



**Project Design and Evaluation of Support and Education
Group for Children Living With A Parent With Mental
Illness, Concurrently With A Support Group For Their
Parent Who is Experiencing Mental Illness.**

March 2005
Prepared by Kites Trust



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Acknowledgments

Thank you to the parents and children that have been involved in these groups. You were aware that these were the first groups of this type that we had run. We would like to acknowledge your courage and enthusiasm to be involved in something so new. It was an absolute privilege to work with you.

We would also like to thank Carmen Darmanin of Northwestern Mental Health, Australia for sharing information on the groups they have developed.

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Introduction

This paper outlines the design, implementation and evaluation of concurrent support groups for parents who experience mental illness and their children.

A number of organisations in Wellington, New Zealand collaborated to meet an identified need for peer support. Each organisation had an interest in supporting either the children of parents with mental illness, or the parents experiencing mental illness.

Recommendations

The pilot programme has received positive feedback from the families who participated. It is therefore recommended that groups of this nature continue to be developed and made available.

We believe that any interested groups and / or organisations who have the capability should be encouraged to develop these groups and no one agency be the only provider of such services.

Skylight has indicated a willingness to continue to hold these groups however they are limited to currently providing the groups in Wellington.

The Hutt Valley is a district that groups such as these are likely to be supported given the role that Hutt Valley health has developed which focuses on the needs of families where a parent experiences mental illness. This is called the COPMI project.

Sustainability of holding these groups is a key consideration. They are time intensive and it is estimated that they cost up to \$10,000 to plan and hold in real terms. The pilot was funded \$4000.00 however a number of organisations donated time and resource for which they were not contracted or funded.

We maintain that facilitators of the parents group must be people who have personal experience of mental illness.

Background

In May 2004, a number of groups in Wellington came together to discuss the establishment of support groups for parents who experience mental illness alongside groups for their children. A proposal (see appendix one) for a pilot to be held was developed and was submitted to the Capital and Coast District Health Board for funding. The proposal was accepted.

The need for these groups has been highlighted for some time. In September 2001 at a hui discussing parental mental illness, parents identified that they wanted ongoing processes for support for their children, for example: *support groups that can provide contacts, help and talk on a regular basis, and support groups designed for children (there are some in Australia.)*¹

Attempts had been made in the past to establish a support group for parents however for a number of reasons this did not eventuate.

A social worker at the local in patient psychiatric unit had become increasingly frustrated at the lack of support options she was able to offer families when a parent experienced an acute hospital admission. She approached skylight, who have experience in working with children who experience grief, loss and change, along with SF Wellington – a family support agency, Wellington Mental Health Consumers Union who advocate routinely on behalf of parents with mental illness and Kites Trust who having been raising the awareness of the needs of parents with mental illness. All of these groups supported the concept of establishing support groups and agreed to work together to establish a pilot programme.

After the proposal had been developed Sonja Goldsack from Goldsack Consulting was approached as a potential facilitator for the parents group to which she agreed.

It was decided at the beginning that concurrent groups would be developed. Some of the project team members had attended a conference in Australia a couple of years ago that presented a range of established support groups. The concurrent groups were favoured as they recognised the family – not just an individual.

¹ Partnerships, Potential and Possibilities – A report of Hui at which consumers / tangata whaiora, mental health and family support agencies explored together the needs of families where there is parental mental illness. September 2001.M. Jackson (Kites Trust)

Project Team Members

The project team consisted of representatives from the following organisations:

- skylight
- SF Wellington
- WMHCU
- Kites Trust
- Te Whare O Matarangi – Capital and Coast DHB
- Goldsack Consulting

For more details regarding the work of these organisations please see Appendix two.

Design of Proposal

A series of meetings were held to develop a funding proposal that was subsequently submitted to the District Health Board. The project team felt strongly that cost was not to be a barrier to attending and that facilitation costs would need to be found if the groups were to be run.

Careful consideration was given to barriers such as stigma. We knew that many parents are fearful of accessing support, as they fear they will be judged and their children removed from their care. It was therefore decided that the parents support group would need to be designed and facilitated by people who experienced mental illness and were parents. skylight was the lead contact agency.

