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**Webinar**

## **An interdisciplinary panel discussion**

### **Mental Health, Parenting, Recovery: an Interdisciplinary Panel Discussion**

**Thursday, 26<sup>th</sup> June 2014**

**“Working together. Working better.”**

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society,  
the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

**This webinar is presented by**



#### **Tonight's panel**

- Ms Amanda Waegeli (Independent Recovery Consultant and Peer Recovery Specialist)
- Ms Angela Obradovic (Social Worker)
- Dr Mary Jessop (Psychiatrist)
- Ms Lisa Whiting (Psychologist)

#### **Facilitator**

- Ms Vicki Cowling (Social Worker and Psychologist)

## Ground Rules



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

## Learning Outcomes



**Through an interdisciplinary discussion about Karen, the webinar will better equip participants to:**

- Recognise the key principles of intervention and the roles of different practitioners in assessing, treating, managing and supporting parents as they navigate the road to recovery for themselves and their families
- Understand the role of parenting and its significance in recovery from mental illness
- Recognise the merits, challenges and opportunities in providing parent focused collaborative care and support to optimise the recovery experience

***NB: The case study is designed to be open ended in order to raise questions, provoke thought and generate discussion.***

## Peer Recovery Specialist Perspective



### Reality of Peer Support

- The reality is a Recovery Peer Specialist is not a Psychiatrist, Psychologist, Social Worker, OT, Case Manager or all of the above, and most don't wish to be or try to be. This is one of the reasons why we work so well in mental health services.
- We are professionals, in our own right a new and emerging profession in mental health care, with research showing that we hold the key to successful recovery oriented practice.
- We do not screen or diagnose, we connect and talk. We are just ordinary people from all kinds of backgrounds who have walked a similar mental health path, that we use to connect with our peers.
- Every day we fight similar battles and face similar struggles. Our shared experience helps us to connect on a different level than other mental health professionals.



**Amanda  
Waegeli**

## Peer Recovery Specialist Perspective



### Challenges in Peer Support

- The biggest challenge has been lack of understanding of the role of a peer specialist. This feeds fear and inhibits inclusion of peer work by and with other professionals in treatment plans and care.
- Existing mental health professionals when working from a recovery perspective need to be educated and prepared for the introduction of these new peer workers into the workforce and how they can work to advocate to include them.



**Amanda  
Waegeli**

## Peer Recovery Specialist Perspective



### Research

- “Peer support workers: Theory and Practice”, published by the Implementing Recovery through Organisational Change (ImROC) programme – a joint initiative from the NHS Confederation’s Mental Health Network and the Centre for Mental Health – sets out the spectrum for peer support in mental health services, which can range from naturally occurring through to formal employment of people with lived experience of mental ill-health. Aimed at sharing best practice of recovery-focused peer support throughout mental health services in the UK, the briefing also includes a ‘checklist’ of core principles for a peer support service, as well as an examination of the wide variety of benefits a peer support service can deliver. <http://www.imroc.org>



**Amanda  
Waegeli**

## Peer Recovery Specialist Perspective



### Peer Support in working collaboratively

- One of the primary roles of a peer specialist is to encourage peers to engage in therapeutic relationships and clinical services, which makes the work of other mental health professionals more efficient and effective.
- Peer Specialists will engage in one-on-one support where they simply listen, empathize, encourage and inspire hope. With this, peers can move forward and make better and earlier use of other professionals and services.



**Amanda  
Waegeli**

## Peer Recovery Specialist Perspective



### Role of Peer Support

- For the person with no experience of a Peer Specialist and peer to peer services, it is very important that I first clarify what my role is.
- My role often involves explaining that I have valuable lived experience of mental illness and recovery and that I choose to be here right now out of my compassion and passion to help others in similar situations.
- I explain how I have become an expert of my own recovery experience and that I can show and model recovery.
- This often can have a profound effect on a peer and their family.
- It doesn't mean I have all the answers. It means I have walked through mental distress and come out the other end and know the right questions to ask along the way, the language to use, to help the peer and their family.



