Young Carers Down Under:
Meeting the needs of young carers and children of parents with a mental illness in New South Wales Australia

A Winston Churchill Memorial Trust Travel Fellowship

8th September – 12th October 2010

Mandy Bell
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A Winston Churchill Travel Fellowship

undertaken by Mandy Bell

Mental Health Development Worker, Gloucestershire Young Carers

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Introduction and background to the trip

The impact of parental mental ill health on children is complex. Simply having a mental illness does not in itself suggest an inability to parent adequately. The nature of the illness, inherent qualities of the parent and child and support mechanisms along with external factors all play their part in the experience of family members.

The impact on dependent children can, however, be far reaching and may lead to poor social, academic and health outcomes. This group of children and young people frequently remain hidden from those services that support the adult in the family, leaving them to cope with an unpredictable world where they may carry emotional or practical caring responsibilities for a parent or siblings in addition to experiencing potentially confusing parental behaviours, thoughts and beliefs. Even when these children are identified, poor joint working and multi-agency responses to the family as a whole may leave individuals vulnerable or even at risk.

Recognising the unmet needs of these children, Gloucestershire Young Carers has been engaged in raising awareness and developing appropriate services for children and young carers living with the impact of a family member’s mental ill health over the last six years. In order to broaden our knowledge and experience we have looked to developments in Australia where a whole range of services have been developed both within the health and social care sectors and by NGOs.

The following report provides an overview of the knowledge gained during a visit to Sydney and New South Wales. It relates to service delivery, policy and strategic development within that locality, with additional information about developments across Australia and consideration as to how this might inform service delivery in Gloucestershire and other areas of the U.K. The report reflects information gathered from attendance at TheMHS conference and meetings with and/or visits to the following organisations:

COPMI NSW (Children of Parents with Mental Illness)
MH Kids
NSW Institute of Psychiatry
FaPMI Victoria (Families Affected by Parental Mental Illness)
Carers NSW Young Carers Program
Children and Young People’s Mental Health Service (Central Coast)
Infant, Children and Young People’s Mental Health Service (Sydney S.W. Area Health Service)
Family and Carers Mental Health Program:
  Carer Assist and Remind
  The Schizophrenia Fellowship / On Fire! Young Carers Program
FAMI (Families Affected by Mental Illness) & Northern Sydney Carer Support Service
Mental Health Carers ARAFMI NSW
Camp Kookaburra
Youth Connections, Central Coast
Holyoake, Sydney
Policy and Strategic Development

**National COPMI Initiative:** In 2002 the Australian Government, recognising that children of parents with a mental illness were more at risk of developing mental health problems themselves, began funding the national COPMI Initiative under the guidance of The Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA). The overall aim was to improve mental health outcomes for children of parents with mental illness; its 2010 – 2012 priorities being to:

- enhance access to information and psycho-education for family members and carers (including children) where a parent experiences mental illness and to enhance access to information specifically for fathers
- increase access by primary mental health workers to skills training to enable them to provide psycho-education to families where a parent experiences depression and/or anxiety
- provide specialist information and guidance (relating to children of parents with a mental illness) to organisations and agencies involved in the delivery of services to parents, children and families
- enhance information exchange between researchers, service funders and providers regarding research and evaluation of illness prevention, mental health promotion and early intervention strategies and services for children of parents with a mental illness

**COPMI New South Wales:** NSW is made up of eight area health authorities each of which has developed its own COPMI initiatives led by a network of coordinators. Differing local priorities have resulted in the development of a diverse and broad range of approaches and services across the eight health authorities some of which are detailed later in this report. The policy department ‘MH Kids’ has had responsibility for pulling together the various strands and then developing and implementation the NSW COPMI Framework for Mental Health Services 2010 - 2015. The strategy sets out the directions for the continuing development of Area Mental Health Services for children of parents with a mental illness and their families.
FaPMI Victoria: In 2007 the state of Victoria published its service development strategy, choosing to promote the well-being of all family members, a subtly different approach to the national COPMI initiative. ‘Families Where a Parent has a Mental Illness – a service development strategy’, implemented by FaPMI, shares a common under-pinning and purpose whilst focussing on the well-being of all family members rather than supporting the whole family in order to improve mental health outcomes for children. Victoria has also recently launched ‘The Satellite Foundation’ which will play an integral part in advocating for parents with a mental illness and for promoting positive outcomes for children, young people and their families.

