



## The Koping Program: A decade's commitment to enhancing service capacity for children of parents with a mental illness

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### Abstract

Children of parents with a mental illness are known to be at heightened risk of experiencing a range of psychosocial difficulties, including the potential development of their own mental health problems. In 1999, the Child and Youth Mental Health Service (CYMHS) of the Royal Children's Hospital, Children's Health District, Brisbane, Queensland, established a selective prevention initiative – since known as the Koping Program – to enhance service provision for this priority group. Sustained local resourcing of the program has enabled the achievement of numerous quality outcomes for young people, their families and service providers. These are reviewed according to the eight national Children of Parents with a Mental Illness (COPMI) action areas: promoting wellbeing and reducing risk; support for children and families; addressing grief and loss issues; access to information, education and decision-making; care and protection of children; partnerships and cross-agency processes; workforce development and workforce reorientation; and research and evaluation. Brief commentary is provided on factors underlying success of the Koping Program, along with its limitations and future directions.

### Keywords

*children of parents with a mental illness; parental mental illness; children; families; mental health services*

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### Introduction

Children of parents with a mental illness have been identified as being at increased risk of a range of adverse psychosocial outcomes (e.g., Ahern, 2003; Burdekin, 1993; Mathai, Jespersen, Bourne et al., 2008). For example, it has been concluded they are between two to five times more likely than the norm to demonstrate their own mental health problems (Maybery, Reupert, Goodyear et al., 2009). Despite an increased likelihood of a need for support and the fact that in Australia alone it has been estimated that one million children reside with at least one parent affected by mental illness (Maybery, Reupert, Patrick et al., 2009), this population has been

described as largely 'invisible' to services and systems (e.g., Fudge & Mason, 2004). This highlights the need for increased responsiveness to identify and support families affected by parental mental illness.

Over the last decade, considerable advances in service provision for children of parents with a mental illness have been undertaken by the Child and Youth Mental Health Service (CYMHS) of the Royal Children's Hospital (RCH), Children's Health Service District, Queensland, Australia. RCH CYMHS covers the northern suburbs of Queensland's capital city of Brisbane and operates inpatient, community and specialist teams for those aged 0-18 years experiencing –

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or at risk of – severe and/or complex mental health problems. In late 1999 the service convened a group of local stakeholders to identify and support the needs of families affected by parental mental illness. This interagency group became known as the *Koping Forum*, managed by a part-time coordinator, with its activities securing a Bronze Australasian Mental Health Achievement Award in 2002.

RCH CYMHS was an early adopter of service enhancement within Queensland, with this focus emerging against a policy landscape conducive to its uptake. At a state level, children of parents with a mental illness were identified as a priority group for CYMHS intervention (Queensland Health, 1996). Australia's *Second National Mental Health Plan* (Commonwealth Department of Health and Family Services, 1998) and *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health* (Commonwealth Department of Health and Aged Care, 2000) informed the focus on families affected by parental mental illness. This was further enhanced with establishment of the national Children of Parents with a Mental Illness (COPMI) initiative in 2002. RCH CYMHS has since maintained a significant investment in a comprehensive range of activities collectively referred to as the Koping Program. Since 2004, it has been managed by a full-time coordinator, and recently reached the stage of finalist in Queensland's Mental Health Week Achievement Awards. For more information on the program, see [www.health.qld.gov.au/rch/professionals/cymhs\\_early\\_interv.asp](http://www.health.qld.gov.au/rch/professionals/cymhs_early_interv.asp).

The primary purpose of this paper is to describe key achievements of the Koping Program in its ten-year history. To conceptualise its scope and link activities back to Australia's strategic COPMI framework, these are categorised according to the action areas identified by the *Principles and Actions for Services and People Working with Children of Parents with a Mental Illness* (AICAFMHA, 2004). It should be noted that this profile is by no means exhaustive, and that initiatives often traverse more than one area. Brief commentary is provided throughout on the factors conducive to the program's success, with reflections also provided on its limitations and future directions.

