Wellbeing of dependents principle

1. What do **the Act** and relevant guidance say?

The needs, wellbeing and safety of children, young people and other dependents of people receiving mental health and wellbeing services are to be protected (s 28).

This principle recognises that the unique needs of children, young people and other dependants of people receiving mental health and wellbeing services, and require[s] that their wellbeing and safety be protected. The wellbeing of dependents may sometimes be in tension with the views or preferences off a person receiving mental health and wellbeing services (Explanatory Memorandum, Mental Health and Wellbeing Bill 2022 (Vic), p 26).

Parental mental health can impact dependent children in a range of ways. However, when parents are well supported, and children have broader family and social supports in place, the impact of parental mental illness can be minimised (Wade, C (2020) via Emerging minds).

Promoting and protecting the wellbeing of dependents is an important part of recovery oriented, person-centred care. All staff involved in providing care have a role to play in identifying dependents, and their relationship with the consumer, recording relevant information, and taking appropriate steps to ensure their needs, wellbeing and safety are protected.

The Chief Psychiatrist's *Working together with families and carers guideline* (Department of Health and Human Services, 2018c) offers detailed advice to services about the actions needed at both a practice and service level. Following relevant Chief Psychiatrist guidance, and demonstrating compliance and continuous improvement, is one way services can show proper consideration of the wellbeing of dependents principle.

2. How do **human rights** relate to this principle?

The Charter recognises the right Victorians have to the 'protection of families and children' (section 17). As is the case with the families and carers principle, when the wellbeing of dependents principle applies, this right to the protection of families and children will also be relevant.

Other relevant rights under the Charter include the right not to have a person's privacy, family, home or correspondence arbitrarily interfered with (section 13(1)) and cultural rights particularly in relation to the maintaining of kinship ties (section 19(2)(c)).

Related mental health and wellbeing principles include:	Related decision making principles include:
Supported decision making Families and carers Cultural safety	Consequences of compulsory assessment and treatment and restrictive interventions Autonomy

3. How might a **consumer** experience this principle?

As a parent or carer receiving mental health and wellbeing services, when the needs, wellbeing and safety of my children, young people or other dependents are protected:

- I am given access to parenting supports to be the best parent or carer I can be while receiving the mental health care I need.
- My role as a parent or carer is recognised, respected and considered in all aspects of my care planning. I am supported to preserve and strengthen my relationships with my children or dependents including through referrals and access to parenting supports and family services that help me in my caring role.
- I feel confident that staff understand the importance of protecting my children's wellbeing while respecting my rights as a parent.
- I am asked about the people I care for and feel safe and supported in sharing this information.
- My preferences about who supports my children or dependents, including those in my advance statement of preferences, are heard and considered.
- I am supported to stay connected with my children or dependents while I receive treatment, in ways that matter to me.

- I am offered information, tools and support to help me explain mental health challenges to my children in age-appropriate ways.
- If my child or dependent is also my carer, they are supported in their role and their wellbeing is looked after too.
- I am involved early in planning to ensure my children or dependents are supported and continue to receive the care and attention they need if I am temporarily unable to look after them.

4a. What may this principle mean for **carers, families and supporters**?

As a supporter of a person who is a parent or carer, when the needs, wellbeing and safety of their children, young people or other dependents are protected:

- I feel reassured that the service understands how mental health challenges can affect children and other people who rely on their parent or carer.
- I am encouraged to share any concerns I have about a child, young person or dependent's wellbeing, and I feel listened to.
- I am included in conversations about supporting children or dependents, in a way that respects everyone involved.
- I know that the service can help children, young people and dependents get the right support if they're affected by what's happening in the family.
- I am supported to play a positive role in helping keep family routines and relationships steady when things are tough.
- If I am a child or young person who is also a carer, I am supported in both of those roles in ways that are appropriate for my age and development.

4b. What does this principle mean for a **child, young person or dependent**?

As a child, young person or dependent, when my needs, wellbeing and safety are protected:

- I know there is a clear plan for who will look after me and how my daily life will stay as normal as possible, if my parent or carer is unwell.
- I receive age-appropriate information to help me understand what is happening, as well as information about things that might help me.
- I am supported to stay connected with my parent or carer if they are in hospital. There are appropriate child-friendly spaces in the hospital where I feel safe and welcome if I visit.
- I know how and where to ask for help, if I need it or if I am worried about my parent or carer.

5. How do **treating teams** put this principle into practice?

This section gives an overview of requirements and good practice suggestions for putting the wellbeing of dependents principle into practice. As noted earlier in this guidance, the dignity and autonomy and supported decision making principles must always be considered.