We maintain that facilitators of the parents group must be people who have personal experience of mental illness.

Organisations also identified what their role would be in the establishment of the groups. Wellington Mental Health Consumers Union offered to be the contract holder as they already held contracts with the District Health Board. The SF Wellington fieldworker and the social worker from the hospital offered to be support facilitators for the children's groups and skylight offered to build upon the structure of the groups they already ran for children.

During this establishment phase the facilitator of the parents group had not been identified and personnel within the various organisations changed. In hindsight it would have been preferable to have the facilitators as part of the establishment phase.

Budget

Kites wrote the proposal and funding was sought from Capital and Coast District Health Board. \$4000.00 was sought for the groups. (See budget section in Appendix One). We came to this amount as we wanted to cover essential costs and we wanted the funding to be approved quickly without having to go through what can be time consuming, bureaucratic approval processes.

We were very pleased that the DHB supported our proposal and agreed to fund the pilot.

In evaluating the process it is felt that one lead agency should have undertaken all the tasks associated with the funds, for example, contract proposal, fund holder and contract agreements with agencies.

It of course costs much more than this in real terms. Planning for the groups, meetings, researching and input from the support facilitators was not included. An under estimation was made with regard to the planning and debriefing times. Realistically each session required at least 4 hours of time from the facilitators. We had budgeted for 2.5 hours, one hour of which was the actual group.

We were able to offer these groups free of charge to the participants, this was important as we did not want cost to be a barrier to attending.

In evaluating the groups we felt it would be important to develop a budget that outlines the real cost of facilitating a programme such as this. We believe the true cost is closer to \$8000.00. skylight estimates a cost of \$11,000 for support groups they already offer.

Course Content

An initial outline of the course content was designed when the funding proposal was made. The structure was based on skylights already successful structured groups for children who had experienced loss and grief. It was felt the parents groups would follow a similar structure however there would be much less structured activities to allow for discussion with each other.

Once funding was approved and facilitators identified we began experiencing a number of conflicts regarding course content. This could have been avoided if we had established a clear philosophy for the groups at the beginning, and if the facilitators were identified at the outset.

We worked through these conflicts by developing a shared philosophy (see appendix three) and debating the issues. The value of having people with differing perspectives enhanced the groups, it was however not always a comfortable or easy process. Time was needed for people to understand each other's perspectives and to find common ground.

Recruitment

Flyers were developed and sent to Community Mental Health Teams, Consumer networks and Support in the Community Teams. We had thought we would be overwhelmed with referrals as all indications that the need for these groups was high. In fact few referrals were received and the groups were delayed in starting because of this. This caused some distress for the families who had agreed to attend, as they now needed to wait. In reviewing our process for recruitment we would make the following recommendations:

- Visit Community Mental health Teams and inform them of the groups;
- Give more time for clinician's to raise and discuss the groups with service users. Some clinicians will only meet with their client once per month;
- Target primary health organisations, General practitioners and Non government organisations.

Pre Assessment interviews

Once referrals were received the skylight facilitator would arrange to meet with the families and discuss the groups. The purpose of the interview is to answer concerns, find out what is needed or wanted, and to identify strengths within the family.

It is recommended that for any future groups both the facilitator of the children and parents group would undertake this interview. This would assist the facilitators in gaining a clear understanding of what people want from the groups as well as enabling the facilitators to explain what the group can and can not offer. Facilitators would also like the ability to recommend if someone is not suitable for the groups, for example if they were too unwell.

Group makeup

Initially we had targeted children aged 6-10 years. This needed to be changed once referrals were received as some of the families had more than one child and if we were rigid about the age one would have been excluded. Given the need for children not to feel left out, we then changed the criteria to primary school age.

Six families participated in the groups – a total of four adults and nine children.

In the children's group there were six girls and three boys. The ages were distributed as two children were aged 6-7, five children aged 10-11 and two preteens aged 12-13.

We set the minimum of ten children, these limits ensuring the group is both dynamic and intimate and allows for a high facilitator to child ratio. Children then had easy access to adult and peer support. Four facilitators to nine children is 1:2 ratio.

Children's Group Content

The children's group were designed around a number of 'key concepts'. The sessions would introduce a new key concept each week and activities were designed to support the targeted learning.