Family and Carer Mental Health Program: In addition to COPMI, the NSW Government has, since 2005, funded the Family and Carer Mental Health Program which focuses on two stands:

- Family Friendly Mental Health Services: supporting and training staff to explicitly include families and carers in the service system and be responsive to their unique needs.
- Mental Health Family and Carer Support Programs: direct support services delivered through NGOs that provide education and training to build coping skills and resilience, individual support and advocacy, and infrastructure support for peer support groups.

Strategic development is underpinned by research and supported by evidence gathered locally through surveys and audits. Examples of this would include:

- FaPMI Victoria surveyed the attitude of adult mental health workers to supporting families including the children of their service users i.e. does the adult workforce recognise the needs of families and if so how does it respond to that need?
- Central Coast Children and Young People’s Mental Health Service have audited the number of adults using mental health services who are parents

Strategic development specifically targeting young carers in NWS is undertaken by Carers NSW who fund a state wide Young Carers Program. Again details relating to service delivery can be found later in this report.
Service Delivery

1. COPMI Activities

In respect of the COPMI network, practice is diverse across localities, some practitioners engaging in direct work, others focussing more on capacity building, awareness raising and advice. Some examples would include:

- providing assistance to mental health workers in completing the ‘Family Focussed Assessment’
- forging close links with inpatient wards, particularly when a parent is being discharged
- working across inpatient and community mental health teams
- provision of supported play groups for parents with a mental illness
- psycho-educational programmes for children
- telephone support
- improving identification of children and young people impacted by parental mental illness
- provision of parenting groups
- joint home visits with adult mental health workers
- attending clinical reviews
- working with school counsellors
- delivering training
- a COPMI clinic is currently in development

In addition to COPMI services the voluntary sector / NGO’s deliver a range of services to children of parents with a mental illness and young carers including:

- psycho-educational programmes
- weekend and holiday camps
- holiday activities
- whole family support
- art and sand therapy
- advocacy
- telephone support and life coaching
- non-crisis e-support
- e-counselling is in development
2. Psycho-educational programmes

A number of psycho-educational groups have been developed addressing the needs of COPMI young carers:

- PATS (Paying Attention to Self): a peer support group for children and young people who have a parent with mental health issues, which is co-facilitated by a young person who has previously undertaken the programme.
- SKIPS: a programme for children in primary schools providing information about mental health and mental illness.
- KIDZ Club: a supportive and educative group for primary school aged children who have a parent or relative living with a diagnosed mental illness.
- SMILES (simplifying mental illness plus life enhancement skills): a programme for children aged 8-12 or young people aged 13-16 who have a mother, father, brother or sister experiencing a mental health problem.
- ACE (The Adolescent Carer Education Programme): for 13 – 17 year olds who have a parent, family member or friend with a mental illness
- Kaleidoscope: A support group for children aged 5 to 17 years who have been affected by someone else’s gambling, alcohol or other drug problems. The program aims to facilitate better understanding of problems, appropriate expression of feelings and development of coping skills and self care strategies.

Most of these programmes run for 8 weeks although SMILES was developed to run over three days and ACE over two days. The SMILES programme is available as a free download from the COPMI website (See Appendix 2)

3. Camps

One of the highlights of my trip was the experience of going on camp and spending time with the children and young people. Taking a break from caring responsibilities and from the impact of a parent’s mental illness in order to enjoy child-friendly activities is crucial to many of the young people and, as such, a number of agencies provide this type of service. I had the opportunity to visit and learn about three of these agencies and to participate in two camps. Carers NSW Young Carers Program and Camp Kookaburra provide a similar experience for the young people attending their camps although Camp Kookaburra is only open to children of parents with a mental illness whilst Carers NSW is open to all young carers. Both organisations recruit and train an impressive number of volunteers, some of whom are highly skilled and/or experienced in working with children. Whilst both organisations do provide camps for teenagers it was by chance that I ended up attending two camps for 8-12 year olds.