### **Action Area 1: Promoting wellbeing and reducing risk**

Young people affected by parental mental illness may at times juggle the dual roles of caring for an unwell parent while attempting to negotiate the normal tasks of childhood and adolescence. Taking on part or all of the caregiving role, such as looking after siblings, monitoring medication or attending to household chores, can adversely impact on their own developmental needs (Aldridge, 2006). It should be noted that this is a heterogeneous group, with not all young people experiencing psychosocial difficulties (Mowbray, Bybee, Oyserman et al., 2004). Targeting them nevertheless comprises a selective intervention to prevent the onset of mental illness, although with a number showing their own emerging mental health problems it could be argued that for some it may also represent an indicated intervention (Mrazek and Haggerty, 1994).

A centrepiece of the Koping Program has been the *Koping Adolescent Program* (KAP), a three-session group intervention for young people aged 12-18 years. It aims to build peer support, provide accurate information on mental illness, profile available agencies and encourage a wide range of helpful coping strategies. Similar approaches have been adopted by other group interventions for this population, as highlighted in a review by Fraser, James, Anderson et al. (2006). Since commencing in 2002, 166 KAP participants have graduated from a total of 28 programs. In an evaluation undertaken by Fraser and Pakenham (2008), compared with a wait-list control group participants did not report statistically significant improvements on a range of outcome measures. However, reliable clinical change analyses suggested improvements in mental health literacy, depression and life satisfaction that were maintained at two-month follow-up, with participants indicating high levels of program satisfaction.

Caregivers with a mental illness may be receptive to interventions that enhance their parenting capacity (Oyserman, Mowbray, Meares & Firminger, 2000), so it is vital workers identify and support their dual role as mental health consumer and caregiver. The *Koping Family Support Plan* was developed to enable families to plan for the care of children in the

event that parents are unable to do so. It is ideally completed by the parent when they are well so that their knowledge and wishes can be respected should they require hospital admission. Koping coordinators have also informed the development of a similar resource for use with parents presenting to Queensland Mental Health Services.

Improving the family-centred practice of mental health workers has been found to enhance engagement and efficacy of treatment (Solantaus & Toikka, 2006). Resources have since 2007 been devoted to delivery of a *consultation-liaison service*, in which the program's Consultant Psychiatrist has provided one-off joint family assessments to generate a comprehensive report, recommendations and referral options for the entire family. The service has been most widely promoted to local adult mental health services, but has also been offered to general practitioners, the education sector, child protection staff and non-government organisations. Of the 30 contacts received in 2008, two were referred directly to the district's infant mental health service and four to CYMHS. In 16 cases an assessment was offered but only proceeded for six of these due to difficulties in engagement and consent (Jessop, de Bondt & Meddick, 2009). This outcome reflects the ongoing challenge in engaging carers, clinicians and/or system processes to undertake family-centred practice (Maybery & Reupert, 2009), which continues to be a key priority for program coordinators.

Delivery of the above outcomes would have been impossible without the availability of designated resources in the form of recurrent funding (Owen, 2009). This has over time been expanded to enable the employment of a full-time coordinator, as well as a part-time Consultant Psychiatrist to provide clinical governance for the program. RCH CYMHS has additionally funded incidental expenses necessary for the delivery of program activities. These have included catering, resource development/distribution and funding a bus to transport young people to attend KAP and related follow-up activities. The latter is a considerable expense for the service, but one that has significantly contributed to the retention of group participants.

## Action Area 2: Support for children and families

Families affected by parental mental illness may experience a range of adverse outcomes for which they require access to additional support. Unfortunately the stigma associated with the illness may extend to other family members, thereby compounding the sense of marginalisation and shame experienced by young people (Falkov, 2004). Continuity of care, education, access to a support person and peer support programs have thus been identified as important by both parents (Cowling, 1999) and young people themselves (Fudge & Mason, 2004). Providing this support requires opportunities to promote and celebrate the resilience of young people while equipping them with additional resources to draw upon in times of particular stress.