Key Concepts Child Support Group

Session 1

I am me

Every person is unique and special

Session 2

Feelings are a part of being human

It is healthy to express feelings

Session 3

Share feelings with someone you trust

Everyone needs support sometimes

Session 4

I can make a peaceful feeling inside myself

Session 5

It is OK to feel angry

NO to hurting self

No to hurting others

No to hurting things

What I do with my anger matters

When I am angry I know what to do

Session 6

Health=All of me, my life and my family

I can eat, sleep, work, play, sing, share, think, feel and express myself

Being healthy means feeling good about myself

Session 7

It is hard to be different

It is OK to be different

Session 8

Remembering good times can help us in tough times

Changing the Programme in Response to Children's Feedback

By 2.30 after a day at school the children were often tired and hungry. The last thing they wanted, as they were very forward in telling us was anything that resembled schoolwork.

Overall the children were very clear in projecting their needs and gave some invaluable feedback into the running of the groups. The initial structure was given a complete overhaul after feedback from the group on week 2 – the children stated they were hot tired and bored, they didn't like structured activities as it was too much like school. What they said they wanted was more games and time to relax.

Week 3 provided the children with a session that aimed to be as responsive as possible to their feedback. This was a really important turn around time for the group as the children enjoyed and bonded in the more free style activities based session.

This presented somewhat of a quandary at this point though as the groups were not meant to just be providing an after-school activities programme. In week four a slightly more structured session was introduced, which gelled really well and was the format that continued for the remaining weeks.

It suited children to be paired with facilitators for more direct contact and smaller groups encouraged open discussion. The facilitators identified prior to the session which children they would focus their support on so no one missed out.

Key points to consider for the Children's group

- Children respond to both informal activities and structure, play is important;
- The older children said they would prefer activity that is based with other children, e.g. trips and art;
- Younger children benefit from structure;
- Structured part – feelings and key concepts, needed a contained space, maybe mixture;
- Activities such as strength cards, scenarios and stories all worked well.

Evaluation of Children's Group

The facilitators of the children's group reflected on the groups and feel that they worked well in terms of providing children with education about mental illness and feelings associated with it. Self esteem was also seen as a benefit the children received.

The ability to be flexible to the children's needs and to respond to their feedback was seen as crucial. The diverse age range of the children was seen as challenging, and it was necessary to be able to mix the children up.

Parents Group

The parents group followed a more flexible and unstructured programme than the children's groups. All of the sessions would commence with the children and their parents being together. A number of warm up activities were used to assess energy levels and to introduce the session. The final 10 minutes of the groups saw parents and children coming together again. It was felt that it was important for parents to be aware of what key concept was introduced and what the children had been focusing on. Parents stated they liked knowing what the children were doing.

The sessions covered a range of topics such as anger, talking to children about mental illness, sharing of information regarding supports, dealing with guilt, relaxation and stress management. A couple of the sessions involved people coming into the groups to present information.

The parents group had on average 3-4 members. This provided challenges in developing and maintaining group dynamics.

Evaluation of Parents Group

A) Facilitators reflections

The two facilitators felt it is important to be clear at the outset that the group was about support and not therapy. The key focus within the sessions tended to be more about living with mental illness rather than focusing on parenting.

The timeframe of the sessions did not always allow for a sense of safety to develop within the groups and the size of the room was small. This can be an issue for people who experience mental illness as maintaining a personal space can be important.

The facilitators felt more time dedicated to recovery plans, advance directives, kids planning etc may be helpful.

B) Parents feedback

Parents were sent a written questionnaire after the groups finished and this is contained in appendix 4.

The feedback from parents was positive, they stated they found the group supportive and accepting and that their children looked forward to their groups. In terms of effectiveness of the groups, feedback included;

"I think the sessions reinforced for our children things we do talk about together, but having these things said to them from outside the family was good"

"Three quarters of the way through the program there was significant change in attitude in my son's view of my illness, i.e. in the past I was

resting after taking tranquillisers he would get angry and demand I get up and call me lazy, but instead he said ' you are just having a sad / glad day and that's OK'.

"My daughter seems less fearful of the possibility she develops it and understands the brilliance of some people with it".

