mental illness and youth homelessness.
3. One federal grant application currently under review.
4. Establishment of a research group in Canada.
5. Significant increase in COPMI advocacy at the federal and provincial level.
6. Inclusion of issues related to COPMI in investigative reports from the British Columbia Office of the Representative of Children and Youth (Child Advocate).

Grant