**Amanda  
Waegeli**

## Peer Recovery Specialist Perspective



### Family recovery needs early intervention

- If Jan or her GP knew about Peer Specialists in the community and I was contacted right from the beginning of "something not being quite right", I would have gone out to the home within 24 hours of receiving the call from Jan to meet with the whole family and listen to everyone's story of what was happening.
- Once heard, I would attempt to facilitate an open dialogue, solution focused family conversation. "So what are we all going to do about this?"
- I would inform the family of the mental health services and professionals available in the area and encourage and support them to use them.



**Amanda  
Waegeli**

## Peer Recovery Specialist Perspective



### Open Dialogue Method

- Evidence from Finland from over 25 years of successful practice when working with early episode psychosis by including the family from the beginning.
- This approach is innovative and moves away from the professional initial approach of trying to eliminate symptoms and moves more into creating space and conversation and dialogue amongst the whole family. It involves professionals being with them in the crises.
- As the person in the centre of the conversation acquires more voice and agency they can participate more meaningfully in conversation and resulting decisions.
- <http://www.dialogicpractice.net>



Amanda  
Waegeli

## Peer Recovery Specialist Perspective



### How I would engage with Karen

- How I share of my story and experience in an appropriate manner is vital. If it is not properly done, it can turn the relationship into one about me the peer specialist and not Karen the peer. I would let Karen drive the conversation.
- For example, as a peer specialist I often only need to say, "I'm Amanda, a Peer Specialist. I'd like to learn about your circumstances, what has happened."
- Most peers, almost without fail, will then ask, "What is a peer specialist?" When the peer specialist says, "I'm a person with a lived experience of mental distress and recovery who helps others on their recovery journeys," a flood of questions from the peer about the peer specialist's experiences often results. In this way, as a peer specialist I can keep the focus on the peer and the peer feels empowered and in control because he or she is driving the conversation.



Amanda  
Waegeli

## Peer Recovery Specialist Perspective



### Parent Peer Support

- Also, as part of my conversations with Karen, I would share that I was a parent in recovery and the many challenges and rewards I have experienced in this part of my journey.
- I would also connect Karen to the Parent Peer Support Program, which provides support for parents living with mental illness by trained Parent Peer Support Workers.
- These Parent Peer Support Workers have a direct lived experience of what it is like to be a parent with mental illness and are at a point in their recovery where they can offer hope and support to families in similar circumstances.
- <http://www.mifwa.org.au>



Amanda  
Waegeli

## Peer Recovery Specialist Perspective



### Recovery changing illness to wellness

- When the “I” is replaced by the “We” even “ILLNESS” becomes “WELLNESS”
- What are we as individual mental health professionals doing to support the people with whom we work, to keep and maintain the existing “we” (the family, children, friends and loved ones) of the people with whom we work and their recovery journey?
- We can come and go throughout a persons lifespan and recovery. If we are not open and inclusive to working with the whole support network of the person with whom we work, I believe from my own lived experience that our work can become potentially problematic to a family system, irrelevant and unsustainable to an individual and their family and children.



Amanda  
Waegeli

## Social Worker Perspective



### Mental Health Social Work Practice

Domain:

- Social context and social consequences of mental illness

Purpose:

- To promote recovery, restore individual, family, and community wellbeing, to enhance development of each individual's power and control over their lives, and to advance principles of social justice.

Focus:

- Occurs at the interface between the individual and the environment; inclusive of family, social networks, community and broader society



**Angela  
Obradovic**

## Social Worker Perspective



### The Recovery Approach

Personal Recovery Tasks (Slade)

- Developing a positive identity
- Framing the 'mental illness'
- Self-managing the mental illness
- Developing valued social roles
- Underpinned by an emphasis on relationships and hope.