Parents made a number of suggestions on how the sessions could be improved. This includes when the groups are run, school holidays would be preferred and content of the parents group. Suggested topics include an interactive art / creative session, hearing about other services such as Warmline and a session on "how do you respond / deal with your child's anger toward you".

Further comments from parents included;

"I appreciated the respect and care shown to us as a family by all who facilitated".

"Thank you and all the best for subsequent groups you run."

"This course helps create stronger families in our society"

Spouses

The parents would did not experience mental illness stated that they felt left out. In response to this half way through the programme SF Fieldworkers made themselves known and they all went for a coffee.

Changes to future Programmes

We believe these groups should continue to be offered to families. As this was a pilot a number of key learning's have been made that we would recommend being incorporated in the future.

- Facilitators need to be identified at the onset and be part of the establishment phase.
- One lead agency undertake all the tasks associated with the funds, for example, contract proposal, fund holder and contract agreements with agencies.
- Establish a clear philosophy for the groups at the beginning and a shared understanding of each organisations perspective regarding mental illness and its effects on parents and children.
- In relation to recruitment, visit Community Mental Health Teams and inform them of the groups and give more time for clinician's to raise and discuss the groups with service users. Target primary health organisations, General practitioners and Non government organisations. Advertise in local community newspapers.

- Undertake initial interviews with families by both facilitators of the children and parent's groups. This would assist the facilitators in gaining a clear understanding of what people want from the groups as well as enabling the facilitators to explain what the group can and cannot offer.
- Hold the programme in school holidays over 2 –3 days with a follow up session one month later.
- Split the children group into two age ranges, 6 – 9 year olds and 10 –13 year olds.
- Consider time availability of facilitators, if these groups are not part of an existing job description the time to prepare and facilitate can impact on workloads.
- Ensure the parent who does not experience mental illness has an opportunity to meet SF Fieldworkers.

Useful Resources

A number of resources were utilised in either the planning or implementation of these groups.

Koping Video and booklet”(2002)

Produced in Australia

A video supporting children and young people whose parents are living with a mental health problem.

Hard Words video

Produced in Australia

A video in which children’s talk about their experiences of parental mental illness.

ARAFMI Victoria

Email: arafemi@infoxchange.net.au

When Tough Stuff Happens

Authors: Tricia Irving & David Hughson
New Zealand

A book for 7-12 year olds. An activity book for tough times.

Skylight
PO Box 7309
Wellington
New Zealand

Joe’s Diary (2001)

Author: Sane Australia
Australia

Aimed at the 10-14 year old age group, this book deals with the issues of concern to any young person who has a relative or friend with long term mental illness.

Can be ordered through SANE's website at <http://www.sane.org>

Cool Cats – Calm Kids

Author: Mary L. Williams
U.S.A. (1996)

Relaxation and stress management for young people.

Children of Parents with Mental Illness

Author: Vicki Cowling Ltd 1999
Australia

Can be ordered through Medical Books in New Zealand.

E-mail: medbkswn@jprolink.co.nz

Kites Information Pack – Parents with Experience of Mental Illness

Contains fact Sheets for workers and service users, a kids care plan and useful websites.

Contact Kites Trust

Phone 04 384 3303

Fax 04 384 3308

E-mail admin@kites.org.nz

Funding Proposal

19 May 2004

Project Title: Parental Mental Illness - Parents and Children Support Groups

Project Team Members: Mel Calversbert (Te Whare O Matairangi - CCDHB)
(Skylight) Sally Latham (Skylight), Mary Brownlow
Alana Hawke (SF Wellington)
Sarah Porter and Karin Keith (WMHCU)
Marge Jackson and Treena Martin (Kites)

Background to Project

Families with dependent children where parents have a mental illness have the same aspirations and hopes as any family. Their hopes and aspirations are often challenged by mental health services and supports not acknowledging, recognizing or understanding their needs. Stigma toward mental illness and specifically toward parents with mental illness compounds the problem.

Parents can be reluctant of accessing services, as they fear they will be seen as not coping and their children will be removed from their care. Children of parents with mental illness can be invisible to services, as the focus of attention is on the parent. Living with a parent with mental illness can be a complex situation to cope with. It is important that children are provided with opportunities to talk about their experiences, as this can go a long way to supporting children's present and future emotional health.

