



WE'RE IN THIS TOGETHER

FAMILY INCLUSIVE PRACTICE IN MENTAL HEALTH SERVICES FOR YOUNG PEOPLE

Implementing family inclusive practice in mental health services will support improved experiences and outcomes for most young people. Transitioning mental health services to provide family inclusive practice requires specific, ongoing targeted funding for implementation, workforce development and dedicated roles.

KEY ISSUES

YOUNG PEOPLE

A young person's social and emotional development will influence how they see the role of family in their mental health care and inform approaches to family inclusive practice by mental health services. The stage of mental ill-health a young person is experiencing and where they are in the mental health system will also inform the approach taken to include families.

- family support is a positive determinant of access to mental health services and benefits for young people
- many young people accessing mental health services recognise the value of family support
- some young people may have limits on how they want family to be involved.

All families are different. A young person will have their own family relationships that they deem important in their lives. Clinicians need to start with the assumption that young people are open to including their family. Respectfully negotiating partial consent with a young person expressing resistance can open the way to greater family inclusion.

“Perhaps some sort of “family consultation” every six months or so could become part of treatment.”

FAMILY MEMBER

FAMILIES

While the needs and experiences of families will vary, feeling included will be important to most families. Siblings can play a critical role in supporting a young person but are often ignored due to a focus on the parents. Similarly, partners can also be sidelined by a focus on a young person's family of origin.

The service context and stage of mental ill-health will inform what a family inclusive practice looks like and the approach taken to include families.

Families and young people should be included in the co-design of family inclusive practice.

SERVICES

Implementation of family inclusive practice will require changes for many services and clinicians. A collaborative change process that engages young people and families will include many of the aspects required for transformation to family inclusive practice.

Organisational change needs to be visibly adopted at all levels of a service. Practice changes will require workforce development to implement new service models and develop clinician skills in including family members. Providing dedicated roles can support family inclusive practice.

SINGLE SESSION FAMILY CONSULTATIONS

A brief process for meeting with families to help them identify and address their own needs and their role for supporting a young person.

FAMILY WORKERS

Facilitate family inclusion and help ensure that services and clinicians are guided by families on what they need and the pace they need it.

FAMILY PEER SUPPORT WORKERS

Support the family of a young person receiving mental health care. Their own experience as family of young people experiencing mental ill-health gives the role credibility.

KEY POLICY SOLUTIONS

Family inclusive practice is an approach to service design and treatment delivery that empowers a young person's family to take an active role in supporting a young person. Specific funding is required to transition to family inclusive practice.

FUNDED TRANSITION TO FAMILY INCLUSIVE PRACTICE

There is instructive evidence for preparing an organisation, the role of management and workforce transition to family inclusive practice.

Transition funding should be:

- linked to management performance
- require structured and evaluated collaboration with young people and families
- provide training and accreditation for clinical staff
- enable funded positions to deliver dedicated roles.

FUNDING FOR FAMILY PEER SUPPORT WORKERS

A three year incentive program to increase the family peer support worker workforce similar to the Mental Health Nurses Incentive Programme is warranted. Dedicated funding is required to ensure family peer support workers are located in primary health and specialist mental health services based on service need.



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