An early program outcome was development of the *Koping Kit* (see [www.copmi.net.au/pdf/KopingKit.pdf](http://www.copmi.net.au/pdf/KopingKit.pdf)), a free document articulating referral pathways for more than 40 local services available to families affected by parental mental illness. Demand for the original Kit produced in 2001 necessitated two subsequent print runs totalling 5000 copies, funded by RCH CYMHS and since maintained electronically. Similarly, in 2004 the Koping Program developed a series of *tipsheets and brochures* to inform consumers, carers, service providers and the community. These continue to be distributed nationally, and have formed the basis of similar resources developed interstate. Program coordinators have also engaged *local and statewide media* to profile the needs of these families, and the resources available to assist them.

An additional resource offered to young people is *follow-up support* upon KAP completion. Program coordinators have connected KAP graduates across groups through the generation of a regular newsletter, email contact and a drop-in group. Young people have also been supported to attend an annual camp for children of parents with a mental illness, and most recently invited to join a Koping facebook site monitored by the program coordinator.

The expansion of social connections similarly underpinned the coordination in mid-2008 of a *Family Fun Day*, in which a combined total of

180 young people, their family members and service providers from across south-east Queensland gathered to access information, activities and peer support. This event was initiated in part by KAP graduates and their parents, who requested a wider forum in which to interact with other families. The day's free program was planned by an interagency committee and incorporated a wide range of activities including music, indigenous artwork, sports clinics, cooking demonstrations, information stalls, relaxation exercises and a fashion parade. Written feedback validated the success of the day with many families requesting that it become a longer, annual event, although this is currently not possible given resource limitations.

### **Action Area 3: Addressing grief and loss issues**

Parental mental illness has been identified as a risk factor in disrupted attachment relationships (Kowalenko, Barnett, Fowler & Matthey, 2000), and can pose a significant threat to family stability. Young people may experience a resulting range of distressing emotions including uncertainty, anxiety, sadness, anger and a sense of abandonment, especially in the face of separation episodes arising from parental hospitalisation or incarceration (Falkov, 2004). Responding sensitively may therefore be aided by recognition of their feelings and behaviours as a potential grief reaction to the loss of predictability in the world around them.

Koping coordinators have undertaken a range of strategies to assist young people in the expression and validation of their emotions. In 2004, six KAP graduates were assisted to write and record three original songs to reflect their experiences of having a parent with a mental illness, with 5000 copies of the resulting CD distributed nationally and internationally. *Koping Kids Kall Out* was subsequently acknowledged in 2005 with both an Australasian Mental Health Silver Achievement Award and Australian Medical Association Youth Award. KAP graduates have also been supported to share their testimony and photographic imagery in two recent *youth mental health promotion calendars*, of which the 2008 edition was the recipient of an Australasian Gold Mental Health Achievement

Award. In each case, the ability to help others is likely to serve the additional purpose of enabling participating young people to recognise and derive meaning from their perceived losses (Hargreaves, O'Brien, Bond et al., 2005).

Young people entering the *child protection system* may encounter their own unique stressors, including a move/s away from a familiar school or peers and adjustment to a new (and in some case, multiple) foster or other out-of-home placement/s (Osborn, Delfabbro & Barber, 2008). KAP content is currently being tailored for delivery to young people affected by parental mental illness who are involved in the child protection system to acknowledge such issues of grief and loss, with ongoing support and supervision to be offered to facilitators of these targeted groups from 2010.

### **Action Area 4: Access to information, education and decision-making**

A challenge identified by young people may be a perceived loss of control over their circumstances, which can arise in response to variables including fluctuation in their parent's symptoms, misinformation, system barriers, ignorance of available support and at times a reduced repertoire of helpful coping strategies (Falkov, 2004). While young people need to recognise that parental symptoms are beyond their direct control, there is much they and their families can do to regain a sense of mastery.

Koping Program coordinators have assisted this process through the provision of accurate, developmentally-appropriate information. An early achievement was the collation of relevant resources which has since grown to a *library* totalling more than 145 items including factsheets, storybooks, novels, videos and academic texts. Efforts have been made to ensure this information is reflective of diversity, including differing developmental needs and cultural backgrounds. An addition to the library in 2002 was a *video resource* developed by program coordinators to depict the needs of young people and highlight available supports. This has more recently been updated in the form of the *Koping DVD*. The 22-minute youth section showcases KAP graduates sharing their experiences and strategies, while a five-minute animation was produced for screening to

primary-school children. Federal funding enabled the production of 1500 copies, with distribution nationally and internationally generating much positive feedback since its launch in 2008.