Whilst the primary aim of the camps is to enable the children and young people to simply have a break and a great time, ‘Chat Groups’ relating to the experiences of the young campers within their home environment are also integral to the experience. Whilst the two organisations took a slightly different approach, the principle is the same i.e. that each morning the children and
young people, divided into small groups, would be introduced to issues that impact on their lives. Camp Kookaburra’s approach was to do this through a ‘work book’, developed by the camp counsellors, which covered issues related to caring for a parent with a mental illness. Carers NSW (Camp Djanaba) addressed ‘Chat Groups’ via a range of child-friendly exercises and games. Both approaches were successful in helping the young campers to identify their strengths and to form a group identity thus reducing any individual members’ feelings of isolation.

On both camps children felt secure enough to address some really painful issues such as a very recent bereavement for one and feeling unloved by a parent for another. Witnessing children making connections with others in the group or developing an understanding of issues that have caused them confusion or understanding for the first time that they have real strengths is always moving. Systems were in place to support both the adult leaders and any young people that needed it both during the course of the camp and, where appropriate, after the young campers returned home.

Training of volunteers takes place prior to camp, both organisations providing volunteers with a detailed handbook covering a comprehensive range of issues including behaviour management, child protection, facilitating a ‘Chat Group’, support for workers and young people and other information relevant to the needs of the young campers and the running of a safe and successful camp.

Very young children, some of whom have travelled hundreds of miles or who may have never been away from home before, attend camps and therefore creating a sense of security is crucial. A high leader to child ratio, providing close supervision and support for small groups of young campers in cabin groups, plus a lot of fun is the approach that both camps used to address this.

Whilst the type of activities on camp were not dissimilar to young carers camps here in the UK two things did stand out; firstly the large number and calibre of volunteers who turn up year after year to help run the camps (only a couple of paid staff were present, taking overall responsibility for managing and co-ordinating the experience for 40 - 60 children) and secondly, the high quality venues and facilities for youth groups.

Having worked with young carers for many years, I was amazed at the level of understanding that my small group of ten year old girls on one camp had about mental illness. Their familiarity with mental health terminology was beyond that which I have experienced with similar groups in the UK however I cannot say whether this was typical of all the campers. On asking my group where they got their information from, most said from their families but one responded that her dad’s psychiatrist had given her lots of information.

A somewhat different approach is taken by Carer Assist (formally known as The Schizophrenia Fellowship) whose On Fire! Young Carers Programme also runs camps.

‘On Fire!’ began its development around ten years ago when its founder Nicolas Yeo decided to use his own experiences to improve the lives of children and young people who lived with the impact of a family member’s mental ill health. Central to the development was Nicolas’s belief that what helps children is an opportunity to build on strengths rather than to dwell on
difficulties. Over the last decade ‘On Fire!’ has continued to grow, moving on from the provision of camps alone to the addition of fun days and currently to a more comprehensive service which provides various options for ongoing 1:1 or group support. The camps incorporate issues such as well-being literacy (including mental health literacy) and peer to peer support - these being delivered through child-friendly activities.

Whilst in Australia I have been really taken by the great number of volunteers contributing to service delivery and by the quality of those volunteers, many of whom are highly skilled. On completing the On Fire! camp around 25% of young carers go on to take up support provided by a bank of 200 volunteers using a model centred on life coaching. Young carers can opt for facilitated group tele-chats where they can maintain the links made on camp, fortnightly groups or 1:1 tele life coaching over six 45 minute sessions. Volunteer Life Coaches are supported by area co-ordinators.