The Parenting Role

- Intimately related to the recovery process – promotes hope, meaning, purpose, motivation, agency & self determination

(Nicholson 2010, Reupert & Maybery 2010 - cited in A National Framework For Recovery-oriented Mental Health Services: Guide For Practitioners and Providers p36)



**Angela  
Obradovic**



## Social Worker Perspective

### The Recovery Approach (cont.)

Professionals can support personal recovery through:

- Using Assessment to promote personal recovery tasks
- Action Planning
  - Self Management Skills
  - Agency
  - Empowerment
  - Motivation
  - Medication
  - Positive Risk-taking
- Crisis
  - Prevention
  - Minimising loss of personal responsibility
  - Maintaining Identity

Slade, M 2009b, Rethink recovery series, vol. 1, 100 ways to support recovery: A guide for mental health professionals, Rethink, London.



Angela  
Obradovic

## Social Worker Perspective

### Karen's Context

Strengths

- Karen has close and committed support from her mother and eldest son
- Her children have experienced a consistent, resourceful and loving mother
- GP crisis intervention options provided some choice to her family and Karen
- The assault and its impact have been consistently validated
- Karen while fearful has trusted professionals and commenced treatment
- Hospital has exposed her to the lived recovery experience of a peer worker



Angela  
Obradovic

## Social Worker Perspective



### Karen's Context (cont.)

#### Vulnerabilities

- Intimate relationships have featured conflict and violence
- The family relationships and parenting role she gains much joy and self-efficacy from are being threatened
- Help-seeking by both Karen and Jan was affected by:
  - a custody battle
  - experience of trauma and emerging mental illness
  - stigma associated with mental illness and psychiatric treatment
  - fear of judgment and potential disrupted relationships
- Children affected by exposure to violence, concern about and separation from their mother
- Jan experiencing carer burden and concerned about effects on the children and her relationship with Karen



Angela Obradovic

## Social Worker Perspective



### Reducing the Impact of Hospitalisation

Separation is experienced as traumatic for Karen and her children and is a key concern for Karen's mother Jan

Practice response during an inpatient stay:

- Reduce the trauma of disruption to the parent-child relationship
- Reduce the stigma associated with parental mental illness
- Help maintain and promote family resilience and well-being

Practice Tool Example: 'Keeping in Touch with Your Children' Menu & Practice Guidelines

<http://www.copmi.net.au/get-info/copmi-publications.html>

Evidence-base References:

<http://www.copmi.net.au/images/pdf/Research/gems-edition-5-may-2009.pdf>



Angela Obradovic

## Social Worker Perspective



### Promoting Conversations & Planning about Children, Parenting & Mental Illness

#### Let's Talk About Children

(Solantauus - Finland/E-learning -National COPMI Initiative - Australia)

- Recovery-focused approach to help make talking about children and parenting issues a natural part of the alliance between parent consumers and their mental health professionals
- Uses an age-appropriate developmental log to collaboratively consider how parents can best promote their child's development and address any areas of vulnerability and identify supports they may need for themselves as well.
- This may include considering how children understand their parent's mental illness and how parents may approach a conversation with their children about mental illness



**Angela  
Obradovic**

## Social Worker Perspective



### Promoting Conversations & Planning about Children, Parenting & Mental Illness (cont.)

Other evidence-based and lived experience-informed programs

- Family Focus
- Parent Peer Support Groups
- Supported Playgroups
- Peer Support Groups for Children and Young People e.g. CHAMPS, PATS



**Angela  
Obradovic**

## Psychiatrist Perspective



### Parental Mental Illness and Child Outcome

- Bidirectional
- Genetics ↔ environment
- Chronicity and severity of parental mental illness, and inter-episode function, irrespective of diagnosis
- Relationships
  - Parent child relationship and parenting\*
  - Marital/parental/family relationship
  - Other environmental stressors



**Dr Mary Jessop**

## Psychiatrist Perspective



### Resilience in Children and Families

- Children
  - Accomplish developmental tasks
  - Engage in relationships
  - Self-understanding

(Beardslee and Podorefsky, 1988)
- Families
  - Belief systems
  - Organisational Pattern
  - Communication Process

(Walsh, 2003)