KAP attendees are also encouraged throughout to recognise and respond to their own individual needs, with *graduate suggestions* considered for inclusion in the follow-up newsletters, drop-in sessions and other project activities. They have, moreover, been emotionally and financially supported to *share their experiences* in a range of capacities to enhance access to information by others. This has included their presentations at inservices, training, lectures and conferences to a wide range of stakeholders, both locally and on a statewide level. Such testimony has consistently generated positive feedback, in which the inclusion of lived experience in a learning environment has proved a powerful vehicle to enhance understanding of the issues, including the need for early intervention. Consumer participation has been successfully applied in other youth support agencies (e.g., Oliver, Collin, Burns & Nicholas, 2006), but requires the careful selection, appropriate support and meaningful inclusion of candidates. Koping coordinators have empowered young people by harnessing their lived experience in a respectful manner to help achieve service improvement.

#### **Action Area 5: Care and protection of children**

While families affected by mental illness are at greater risk of multiple psychosocial stressors, it is not the mental illness alone that places young people at risk. It is instead the *interaction* between the mental illness and other key factors such as its severity and chronicity, interpersonal difficulties and financial stress (see Maybery, Reupert, Goodyear et al., 2005). The impact on family members can thus be quite varied, but at its most extreme end comprises abuse, neglect and, in rare cases, death (Webb, Abel, Pickles et al., 2006). Timely identification of - and response to - potential risks is therefore imperative.

Development of Koping activities has been underpinned throughout by a *risk management framework* to ensure the safety and access to quality care of participating young people. This

has included the development of documentation protocols, case reviews with the Koping Consultant Psychiatrist, comprehensive screening of external service providers, supervising KAP delivery and articulating clear referral pathways for young people identified to be at risk of harm or needing ongoing support. Program coordinators have also provided pre- and debriefing to young people and parents sharing their story at professional development forums, and ensured access to support staff at larger gatherings attended by young people and their family members. This comprehensive approach is based on a sound knowledge of the vulnerabilities already experienced by this population, the need to ensure that their participation does not place them at additional risk and to provide them with a positive experience of accessing support services.

A *multi-faceted approach* has been undertaken by Koping coordinators to assist more effective service response to family risk. As noted by Darlington and Feeney (2008), staff perceptions of best practice regarding child protection concerns in the context of parental mental illness requires improved cross-sectoral communication, professional development and the provision of adequate resources and appropriate service models. Koping coordinators have therefore specifically targeted adult mental health and child protection services for a range of program initiatives described in this paper. Of recent significance has been input by Koping coordinators into the new *statewide policy* (Queensland Health, 2008a) to enhance timely identification and support of mental health consumers with dependent children. It aims to identify the presence of children in the household, highlight any immediate risks and generate a plan to proactively identify family needs.

#### **Action Area 6: Partnerships and cross-agency processes**

The fact that young people may not be routinely identified by system processes means they can be inadequately recognised or supported, and so an opportunity for preventative or early intervention is missed. Cowling (2004) commented that meeting the needs of these families is often too complex for one single

agency, with recent evidence highlighting the benefits of cross-sectoral partnerships (Clark & Smith, 2009).

One of the main challenges to program implementation has been finite capacity on the part of coordinators to respond to the scope of local need. This has been in part addressed by active efforts to host volunteers and student placements, access intersectoral resources and engage fellow service advocates to achieve shared agency objectives. This has been exemplified by longevity of the *Koping Forum*, which has met approximately bimonthly on a total of 36 occasions and currently comprises 25 members representing 17 agencies. Members share information, resources and strategies to address unmet needs of families affected by parental mental illness, with Koping coordinators having recently introduced a learning circle as an additional means of exploring relevant process issues.

Koping coordinators have moreover built local capacity through *joint delivery of KAP* with a range of service providers. A professional, ideally trained in KAP delivery, co-facilitates the program with the Koping coordinator, who takes responsibility for promotion, screening and documentation of the group. The guest facilitator is otherwise required to contribute equally to delivery of the 21 hours of group contact, as well as attend clinical supervision provided by RCH CYMHS. This model has been successfully applied to facilitators from sectors including education, adult mental health, child protection and non-government organisations. Planning is currently underway to embed the program coordination role within other services to enable wider community ownership and dissemination of KAP.