The COPMI ‘Gaining Ground’ programme also offers camps, the focus being on the provision of long term intervention through the offer of three camps per year until the young people are 18 years of age.

4. Information, Advice and Signposting

Whilst being aware that all the agencies visited provided some level of information and advice, this is a key role for Carers NSW Young Carers Program, which is currently in contact with 3000 young carers. In addition to organising camps for 60 at a time, plus providing art therapy, the team are a central point through which young people can get information about any activities for young carers that are happening in their localities. Newsletters and the NSW Young Carers website are a primary source of information across the state.

COPMI also provides an excellent range of free information for family members across Australia both via its website and through the publication of leaflets and booklets addressing a whole range of issues.
5. Whole Family Support

In some localities within NSW direct family work is undertaken as part of the COPMI strategy, one health authority currently developing a COPMI clinic within mental health services.

Within the NGO sector ARAFMI stands out as an organisation whose ethos is embedded in family work, its services supporting the whole family where someone is impacted by mental illness. My introduction to the organisation came in the form of their AGM through which I found a very similar history and many similar issues experienced by my own work place, Gloucestershire Young Carers. Their team, like ours, are passionate about their work and feel enormous pride in the work they do. They too need to find the time and resources to apply for competitive tenders and funding from within a small team whilst trying to ensure that service development is in direct response to the identified needs of local families rather than being driven by funders.

Much of my time was spent with the Young ARAFMI practitioner who employs great flexibility within her work in order to meet the individual needs of young people impacted by a family member’s mental ill health. This might include sand therapy sessions with individual children, sibling groups or parent and child, in addition to group sessions which are primarily for fun but also have a therapeutic underpinning. This work is either undertaken in schools or within a mental health / youth work ‘cottage’.

Whilst primarily an organisation addressing the impact of a family member’s alcohol or drug use, Holyoake, the biggest NGO in Western Australia where it began life in the 80s is another organisation providing family services. Holyoake in Sydney runs groups for both children and adult carers and has recently piloted a group with the support of ARAFMI for children impacted by a family member’s co-morbidity i.e. substance misuse and mental ill health. The link between mental ill health and substance misuse is well documented and it is not surprising that many of the young carers that we see are impacted by both. Of course so many of the issues and messages are the same: ‘I didn’t cause it, I can’t fix it’, knowing what you can and can’t change, identifying roles and feelings, communication, safety etc. Some creative ideas have been used to help children to begin to understand quite complex issues such as using single coloured sweets and multi coloured ‘allsorts’ to try and make sense of the inter-relation between mental illness and substance use.

6. Other Services

Whilst not specifically targeted at COPMI families it is worth mentioning the excellent transitions work being undertaken by Central Coast Youth Connections. The organisation provides comprehensive support to young people who are disengaged with school providing them, through various means, with quality work experience placements and alternative schooling. Not satisfied with running their own radio station they have gone on to use a social enterprise model to develop Green Central at Mt Penang. Young people are trained in practical skills such as brick laying and are then employed in building Green Central. This impressive site, which is being built by the young people to the highest environmental standards, will include a conference centre,
alternative school, cafe, permaculture area, bush tucker educational walk, workshop, horticultural nursery and state of the art TV studio.

Also worth a mention is the youth participation and web development work being undertaken by the e-children and young people’s mental health worker at Y Central in Gosford. Amongst other services young people can access non-crisis support by email and hopefully in the near future will be able to access e-counselling.

![Artwork by Young Carers New South Wales](image)

**Training**

Primarily, two training packages are available for professionals in NSW around the issues of supporting children and families where a parent experiences a mental illness:

1) Crossing Bridges: NSW Institute of Psychiatry has had the responsibility for rolling out the training across NSW. Initially developed in the UK as a multi-agency training resource promoting joint working across adult and children’s services, it has been adapted for use in Australia and has been delivered to adult mental health workers. As a Crossing Bridges facilitator here in the UK I feel that the training may have lost one of its key elements by losing the multi-agency focus however the priority in NSW is to change the culture of adult mental health services.