Explore the key topics covered in this section:

- Identify and record information about dependents, including young carers, as early as possible
- Ensure children, young people and dependents are safe including by cocreating and embedding plans for their wellbeing into discharge, crisis, and relapse plans
- Give information, support and referrals to children, young people and dependents - including young carers

Identify and record information about dependents, including young carers, as early as possible

Requirements include:

- At first contact, ask consumers carefully and sensitively about their lives and family connections, including any parenting or caring role, and the wellbeing and needs of children and dependents (Department of Health and Human Services (2018c), p 10). Review this regularly. If the consumer is too unwell or distressed to give information, check with a family member, carer, or nominated support person in the first instance, and revisit with the consumer when possible.
- 📖 Record information about dependents on CMI/ODS (or equivalent system), including names, date of birth, custody arrangements, and any other critical information, alerts or risks (for example, family violence intervention orders) and take reasonable steps to check that the information is still current (for example, checking at regular points) (s 726 accuracy of information principle).
- Identify children, young people and dependents who care for and support the consumer. Recognise that they may have key support responsibilities and be knowledgeable about the consumer's treatment and history. Where the consumer has consented to their involvement, be equipped to have conversations with them in ways that align with their preferences and capacity (Department of Health and Human Services (2018c), p 11).

Good practices may include:

- Where possible, offer a range of ways for people to talk about their lives and responsibilities. For example, involve peer support or any staff the consumer feels most comfortable speaking to.

Ensure children, young people and dependents are safe including by cocreating and embedding plans for their wellbeing into discharge, crisis, and relapse plans

Requirements include:

- 📖 Take all reasonable steps to check if a person has an advance statement of preferences and make all reasonable efforts to follow preferences about the care of their dependents if the consumer is unable to care for them. This could include supporting the consumer to contact the preferred caregiver, or making contact on their behalf if needed, and supporting the consumer to identify and contact other preferred caregivers if they are unavailable.
- With the consent of the consumer, work with the consumer and their family, carer and supporters to identify and help them access services and supports that will help them to maintain their caring role and to meet the needs of their children or other dependents.
- Clearly explain confidentiality and its limitations to consumers, families, carers and supporters - for example, explaining mandatory reporting requirements.
- Be aware of and comply with the requirements of the Child Safe Standards (Commission for Children and Young People, 2023). For example:
  - Be alert to common indicators that children are experiencing harm (Commission for Children and Young People 2023, pp 15-16), such as changes in behaviour, school engagement, emotional wellbeing, or physical health.
  - Where there are concerns for a child or young person's immediate safety or wellbeing, follow reporting requirements including involving Child Protection as indicated.
- Share information in accordance with the Child Information Sharing Scheme (CISS) requirements and other relevant legislation to promote the safety and wellbeing of children and young people. Where safe, appropriate and reasonable to do so, seek the views of the child or young person and family members (including the consumer) who do not pose a risk to the child, about sharing the information.
- Support the right of inpatients to communicate with their children or dependents, in line with their preferences. For example, through visits, phone calls or video calls, emails and letters.

Good practices may include:

- Support parents and caregivers to maintain connection with their children or dependents during treatment, using approaches such as video calls, letters or shared online activities when in-person visits aren't possible.
- Support open, ongoing conversations between parents and their children about mental health and wellbeing, tailored to the child's age and needs.
- Involve multidisciplinary staff in the consumer's treatment planning, for example, Families where a Parent has a Mental Illness (FaPMI) staff, allied health, lived and living experience workforce.

- Regularly discuss the consumer's parenting and caregiving role as part of assessment and treatment planning. This might include:
  - asking the consumer how they experience parenting
  - jointly identifying and building on existing strengths and supports
  - discussing and making referrals including to parenting support programs, family or community support services
  - anticipating when episodes of illness may occur, developing a family crisis or care plan that may include working with family members, carers and community services, and documenting preferences for who will care for or support their dependents if they are unable to do so, and how the consumer would like to maintain connection to their dependents and their caring role during times of illness
  - encouraging the consumer to include cultural or other needs, and discuss how planning can ensure these needs are met (see cultural safety principle)
  - discussing and making referrals to family violence supports (for example, The Orange Door) - see also gender safety principle.
- Encourage and support consumers with dependents to document their preferences in an advance statement of preferences.
- Use available care plan templates (see 'Where can I find more information?') to prompt thinking about the specific and diverse needs and experiences of dependents (including those based on their age and developmental stage), and the information, resources, networks and supports that may be available.
- Give information resources to consumers and offer support and advice to the consumer, family, carer or supporters about how to talk with children or dependents about mental illness in a way that is safe, supportive and developmentally appropriate.
- Identify the needs of expectant parents and check whether they feel they have adequate support to prepare them for parenting. Connect consumers with relevant maternity/maternal and child health services if needed.

Give information, support and referrals to children, young people and dependents - including young carers

Requirements include:

- Where children or young people have a caring role, recognise and involve them as a carer in decisions about the consumer's assessment, treatment and recovery as required by the Act - in line with their preferences, developmental stage and the consumer's preferences. See family and carers principle.
- Make timely referrals, and follow-up where needed, to connect children, young people and other dependents with services that can support their diverse experiences and needs. For example, Satellite Foundation, Little Dreamers Wellbeing Hub, child and family health clinics, family counselling, The Orange Door, peer support, other mental health and wellbeing supports or financial support.