Collaboration has been assisted by the recruitment of Koping coordinators with considerable energy, tenacity, clinical expertise and interpersonal skills to facilitate cultural change, including negotiating cross-sector agendas to engage stakeholders around a common cause. Such characteristics remain vital in progressing future directions of the program, including continuing to break down the historical divide between child and youth and adult mental health services.

### **Action Area 7: Workforce development and workforce reorientation**

Workforce development is necessary to drive a cultural shift in clinical service provision. This requires not only an increased awareness of the needs of families affected by parental mental illness, but enhanced capacity of individual workers to undertake family-centred practice (Solantaus & Toikka, 2006). Adult mental health workers have identified a number of barriers to discussing parenting issues with their clients, including their own perceived lack of knowledge, skills and resources (Maybery & Reupert, 2006). Reorientating stakeholders to be more responsive to the needs of families has thus necessitated a significant investment of program resources.

Since 2001, Koping coordinators have compiled a *statewide newsletter* profiling issues, research and resources in the field, with the 29<sup>th</sup> edition most recently being circulated to nearly 200 recipients. They have also devoted considerable resources to *stakeholder training*. An early example of this was statewide delivery of a one-day session to a total 250 stakeholders in 11 health service districts, with resulting reports of increased understanding of - and confidence in responding to - issues facing children of parents with a mental illness. Koping coordinators have since delivered local inservices, awareness sessions in the statewide CYMHS, child protection and psychiatric registrar orientation programs, university lectures and presentations at national and international conferences.

Since 2002, 100 service providers from a range of regions and sectors have also been trained in *KAP delivery*, with eight health service districts having since then implemented their own groups. The Koping coordinator has promoted the establishment of these groups, and in some cases provided supervision for new facilitators. As a more recent adjunct, a new training day on supporting *children of parents with a dual diagnosis* has been developed for delivery to a total of 50 stakeholders from a range of sectors and sites.

Another key achievement has been the coordination of the inaugural *Queensland Children of Parents with a Mental Illness Conference* in 2007. This was identified by the

Koping forum as a means of profiling this burgeoning area of service provision, and progressed by a cross-sectoral steering committee including a number of KAP graduates. The two-day program included keynote and concurrent sessions, poster displays and information stalls, and attracted 119 people including a number of international attendees. Written feedback indicated high levels of delegate satisfaction with the conference, with strong interest reported in attending a future such event.

Finally, Koping coordinators participate in a *statewide reference group* to enhance the identification and support of families affected by parental mental illness, and have contributed to the development of guidelines to accompany the statewide policy. They have also successfully advocated for the consideration of parenting and child protection needs in a new *statewide dual diagnosis policy* (Queensland Health, 2008b), and written a chapter on parental dual diagnosis in the upcoming clinical guidelines. The opportunity for Koping coordinators to inform these strategic documents is in part based on credibility of the program, which in turn may be attributed to the vision and leadership provided by RCH CYMHS in identifying and advocating for processes and resources to achieve long-term sustainability. This has included embedding Koping initiatives within core business of the service, ensuring sufficient handover by outgoing Koping coordinators, alignment of program activities to access additional funding and linkage with other strategic priorities.

#### **Action Area 8: Research and evaluation**

'Children of parents with a mental illness' is a relatively new area of research focus, with emerging evidence being used to highlight the extent of the population, related needs and the effectiveness of intervention strategies. Quality and performance has been identified as a key principle in supporting the mental health needs of young people (Commonwealth Department of Health and Aged Care, 2004), with results being used to advocate for enhanced service provision for families affected by parental mental illness.