2) COPMI Mental Health Education e-learning: Keeping Families and Children in Mind

COPMI NSW and FaPMI Victoria have developed different approaches to training, Victoria focussing on delivery of modular training to ‘champions’ within agencies, these ‘champions’ attending one day’s training followed by e-learning and reflective, problem solving groups

**Training for Carers:**

Carer Assist and Remind’s highly flexible, modular training for carers ‘Assisting Families’ can be used with individuals or in groups and in pretty well any environment (e.g. Pamper Days / training sessions).
Bringing it all together: thoughts for Gloucestershire and beyond

The UK does undoubtedly have some excellent work being undertaken in respect of families living with the impact of parental mental illness. The Parental Mental Health and Child Welfare Network aims to be a source of expertise providing training, good practice guidance, research and publications and SCIE have produced a range of research briefings and good practice guidance. Five authorities are currently piloting the implementation of SCIE Guide 30 ‘Think child, think parent, think family, a guide to parental mental health and child welfare’ (2009)

The Australian COPMI network bears similarities to the national networks in England in that both are aiming to improve outcomes for children by addressing the needs of the whole family. Where the Australians have really excelled is in communicating developments with the workforce via its e-list and I would recommend that anyone who has an interest in supporting families impacted by parental mental ill heath signs up to the list which can be accessed on the COPMI website (appendix 1). Since returning to the UK, I have been inspired by several new developments communicated via the list and this will undoubtedly influence service development here.

Crucial to the implementation of the COPMI initiative is the part played by local champions who drive the agenda forward and I was privileged to meet with a number of passionate advocates. Whist my colleagues in Australia would undoubtedly bemoan the lack of funding, I looked on with envy at the health funded practitioners whose sole role was to ensure that their services are aware of and respond to the needs of COPMI families. Limited funding does result in localities taking different approaches, some focusing on capacity building through development of resources and training, others engaging in direct work with families. This did at times result in misunderstanding of the COPMI coordinator role and ‘too many coordinators and not enough practitioners’ was a comment that I heard more than once. Nevertheless a range of creative services have been developed in localities. The national COPMI initiative should certainly be commended on its development of a broad range of high quality and free information for practitioners and families.

So which of my experiences in Australia have potential benefits for impacting on service development back in the UK?

A number of similar challenges exist in both countries - for example, defining who a young carer is, particularly in respect of children and young people who care for a parent with a mental illness. In my experience many professionals, on both sides of the globe, either find it difficult, or have a resistance, to identifying children as carers of their parents, particularly where that parent has a mental illness. The intermittent and unpredictable nature of mental illness, the desire not to dis-empower parents, the fear that many families have in relation to what will happen if ‘authorities’ become aware of their circumstances and the interpretation as to what activities constitute ‘caring’ all create real difficulties for practitioners.

Labels and avoidance of applying labels in order to protect humanity are of course sensitive issues and provided families receive the support they need, one might ask does it matter under which label? In Australia the existence of COPMI provides an opportunity to identify children needing support, whether or not they have been identified as young carers. Whilst in many respects this is to the benefit of the children, I wonder whether it does also lead to the under
identification of those who have caring responsibilities. The national COPMI initiative has undoubtedly raised the awareness of those working within mental health services about the needs of whole families where a parent has a mental illness and has resulted in the development of training packages and, as previously mentioned, a wealth of high quality resources. Notably, those training packages and resources do routinely refer to the needs of young carers. Not surprisingly it appears that the hesitance to recognise children and young people as young carers lies within those practitioners who are not comfortable with using this label. The sensitivity of labels is also reflected in the state of Victoria choosing to call its strategy Families affected by parental mental illness rather than Children of parents with a mental illness.

Whilst overall a highly beneficial strategy, resulting in the development of innovative services, and one which we can learn much from, I believe that it is one that needs to continue to challenge its workforce to maintain an awareness of the caring responsibilities held by children.