Families and health workers have highlighted the need for Peer Support and Education Groups, for some time. Groups have been running in parts of Australia for a number of years and they are seen as an important component of support.

A number of organizations have come together to look at establishing support and education groups in Wellington:-

1. Skylight

A non-profit organization helping children and young people, and their families, who have been impacted significantly by change, loss and grief. Skylight has experience in facilitating support and education groups for children.

2. SF Wellington

A non-profit organization that promote the best quality of life for those affected by mental illness, their families/whanau and friends. SF offers family/whanau support, including support groups.

3. WMHCU -Wellington Mental Health Consumers Union

A consumer-run organization that represent the experiences, needs and ambitions of mental health consumers in ways that enable them to determine their own lives. WMHCU have experience in supporting and advocating for parents who experience mental illness.

4. Te Whare O Te Matairangi

This is an in-patient psychiatric service. The social worker has a strong interest in supporting children and parents following experience of acute mental illness.

5. Kites

A community development organization that advocated for awareness of and improved service delivery to parents with mental illness.

Proposal

This pilot is being proposed in response to the lack of support and lack of resources for 'children of' and 'parents with' mental illness. We are proposing to hold concurrent support groups that will provide participants with the opportunity to share their experiences and be supported by others in a situation similar to their own.

The strength of these groups is in the Peer Support Model, which provides opportunities for people to support each other. These groups take a preventative approach to working with families. By reducing feelings of isolation and building on people's own resources, the focus becomes normalizing their situation and increasing resilience.

Currently there are no concurrent support groups of this nature operating in Wellington.

Goal

1. To pilot a support and education group to children who have a parent living with mental illness, concurrently with a support and education group to the parent who is living with mental illness.
2. To evaluate the group's value from the participants' perspective.

Deliverables

1. The groups will be run for eight consecutive weeks. Wednesdays 2:30 - 4:00 pm.
2. The groups will be facilitated by experienced facilitators:
 - a. Children's Group - Skylight counsellors;
 - b. Parent's Group - Mental Health Consumer facilitators.
3. The groups will follow a structured format (see Appendix One)
4. The groups will be evaluated from participant's perspective (see Appendix Two).

Specific Scope

The groups will be offered to:

1. Children (age 6-10 years) whose primary care giver experiences mental illness, and;
2. The primary care giver (parent) who experiences mental illness.

Each group will aim to have 8-10 participants.

Other care givers of children e.g. parent who does not experience mental illness will be offered support through SF Wellington. An introductory session explaining what the above two groups will be working on will also be offered to significant others.

Exclusions

Parents who experience mental illness and who are not involved in the day-to-day care of their children. E.g. non-custodial parents.

Interaction With Other Services

This pilot will support the work of organizations currently supporting families in which there is parental mental illness.

Referral to the groups will be sought from child and adult mental health services, consumer networks and primary health organizations in the Wellington area.

Key Stakeholders

- Children of parents with mental illness
- Parents who experience mental illness

Other Stakeholders

- Mental health service providers and social support agencies

Project Start Date (proposed)

21st July 2004
School Term 3

Actual Budget

These are cost estimates for the development and provision of both support groups. Based on an eight week programme for approx. 10 children and 10 parents lead by a Skylight counsellor and a consumer consultant facilitator.

Support facilitators to both groups have not been included as volunteers are utilized.

Establishment Costs	Children's group	Parent's group
Programme development from concept to reality - including advertising	\$1,500.00	\$1,500.00
Programme Costs		
1. Pre programme assessment interviews.	\$1,112.00	
2. Programme delivery (1.5 hours per session plus debrief of 1 hour x 8 sessions)	\$1,500.00	\$1,500.00
3. Programme supplies (\$10.00 per participant)	\$100.00	\$100.00
4. Refreshments	\$150.00	\$150.00
Venue	No charge	No charge
Evaluation report		\$240.00 (based on \$60.00 per hour)
Sub Total	4362.00	3340.00
TOTAL		\$7702.00

Funding being sought

The working party is seeking funding to establish the pilot groups. Specifically funding is required for:

- Programme Supplies - \$10.00 per participant per session. This is to ensure cost of participation is not a barrier. That is, the groups are offered free of charge and the usual fees can be waived. -\$200.00
- Pre programme assessment - \$1,120.00
- Facilitation Costs - \$3000.00. These groups will require a consumer facilitator being employed by the WMHCU and costs for Skylights facilitators to be covered.
- Refreshments - \$300.00. It is important that participants have food and drink given the time of day - especially for the children.
- Evaluation Report - \$240.00

Total funding being sought = \$4,860.00

Proposed Structure of Sessions

Session	Children's group	Parents Group
1	Starting Out	Starting Out
2	Feelings	Feelings
3	Coping Strategies	Dealing with Discrimination
4	Fear	Fear
5	Guilt and Blame	Guilt and Blame
6	Anger and Bullying	Coping Strategies
7	Stigma and Support	Support
8	Moving On	Moving On

Please note: The Children's sessions are very structured. The parents sessions will mirror what the children are focusing on but will be more flexible and open.

Contract Holder

Wellington Mental Health Consumers Union.

Contact: Sarah Porter - Manager.

Ongoing Funding

It is anticipated that if these groups are successful ongoing groups will cost less as the programme will be designed and be able to be implemented. The groups maybe able to incorporated into current service provision. It is anticipated that any costs associated with ongoing groups will be to ensure cost to participants is not a barrier.

Proposed Structure for Support Group for Children Whose Parent has a Mental Illness.

The group is structured to cover various aspects of grieving and change. It is meant to help the children process what they are feeling, and to feel supported and understood. During each session the children will take part in some planned structured activities as well as having some free time to meet their individual needs through supervised play or other activity.

Session One **Starting Out** serves the purpose of getting acquainted with other participants and the facilitators, becoming part of the group and familiarizing themselves with the group process. Children will be encouraged to tell their story and share experiences with others.

Session Two **Feelings** assists the children in expressing and naming various emotions associated with living in a family with mental illness. Its purpose is to normalize any feelings associated with this, make the children aware that different people may have different emotions and ways of expressing them. It also provides some suggestions on how to deal with those feelings in ways that are helpful.

Session three looks at **Coping Strategies**. Here it is about allowing the children to support each other and learn from others in the group, about what is helpful for them, when coping with living in a family with mental illness.

Session four deals with **Fear**. When a child is unsure about what is happening in their family, they may experience fear or anxiety. This is perfectly normal and understandable. Young people need an opportunity to express their fears, have answers to some questions and be reassured about the future.

Session Five **Guilt and Blame** offers a chance for the children to talk about those feelings. Children, in general experience a lot of what happens around them as having something directly to do with them. This is normal development but may be overlooked if it not specifically addressed. Children need to be reassured that they did not cause the mental illness and that it is "not their fault".

Session Six is specifically devoted to **Anger and Bullying**. Children are taught that anger itself is OK and a normal reaction when faced with difficult circumstances, but how anger is expressed may not be appropriate. The children are given suggestions on how to vent their anger is not going to hurt others, themselves or things.

Session Seven **Stigma and Support** offers a chance for the children to discuss some of the stigma that they may feel, living in a family with a mental illness. This

also provides ways of getting support, both professionally and emotionally from other support people in their lives.

Session eight recognizes the importance of **Moving On**. This session provides a bridge to the future by talking about what might be different. This allows the children to discuss what they have learned in the group; how they have changed and celebrate they're moving on. This session gears them toward the future during which the closure of the group is processed.

The parents support group will follow a similar format to the children's. The sessions will provide opportunities for parents to discuss the session the children are undertaking, issues that arise for them and share ways of overcoming them. From previous discussions with parents who experience mental illness we know the following:

- Talking to your children about mental illness can be very difficult.
- Children can make discriminatory comments toward parents such as "you are crazy, mad" which can be hurtful and therefore difficult to address.
- Parenting is challenging, with and without mental illness.
- Parents may feel guilt and shame that they have a mental illness. They may overcompensate for these feelings.
- Parents may fear their children will develop mental illness.
- Parents may fear asking for help.
- Parents may feel isolated from the wider community where there is widespread stigma and discrimination towards people with mental illness.