Koping coordinators are dedicated to both disseminating and expanding the evidence base in this area. They attend the national COPMI

reference group, and contributed to the report commissioned to undertake a review of barriers and enablers to service change (Owen, 2009). Collaboration with the University of Queensland to undertake KAP evaluation (Fraser & Pakenham, 2008) resulted in enhanced capacity to comprehensively document its coordination and delivery, with KAP manuals since distributed nationally and internationally. Clinical service provision is recorded in the service's database for regular review, with quality assurance measures incorporated into individual components of the program to help refine them over time. These are used to assist the generation of an annual strategic plan, which is developed in discussion with forum members.

#### **Limitations of the program**

The program's main limitation nevertheless comprises a failure to more systematically review the immediate and longer-term impact of Koping initiatives. While administration of standardised as well as purpose-built tools to evaluate programs such as KAP is a strength of the program (Reupert & Maybery, 2009), this data has not been collated for statistical analysis, with the Fraser and Pakenham (2008) study only reviewing a small sample of this larger data pool. A follow-up measure is moreover not currently provided to ascertain maintenance of participant treatment gains. Similarly, while professional development opportunities are accompanied by follow-up measures to seek feedback on the content and intentions to implement it, participants are not followed up to ascertain the nature or extent of their corresponding practice change. It is therefore unclear whether the positive feedback arising from program initiatives is translated into meaningful improvements for families affected by parental mental illness.

While limited feedback is sought on a range of individual initiatives including resources and training, there is currently no strategy in place to track changes in local system capacity over time, including an attempt to attribute individual change to specific components of the Koping Program. Evaluation has been identified as a significant challenge in implementing systems change in this field (Owen, 2009), with few tools available to monitor this investment. In hindsight, it would have been useful to develop

even a basic measure to assess knowledge, confidence and skills of at least RCH CYMHS staff when the program commenced in 1999, and to track this over time via annual administration. While staff turnover might confound results, requesting respondents to nominate any relevant resources or professional development they had accessed between surveys may go some way towards identifying successful components of the program. This may comprise a future consideration of Koping coordinators.

### Future directions

A strength of the Koping Program has been its ability to adapt over time in identifying and incorporating new strategic priorities and best available research within the area. In addition to the goals identified above, Koping coordinators have acknowledged the need to facilitate *peer support for parents affected by mental illness*, and so will be exploring options to offer this in 2010 in conjunction with adult mental health services. The lack of capacity to deliver a *group intervention for primary school-aged children* has so far been addressed through strong referral pathways with age-appropriate programs and resources available elsewhere. However, preliminary planning has commenced to offer a group intervention for this age group in North Brisbane from 2011. Conversely, with the longevity of KAP a number of graduates are now over 18 years and no longer eligible to access the follow-up support mechanisms offered through RCH CYMHS. Their skills and experience to assist with KAP delivery in a mentoring capacity has been noted by Koping coordinators, who are considering delivering *peer skills training* for these young people in the near future to harness their potential interest in taking up this role. They are also exploring a partnership with a philanthropic body to increase the capacity of children of parents with a mental illness to *access a camp* locally.

Koping coordinators have recently commenced a *pilot of the Effective Child and Family Program* (Solantaus & Toikka, 2006), a more comprehensive intervention service directed at the entire family. Its aims include developing a shared understanding of the mental illness, promotion of protective factors and facilitation of family communication. If successful,

additional funding would be sought to make the program more widely available.

Finally, a recent investment in the field has been the development of an *online COPMI education resource* (see [www.copmi.net.au/worked/index.html](http://www.copmi.net.au/worked/index.html)). Koping coordinators are committed to its wide promotion, including embedding it as a mandatory requirement for RCH CYMHS staff. They are also planning for dissemination to key stakeholders, including representatives from general practice, adult mental health services, the child protection sector and educational services. Collaboration with the latter will be assisted with the recent RCH CYMHS appointment to a position designed to facilitate partnerships between the service and educational settings.

### Conclusion

Review of Koping Program activities over the past ten years highlights the potential for far-reaching system change to support families affected by parental mental illness. Maintaining long-term momentum for innovative, high-quality care in this area has resulted in enhanced outcomes for young people, family members and service providers. With wider availability of similar capacity-building programs, it is hoped that the previous 'invisibility' of these young people will be increasingly replaced by more responsive identification and support, including a celebration of the resilience many demonstrate in the face of significant family challenge.