At a service level, a whole range of positive practice examples have the potential to impact on service development in Gloucestershire and possibly beyond. These would include:

- Development of a Gloucestershire COPMI / young carer website to enable practitioners from health and social care to access a range of information including local services, good practice guidelines and resources for use with families.
- Auditing current services to families impacted by mental ill health
- Auditing the attitudes of mental health practitioners in relation to the changing expectations of their responsibilities i.e. how do adult mental health workers locally feel about taking a whole family approach and how is this impacting on practice? There may be an opportunity to undertake this as a comparative study with the support of colleagues in Australia
- Using the learning from the Victoria model, amending current training to better meet the needs of practitioners at differing levels of experience and in order to have a greater impact in affecting change
- Development of a co-morbidity psycho-educational group for young carers
- Development of e-support to young carers
- Piloting audio recording feedback from young carers who regularly express despair at having to complete ‘yet another’ evaluation form
- Incorporation of chat groups and art therapy in young carer camps
- Development of COPMI inspired services through partnership work between GYC, statutory services and potentially with national mental health charities and other bodies
- Consideration of the impact of early and long term intervention in preventing inter-generational difficulties
- The potential of social enterprise as a model for service development
- Developing better links with school counsellors
- Better targeting and greater use of volunteers

Perhaps of greatest benefit has been the development of excellent links to colleagues in Australia. Reflection on the trip is throwing up numerous questions (‘just why are the Australians able to recruit so many great volunteers?’ etc), no doubt communications with those down under will continue to provide the answers.
Acknowledgements

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Dr Angela Milce  Carer Assist / On Fire!
Dr Sabin Fernbacher  FaPMI Coordinator
Godelieve Hofman-Verkuyl  Young Carers NSW
Mandy Miles  Gaining Ground ICAMHS, Sydney S.W. Area Health Service
Marion Galbraith  Young ARAFMI, Central Coast
Megan Evans  FAMI (Families Affected by Mental Illness) & Young Carers
Melinda Goodyear  FaPMI Research and Evaluation
Michelle Laving  Holyoake, Sydney
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Pam Brown  Camp Kookaburra
Rebecca Griffin  Carer Assist / On Fire!
Rose Cuff  FaPMI Statewide Coordinator
Ruth Phelan  Children & Young People’s Mental Health Service, Central Coast

In the UK:
The staff and trustees of Gloucestershire Young Carers
The Winston Churchill Memorial Trust
Maggie Powell  Gloucestershire Young Carers
Jenny Frank  The Children’s Society Include Project
Danni Manzi  The Princess Royal Trust for Carers
Appendix 1: Agency web links

- AICAFMHA: Australian Infant, Child, Adolescent and Family Mental Health Association
  http://www.aicafmha.net.au

- Camp Kookaburra
  http://www.campkookaburra.org.au

- Carer Assist: support for mental health carers (Assisting Families Programme)

- Central Coast Youth Connections
  http://www.youthconnections.com.au

- Children Of Parents with a Mental Illness
  http://www.copmi.net.au

- FAMI (Families Affected by Mental Illness) & Northern Sydney Carer Support Service

- Family and Carers Mental Health Program

- FaPMI Victoria (Families where a Parent has a Mental Illness)

- Holyoake
  http://www.catholiccare.org.au

- Mental Health Carers ARAFMI Central Coast
  http://www.ccarafmi.org.au

- Remind: Mental Health Training and Education (Assisting Families Programme)

- Satellite Foundation

- The NSW Institute of Psychiatry
  http://www.nswiop.nsw.edu.au

- The Schizophrenia Fellowship / On Fire!