Evaluation

1. Each parent participant will be asked to complete a structured questionnaire. Parents will be informed that this is a pilot and therefore there is an expectation for feedback. (See attached)
 2. Children's responses to the sessions will be captured.
 3. Numbers of children and parents attending each session will be recorded.
 4. Applications to participate in the programme will be collected.
 5. Facilitators will be asked to reflect on the programme and be asked to comment on what worked well and what could be improved upon.
 6. Inter agency collaboration - what worked and what could be improved upon.
-

Appendix Two

Participating Organisations

skylight

A non-profit organization helping children and young people, and their families, who have been impacted significantly by change, loss and grief. Skylight has experience in facilitating support and education groups for children.

143 – 145 Riddiford Street
Newtown
Wellington

Tel. 0800 299 100
Fax. 939 4759
Email. info@skylight-trust.org.nz

PO Box 7309
Wellington South

SF Wellington

A non-profit organization that promote the best quality of life for those affected by mental illness, their families/whanau and friends. SF offers family/whanau support, including support groups.

Level 1 & 2
163 Thorndon Quay
PO Box 355
Wellington

Tel. 499 1049
Fax. 499 1063
Email. sfwell@xtra.co.nz

WMHCU –Wellington Mental Health Consumers Union

A consumer-run organization that represent the experiences, needs and ambitions of mental health consumers in ways that enable them to determine their own lives. WMHCU have experience in supporting and advocating for parents who experience mental illness.

1st Floor
41 – 47 Dixon Street
PO Box 11262
Marion Square
Wellington

Tel. 801 7769
Fax. 801 7312
Email. mail@wmhcu.org.nz

Te Whare O Te Matairangi

This is an in-patient psychiatric service. The social worker has a strong interest in supporting children and parents following experience of acute mental illness.

Ring Wellington Hospital on 385 5999 and ask to be transferred to the nursing station at Ward 27.

Kites Trust

A community development organization that advocates for awareness of and improved service delivery to parents with mental illness.

P.O Box 9392
Marion Square
Wellington

Phone 04 384 3303 Fax 04 384 3308 E-mail admin@kites.org.nz

Goldsack Consulting

Research, training and consultancy.

Goldsack Consulting

Tel. 385 5541 ext. 4834
Email. sgoldsack@wnmeds.ac.nz

Appendix Three

Shared Philosophy

Parenting is both a right and a privilege for all people, including people with experience of mental illness. Like all parental challenges, experience of mental illness impacts on all members of the family, both in negative and positive ways. It does not, however, discount or reduce the ability to parent well. Support, which affirms and enriches the lives of parents, and consequently their ability to parent, is paramount.

We believe that peer support is a valuable component to supporting families who are affected by mental illness and their children. The planning team has identified that there are gaps in terms of formalized support systems for parents with mental illness and their children. By setting up the Parents and Children's Support Groups we hope to close this gap by providing structured peer support.

The groups will include aspects of information and support with an understanding of the stigma and discrimination that these groups may feel. We believe that it is important for children and parents to be provided with opportunities to share their experiences in a supportive and safe environment.

Our team of six agencies/health providers has collaborated in the planning of the Parents and Children's Support Groups and we believe that the different skills and knowledge that we bring together will enhance our ability to plan and run a programme for these families.

Appendix Four Evaluation

Support group for Parents and Children where the Parent has a Mental Illness

Parents Evaluation Results

1. Content - Over the weeks we looked at topics such as anger management, relaxation, stress management, guilt etc.

- a) Please comment on which topics you thought worked well:
- ❖ Learning about services and resources
 - ❖ Relaxation
 - ❖ Stress management
 - ❖ Dealing with guilt
 - ❖ Brainstorming on feelings (first session)
 - ❖ Anger management
- b) Please comment on which topics you thought didn't work well:
- ❖ All topics worked well
 - ❖ Would have been good to have time to just sit and chat
 - ❖ Some things were a little too familiar or elementary
- c) Please comment on other topics you would prefer to see covered:
- ❖ More reinforcement of parents with mental illnesses being seen as capable, creative and talented individuals
 - ❖ Self esteem

2. Support.

- a) Please comment on the style of the group, i.e. did you feel that it was supportive. If not, how could it be made more so?
- ❖ I felt the parents group to be extremely supportive and accepting. My children really looked forward to their session
 - ❖ Due to going to this group I am now actively looking for work I am suited to and have interviews and offers!