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### References

- ▶ Ahern, K. (2003). At-risk children: A demographic analysis of the children of clients attending mental health community clinics. *International Journal of Mental Health Nursing*, 12(3), 223-228.
  - ▶ Aldridge, J. (2006). The experiences of children living with and caring for parents with mental illness. *Child Abuse Review*, 15(2), 79-88.
- Australian Infant, Child, Adolescent and Family Mental Health Association (2004). *Principles and Actions for Services and People Working with Children of Parents with a Mental Illness*. Adelaide: Australian Infant, Child, Adolescent and Family Mental Health Association.

- Burdekin, B. (1993). *Human Rights and Mental Illness. Report of the National Inquiry into Human Rights of People with Mental Illness*. Canberra: Human Rights and Equal Opportunity Commission.
- ▶ Clark, C.A. & Smith, P.R. (2009). Promoting collaborative practice for children of parents with mental illness and their families. *Psychiatric Rehabilitation Journal*, 33(20), 95-97.
- Commonwealth Department of Health and Aged Care (2000). *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000*. Canberra: Commonwealth Department of Health and Aged Care.
- Commonwealth Department of Health and Aged Care (2004). *Responding to the Mental Health Needs of Young People: Principles and Strategies*. Canberra: Commonwealth Department of Health and Aged Care.
- Commonwealth Department of Health and Family Services (1998). *Second National Mental Health Plan 2003-2008*. Canberra: Commonwealth Department of Health and Family Services.
- Cowling, V. (1999). Finding answers, making changes: Research and community project approaches. In V. Cowling (Ed.), *Children of Parents with a Mental Illness* (pp. 37-59). Melbourne: ACER Press.
- Cowling, V. (2004). *Children of Parents with a Mental Illness 2: Personal and Clinical Perspectives*. Melbourne: ACER Press.
- ▶ Darlington, Y. & Feeney, J.A. (2008). Collaboration between mental health and child protection services: Professionals' perceptions of best practice. *Children and Youth Services Review*, 30(2), 187-198.
- Falkov, A. (2004). Talking with children whose parents experience mental illness. In V. Cowling (Ed.), *Children of Parents with Mental Illness 2: Personal and Clinical Perspectives* (pp. 41-56). Melbourne: ACER Press.
- Fraser, C., James, E.L., Anderson, K., Lloyd, D., & Judd, F. (2006). Intervention programs for children of parents with a mental illness: A critical review. *The International Journal of Mental Health Promotion*, 8(1), 9-20.
- ▶ Fraser, E. & Pakenham, K.I. (2008). Evaluation of a resilience-based intervention for children of parents with mental illness. *Australian and New Zealand Journal of Psychiatry*, 42(12), 1041-1050.
- Fudge, E. & Mason, P. (2004). Consulting with young people about guidelines relating to parental mental illness. *Australian e-Journal for the Advancement of Mental Health*, 3(2), <http://amh.e-contentmanagement.com/archives/vol/3/issue/2/article/3379/consulting-with-young-people-about-service>
- Hargreaves, J., O'Brien, M., Bond, L., Forer, D., Basile, A., Davies, L., & Patton, G. (2005). *Paying Attention to Self PATS: An Evaluation of the PATS Program for Young People who have a Parent with a Mental Illness*. Melbourne: Centre for Adolescent Health.
- Jessop, M., de Bondt, N., & Meddick, T. (2009). *Development of a COPMI Consultation-Liaison Service*. Unpublished Koping Program report. Brisbane: Child and Youth Mental Health Service, Children's Health Service District.
- Kowalenko, N., Barnett, B., Fowler, C., & Matthey, S., (2000). The perinatal period: Early interventions for mental health. In R. Kosky, A. O'Hanlon, G. Martin, & C. Davis (Eds.), *Clinical Approaches to Early Intervention in Child and Adolescent Mental Health* (Volume 4). Adelaide: Australian Early Intervention Network for Mental Health in Young People.
- Mathai, J., Jespersen, S., Bourne, A., Donegan, T., Akinbiyi, A., & Gray, K. (2008). Use of the Strengths and Difficulties Questionnaire in identifying emotional and behavioural problems in children of parents with a mental illness in Australia. *Australian e-Journal for the Advancement of Mental Health*, 7(3), <http://amh.e-contentmanagement.com/archives/vol/7/issue/3/article/3267/use-of-the-strengths-and-difficulties>
- Maybery, D. & Reupert, A. (2006). Workforce capacity to respond to children whose parents have a mental illness. *Australian and New Zealand Journal of Psychiatry*, 40(8), 57-64.
- ▶ Maybery, D. & Reupert, A. (2009). Parental mental illness: A review of barriers and issues for working with families and children. *Journal of Psychiatric and Mental Health Nursing*, 16(9), 784-791.
- Maybery, D., Reupert, A., Patrick, K., Goodyear, M., & Crase, L. (2005). *VicHealth Research Report on Children at Risk in Families Affected by Parental Mental Illness*. Melbourne: Victorian Health Promotion Foundation.
- ▶ Maybery, D., Reupert, A., Patrick, K., Goodyear, M., & Crase, L. (2009). Prevalence of children whose parents have a mental illness. *Psychiatric Bulletin*, 33(1), 22-26.