- Y Central: Children and Young People’s Mental Health Service (Central Coast)
  http://www.ycentral.com.au

- Young Carers NSW
  http://www.youngcarersnsw.asn.au
Appendix 2: Resources and Publications

- COPMI NSW Framework

- Downloadable COPMI Resources e.g.:
  o Best for Me and My Baby
  o Family Talk
  o Piecing the Puzzle Together: Raising young children when mental illness is part of your life
  o Examples of Talking to Young Children about Mental Illness
    http://www.copmi.net.au/common/download.html

- Eastern Health FaPMI website: Information for professionals and for families, children and young people

- Families where a parent has a mental illness: a service development strategy

- Parental Mental Health and Child Welfare Network
  http://www.pmhcwn.org.uk

- SCIE Guide 30: ‘Think child, think parent, think family, a guide to parental mental health and child welfare’ (2009)

- SMILES (psycho-educational group programme)
  http://www.copmi.net.au/jsp/copmi_programs/maps/copmi_program.jsp?copmiprogram_id=83
### Appendix 3: Itinerary

#### September

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<tr>
<th>Date</th>
<th>Activity</th>
<th>Location</th>
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<tr>
<td>Friday 10</td>
<td>Arrive Sydney</td>
<td>Central Sydney</td>
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<td>Saturday 11</td>
<td>Recover from jet lag!</td>
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<td>Sunday 12</td>
<td>Sight seeing</td>
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<td>Monday 13</td>
<td>Meeting re Camp Kookaburra</td>
<td>Central Sydney</td>
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<td><strong>Meeting:</strong> Gaining Ground Program</td>
<td>Liverpool</td>
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<td>Tuesday 14</td>
<td>TheMHS Conference</td>
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<td>Wednesday 15</td>
<td>TheMHS Conference</td>
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<td>Thursday 16</td>
<td>Young Carers NSW</td>
<td>CBD Sydney</td>
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<td>Friday 17</td>
<td>Camp Kookaburra</td>
<td>Stanwell Tops</td>
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<td>Monday 20</td>
<td>NSW COPMI Network meeting</td>
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<td>Friday 24</td>
<td>Youth Connections</td>
<td>Central Coast</td>
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<td>Saturday 25</td>
<td>Young Carers NSW: volunteer leader training</td>
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<td>Monday 27</td>
<td>FAMI (Families Affected by Mental Illness)</td>
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<td>Carer Assist / On Fire!</td>
<td>Gladesville</td>
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<td>Holyoake</td>
<td>Neutral Bay, Sydney</td>
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<td>Thursday 30</td>
<td>FAMI (Families Affected by Mental Illness)</td>
<td>Milsons Point, Sydney</td>
</tr>
<tr>
<td>Date</td>
<td>Activity</td>
<td>Location</td>
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<tr>
<td>--------------</td>
<td>------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Friday 1</td>
<td>Free day</td>
<td>Blue Mountains</td>
</tr>
<tr>
<td>Saturday 2</td>
<td>Free day</td>
<td>Manly</td>
</tr>
<tr>
<td>Sunday 3</td>
<td>Free day</td>
<td>Sydney</td>
</tr>
<tr>
<td>Monday 4</td>
<td>Free day: Public Holiday</td>
<td>Sydney</td>
</tr>
<tr>
<td>Tuesday 5</td>
<td>Dr Adrian Falkov</td>
<td>Westmead</td>
</tr>
<tr>
<td></td>
<td>MH-Kids</td>
<td>Gladesville</td>
</tr>
<tr>
<td>Wednesday 6</td>
<td>Young Carers NSW: Camp Djanaba</td>
<td>West Cambewarra</td>
</tr>
<tr>
<td>Thursday 7</td>
<td>Young Carers NSW: Camp Djanaba</td>
<td>West Cambewarra</td>
</tr>
<tr>
<td>Friday 8</td>
<td>Young Carers NSW: Camp Djanaba</td>
<td>West Cambewarra</td>
</tr>
<tr>
<td>Saturday 9</td>
<td>Young Carers NSW: Camp Djanaba</td>
<td>West Cambewarra</td>
</tr>
<tr>
<td>Sunday 10</td>
<td>Free day</td>
<td>Bridge Climb</td>
</tr>
<tr>
<td>Monday 11</td>
<td>Fly home</td>
<td></td>
</tr>
</tbody>
</table>