**Dr Mary Jessop**

## Psychiatrist Perspective



### Supporting parents and families

- Normalise the struggles of parenting
- Providing “space” to reflect on parenting role and children’s strengths and vulnerabilities
- Provide information regarding promoting child development
- Focus on communication and problem solving
- Facilitate access to supports when needed
- Psychoeducation and peer support groups



**Dr Mary Jessop**

## Psychiatrist Perspective



### Let’s talk about children

(Effective Family Program, Finland, Solantaus and National COPMI)

- Principles of talking to children - Four Basic Rules
  1. Use language that children will understand
  2. Children benefit from an explanation of what they see, feel, hear and think
  3. When discussing a problem, also discuss a solution
  4. Understanding occurs over time, conversations should be ongoing



**Dr Mary Jessop**

## Psychologist Perspective



### Role of a clinical psychologist in a (rural) private practice setting

- Assess and treat Karen's depression
- Establish Karen's therapeutic goals
- Involves: Ongoing assessment, symptom management strategies, relapse prevention plan (including identification of early warning signs), collaboration with family and other workers (if appropriate and consented to by Karen)

Lisa  
Whiting

## Psychologist Perspective



### Assessment

- What is her current presentation like?
- Perform mental state examination (ongoing)
- Use the “Four Ps” style of formulation
  - Predisposing Factors – e.g. previous volatile relationship, family history of mental illness?
  - Precipitating Factors – sexual assault by last boyfriend
  - Perpetuating Factors – is there anything that maintains her depressive and/or psychotic symptoms once she is home?
  - Protective Factors – good premorbid function, seems to have managed very well up until the assault, family support from Jan, strong commitment to her children, peer support, small community support (?)

Lisa  
Whiting

## Psychologist Perspective



### Treatment

- Ten session limit with the Medicare Better Access for Mental Health Scheme
- Normalise and validate her response
- Psychoeducation
- CBT strategies to challenge negative or unhelpful perceptions
- Mindfulness/ACT/relaxation techniques to increase Karen's skills in distress tolerance for painful thoughts and feelings and residual anxiety

Lisa  
Whiting

## Psychologist Perspective



### Treatment (cont.)

- Auditory hallucinations can be addressed by either of the above, or Maastricht Approach
- Ongoing mental state assessment and vigilance for onset of PTSD symptoms
- Address stigma/shame/embarrassment, esp. considering small town context
- Incorporate Karen's strengths, esp. around parenting and coping. How did she manage before?
- Mum (Jan's) role – supportive? Supported?

Lisa  
Whiting

## Psychologist Perspective



### Collaboration

- GP
- Area Community Mental Health Service
- Family support service
- Psychiatrist
- Women and children's support service (inc. domestic violence)
- Private clinical psychologist/therapist
- Mental Health Psychosocial Support Service
- Carer support service
- School teachers/counsellors from children's school
- Any previous supports in place?
- Employment assistance programs

Lisa  
Whiting

## Psychologist Perspective



### To collaborate... or not to collaborate?

#### Benefits

- Clear communication of roles – important for workers but particularly for Karen
- Informs treatment of symptoms
- Accurate information, reduces guesswork and assumptions (especially for the kids)

#### Challenges

- Demand for services
- Confidentiality
- Time for collaboration (or lack thereof)
- Keeping up to date with what everyone else is doing
- Congruence of plans, goals and treatment

Lisa  
Whiting



Q&A session

## Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued in 4-5 weeks
- Each participant will be sent a link to online resources associated with this webinar within 1-2 days
- Our next webinar *Working Together to Overcome the Challenges of Rural Practice in Mental Health* will be held on Thursday, 31<sup>st</sup> July 2014. Visit [www.mhpn.org.au/upcomingwebinars](http://www.mhpn.org.au/upcomingwebinars) to register

**MHPN acknowledges the support of COPMI in producing this webinar.**

[www.copmi.net.au](http://www.copmi.net.au)




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**Thank you for your contribution and  
participation**