- Maybery, D., Reupert, A., Goodyear, M., Ritchie, R., & Brann, P. (2009). Investigating the strengths and difficulties of children from families with a parental mental illness. *Australian e-Journal for the Advancement of Mental Health*, 8(2), <http://amh.e-contentmanagement.com/archives/vol/8/issue/2/article/3243/investigating-the-strengths-and-difficulties-of>
- Mowbray, C., Bybee, D., Oyserman, D., Allen-Meares, P., MacFarlane, P., & Hart-Johnson, T. (2004). Diversity of outcomes among adolescent children of mothers with mental illness. *Journal of Emotional and Behavioural Disorders*, 12(4), 206-221.
- Mrazek, P.J. & Haggerty, R.J. (Eds). (1994). *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*. Committee on Prevention of Mental Disorders, Institute of Medicine. Washington DC: National Academy Press.
- Oliver, K., Collin, P., Burns, J., & Nicholas, J. (2006). Building resilience in young people through meaningful participation. *Australian e-Journal for the Advancement of Mental Health*, 5(1), <http://amh.e-contentmanagement.com/archives/vol/5/issue/1/article/3340/building-resilience-in-young-people-through>
- Osborn, A., Delfabbro, P.H., & Barber, J.G. (2008). The psychosocial functioning and family background of children experiencing significant placement instability in Australian out-of-home care. *Children and Youth Services Review*, 30(8), 447-460.
- Owen, S. (2009). Organisational systems and services for children of parents with mental illness and their families: Processes of change and sustainability. *Administration and Policy in Mental Health and Mental Health Services Research*. [www.springerlink.com/content/07q17575249j832m](http://www.springerlink.com/content/07q17575249j832m).
- Oyserman, D., Mowbray, C.T., Meares, P.A., & Firminger, K.B. (2000). Parenting among mothers with a serious mental illness. *American Journal of Orthopsychiatry*, 70(3), 296-315.
- Queensland Health (1996). *Future Directions for Child and Youth Mental Health Services*. Brisbane: Queensland Government.
- Queensland Health (2008a). *Meeting the Needs of Children for whom a Person with a Mental Illness has Care Responsibilities*. Brisbane: Queensland Government.
- Queensland Health (2008b). *Service Delivery for People with Dual Diagnosis (Co-occurring Mental Health and Alcohol and other Drug Problems)*. Brisbane: Queensland Government.
- Reupert, A. & Maybery, D. (2009). A 'snapshot' of Australian programs to support children and adolescents whose parents have a mental illness. *Psychiatric Rehabilitation Journal*, 33(2), 125-132.
- Solantaus, T. & Toikka, S. (2006). The Effective Family Programme: Preventative services for the children of mentally ill parents in Finland. *International Journal of Mental Health Promotion*, 8(3), 37-40.
- Webb, R., Abel, K., Pickles, R., Appleby, L., King-Hele, S., & Mortensen, P. (2006). Mortality risk among offspring of psychiatric inpatients: A population-based follow-up to early adulthood. *American Journal of Psychiatry*, 163, 2170-2177.