Good practices may include:

- Support young carers to access resources or services they may need for their own wellbeing. This may include connecting young carers with a Child and Young Person's Worker via the Families where a Parent has Mental Illness (FaPMI) program. Child and Young Person's Workers can identify support needs and referral options, strengthen existing support networks and help young carers to access further supports, give information and referrals including to peer support, and help with access to financial support and access to transport.
- With agreement from the child or young person and the consumer, share information with other services including the education system, to ensure their circumstances are accommodated.
- Draw on advice from the lived and living experience workforce and child/family support workers about inclusive and developmentally appropriate engagement.

Tips for talking about the wellbeing of dependents

- Ask consumers, carers, families, supporters and dependents:
  - what has helped in the past
  - what would help now, including what helps dependents to feel supported, safe and secure
  - what is important to maintain in their family's normal routines, relationships or activities and
  - how they wish to stay connected during an admission.
- Where appropriate, invite dependents (who may also provide care or support to others) to share what they need to feel safe, supported and included.
- Explain the supports available (for example, parenting supports or services, supports for children of parents with a mental illness).
- Show interest in the consumer's parenting or caregiving role, and the people they care for: *Can you tell me a bit about who you care for or who depends on you? How are things going for them?*
- Reassure parents and caregivers that you are there to support them in maintaining their caring role.
- Be aware that consumers may hesitate to share their parenting or caring needs due to concerns about child protection involvement. Acknowledge these fears and be open and clear about any reporting requirements and the reasons for them.
- Ask consumers who they would like to be involved in caring for their dependents, and if they have or would like to make an advance statement of preferences including these wishes.
- Involve the consumer's family, carers, and supporters and seek their perspectives - for example, on the family's routines, strengths, ways to support the wellbeing of dependents or any safety concerns. *What helps the child/young person/dependent to cope, and how can we support them? Do you have any worries about their wellbeing or safety?*

6. How might **services reflect** on practice?

- How do we identify whether consumers have children or other dependents?
- How do we respond to any safety needs or other immediate needs?
- How do we ensure we safely and sensitively explore and meet dependents' diverse ongoing needs?
- How do we make sure that supports are available to consumers' children and/or other dependents?
- How do we identify whether dependents may also be young carers, and talk to them about what supports they may find helpful?

7. **Scenario:** supporting parents to protect their child's wellbeing[24]

What happened?

Jack, a young dad, needed to be admitted for inpatient care. He was very worried that his son Blake, who was in grade 1, would not understand what was happening.

What actions did the service take?

The treating team asked Jack if he would like to meet with a FaPMI worker, who could help to explain what was happening in an age-appropriate way to Blake. The service brought Jack, his partner Lily (Blake's mother), and Blake together to explain what was happening. The service was also able to help the family plan for what would happen while Jack was in hospital - for example, helping them to develop a roster of extended family to support school drop offs and pickups, planning for how Jack and Blake would be able to talk on the phone or Facetime, and for Blake to visit Jack in hospital.

The service explained that, if Jack and Lily wanted their help, they could also help them to talk to Blake's school about what was happening, or give Lily a carer's certificate if she needed to visit the hospital during work hours.

Reflections from Commission lived and living experience staff

Jack's concern for Blake was increasing his stress around being admitted. Having help from the service to make sure he understood what was happening and that he felt well-supported despite the disruption to his daily routine not only helped Blake, it helped Jack to feel positive about having the treatment he needed.

Which other principles were engaged?

Mental health and wellbeing principles: families and carers, diversity of care, dignity and autonomy

How would you approach this situation?

What might you do differently?

8. Where can I find **more information?**

Commission for Children and Young People (2023) *A guide for creating a child safe organisation* https://ccyp.vic.gov.au/assets/resources/New-CSS/A-guide-for-creating-a-Child-Safe-Organisation-27.04.23.pdf

Department of Health and Human Services (2018c) *Working together with families and carers: Chief Psychiatrist's guideline* https://www.health.vic.gov.au/chief-psychiatrist/working-together-with-families-and-carers

Websites:

Emerging Minds https://emergingminds.com.au/

https://www.latrobe.edu.au/research/centres/health/bouverie/practitioners/specialist-areas/fapmiprogram https://www.latrobe.edu.au/research/centres/health/bouverie/practitioners/specialist-areas/fapmi

Children of Parents with Mental Illness - Pathways of care resource https://www.copmi.net.au/resources/pathways-of-care-resource/

Satellite Foundation https://www.satellitefoundation.org.au/

Little Dreamers Wellbeing Hub https://www.littledreamers.org.au/programs/dreamers-hub/

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[24] Note: The scenarios in this guidance are adapted from real examples. These simple scenarios focus on the application of one principle and are intended to show that applying the principles is not always complicated. Scenarios that address the principles in more complex situations and ways are available in implementation resources on the Commission's website.