Session suitability

- 3) Please comment on the length of the sessions. Were they appropriate, too long or too short?
- ❖ I felt the length was okay, but it was a rush to get to venue from various schools on time
 - ❖ Could be longer if the group dynamics had been more helpful / easy to be with. My illness sometimes means that I am not as tolerant or able to cope with annoyances such as others dominating the group
- 4) How did the timing of the sessions work for you as a parent? Are there any other times that would be more convenient? i.e. evening, weekends, school holidays
- ❖ I would be too tired in the evening as some content is emotional. Weekends for us are family times.
 - ❖ School holidays would work

- ❖ Picking up children from two schools wasn't that convenient. Sometimes my children were annoyed if they were to miss particular topics that they liked.
 - ❖ School holidays sounds like a better option. Less stressful than a weekly routine and would provide some respite for parents during the school holidays which can be difficult especially with mental illness
- 5) Was it helpful to run it at the same time as the children's group? Or would you prefer a separately run group just for parents?
- ❖ Not sure
 - ❖ I liked seeing a little of what the children were doing and being aware of what there were learning and involved in and the kids could ask of us if they needed to

Group effectiveness

- 6) Did you feel that there was any change in your relationship with your children as a result of the group? If so, how?
- ❖ I think the sessions reinforced for our children's things we do talk about together, but having these things said to them from someone outside the family was good.
 - ❖ They seemed to have a sense of comfortableness /okayness with issues / life circumstances as a result of the sessions
 - ❖ The 8 weeks was very helpful for our children and 'made a difference' but it is hard to know or articulate that difference
 - ❖ Three quarters of the way through the program there was a significant change in attitude in my son's view of my illness i.e. if in the past I was resting after taking tranquilisers he would get angry and demand I get up and call me lazy, but instead he said "you're just having a sad / glad day and that's okay". Plus my daughter seems less fearful of the possibility she develops it and understands the brilliance of some people with it.

We are also looking at some options for future groups. Would you please comment on the following options we are thinking about?

- 1) Do you think it would be a good idea to run the children's sessions in the school holidays? i.e. a 2-3 day session rather than individual groups
- ❖ Yes
 - ❖ Yes, but it might be hard to children to sit and stay focused in one room for long periods of time. If the 2-3 days session was considered, it would have to be balanced with outdoor / physical activities.
- 2) Would it be preferable if the parents group met first at a coffee shop (i.e. drop kids off and then meet up) and socialize first before moving to a more structure session. for example meeting for a coffee from 2-2.45 and then 2.45 – 3.30 structured content?
- ❖ I would enjoy that, but I would have to know that I could be contacted in an emergency with the kids
 - ❖ Sounds a bit messy. Might be hard to keep to the time structure.

3) Was it good to have others come in who had expertise in certain areas i.e. having Marge for relaxation. Is there anyone else you would like to hear from?

- ❖ Hearing from Marge was great. Someone from Warmline maybe. Also possibly from the parenting support group in the Hutt.
- ❖ An art / interactive drawing therapy session.
- ❖ Child psychologist –talking on “how do you respond / deal with your child’s anger towards you”

4) Do you have any further suggestions or ideas that you think would improve the groups for the parents?

- ❖ Some group participants have many issues which is understandable due to the pressures we are under.
- ❖ Prejudice in society.
- ❖ Battling side effects of medications.
- ❖ Family acceptance, self-acceptance etc.
- ❖ While there needs to be direct topics, the time of sharing does need to be evenly distributed.
- ❖ More looking at books Skylight has available for children and parents.
- ❖ Sharing / showing of ways group members feelings are identified and processed, then expressed i.e journaling, art, writing, etc. Helping group members to find a vehicle that might be good for them.

Any further comments:

- ❖ I appreciated the respect and care shown to us as a family by all who facilitated. Thank you and all the best for subsequent groups you run.
- ❖ You guys should feel good about this first serious of groups you’ve run for kids and parents. The effort put in was obvious.
- ❖ This course helps create stronger families in our society.