

A photograph of two young girls, one with long dark hair and one with short blonde hair, both smiling and looking towards the right. The image is overlaid with a semi-transparent teal filter.

NSW Parenting Partnerships

A framework for mental health service involvement in promotion, prevention and early intervention through parenting initiatives

Strategies for 2002-2004

NSW Parenting Program for Mental Health

NSW PARENTING PARTNERSHIPS

A framework for mental health service involvement in promotion, prevention and early intervention through parenting initiatives

Strategies for 2002-2004
Centre for Mental Health
NSW Department of Health

This publication is part of the NSW Parenting Partnerships: a framework for mental health service involvement in promotion, prevention and early intervention through parenting initiatives. This framework consists of two companion documents:

Part 1: Resource and Literature Review

The first part of this framework identifies the nature and scope of social, political, socioeconomic and demographic influences on parenting young children and the impact of such factors on the mental health and wellbeing of young children and their parents.

Part 2: Strategies for 2002-2004

The second part of the framework identifies strategic directions and activities for mental health service involvement in parenting initiatives.

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Contents

Introduction	1
Strategy 1. Enhance mental health through parenting initiatives.....	3
Strategy 2. Provide training in evidence-based parenting programs.....	5
Strategy 3. Disseminate information.....	7
Strategy 4. Identify and support communities and groups with specific needs.....	9
Strategy 5. Identify, monitor and evaluate outcomes.....	11
References	13

Introduction

The mental health of children and adolescents is a priority of the NSW Government. This is being addressed through a range of comprehensive strategies and programs developed in collaboration with:

- the community
- maternity services
- child and family health services
- youth health services
- other community health services
- general practitioners
- obstetricians and paediatricians
- schools
- other sectors which are community-based and supported by specialist child and adolescent mental health expertise.

The *NSW Parenting Partnerships: A framework for mental health service involvement in promotion, prevention and early intervention through parenting initiatives* represents a framework for the incorporation of mental health in parenting activity in collaboration with and support of existing services. It places mental health activity within the context of the literature, existing services, networks and structures. This provides a model for collaboration on parenting programs and initiatives within the structure of the Families First initiative. This document is intended for mental health staff and those services and agencies with whom mental health services aim to collaborate and form partnerships.

The *NSW Parenting Partnerships: A framework for mental health service involvement in promotion, prevention and early intervention through parenting initiatives* consists of two documents.

Part 1: Resource and Literature Review

Identifies the nature and scope of social, political, socioeconomic and demographic influences on parenting young children and the impact of such factors on the mental health and wellbeing of young children and their parents.

National and international literature identifies that around 14 per cent of children and adolescents experience significant emotional and behavioural problems in a six month period (Sawyer et al., 2000). Intervening early and preventing the development of mental health problems in childhood is important, as these problems can continue into adulthood (Bor et al., 2001; Rutter, 1995). In particular, harsh, lax or erratic parenting practices have been shown to be significant factors in the development of emotional and behavioural problems in young children (Rutter, 1995).

Part 2: Strategies for 2002-2004

Identifies strategic directions and activities for NSW Health, including the Centre for Mental Health and Area Health service parenting initiatives. This section is based on the literature review in **Part 1: Resource and Literature Review** and on the needs identified in consultation with health, other Government departments and non-Government organisations. Throughout this document the focus is on the identification of strategies to promote collaboration and develop partnerships to enhance child and family mental health and wellbeing.

The vision of NSW Health is:

'That every child in NSW has the right to grow and develop within the context of a nurturing and stimulating family environment that promotes their physical and social development and their mental health and wellbeing.'

AIM

To work collaboratively with Area Health Services and other parenting program providers across NSW to develop a coordinated and comprehensive approach to implementing parenting initiatives that aim to reduce the prevalence of behavioural and emotional difficulties in children.

The following strategies are designed to fulfil this aim:

Strategy 1.

Enhance mental health through parenting initiatives

NSW Health and its partners will offer a range of quality evidence-based parenting programs to enhance mental health and will ensure their accessibility and appropriateness for the diverse populations across NSW.

Strategy 2

Provide training in evidence-based parenting programs

Training will be available to all Area Health Services in selected evidence-based parenting programs, particularly those shown to improve mental health and wellbeing and to reduce mental health problems.

Strategy 3

Disseminate information

Information on effective parenting interventions will be collected and shared across NSW. This also involves collating and distributing information that identifies the effective mental health components of parenting programs.

Strategy 4

Identify and support communities and groups with specific needs

Strategies to identify and support communities and groups with specific needs, including those at high risk of developing mental health problems, will be developed and piloted. This involves ensuring the access of these groups to parenting interventions aimed at enhancing their mental health and wellbeing and reducing mental health problems.

Strategy 5

Identify, monitor and evaluate outcomes

Ongoing processes for the collection and analysis of data on outcomes of parenting interventions (such as mental health and wellbeing, social capital and consumer satisfaction) will be established by Area Health Services.

Strategy 1. Enhance mental health through parenting initiatives

1

NSW Health and its partners will offer a range of quality evidence-based parenting programs to enhance mental health and ensuring their accessibility and appropriateness for the diverse populations across NSW.

Background

NSW Health delivers a range of initiatives across NSW that can promote the mental health of children. These initiatives include services offered by the network of child and family health services that enhance the health (including the mental health) of young children and their parents as well as those offered by mental health services. Mental health initiatives include the Integrated Perinatal and infant Care program, the NSW Parenting Program for Mental Health, School-Link and children and young people who have a parent or other family member affected by mental health problems or disorders.

There are emerging opportunities across all of these initiatives for developing and strengthening services for children and parents at particular risk of developing behavioural and emotional problems, such as children with chronic illness and young parents. This will be achieved through establishing structures to deliver and monitor the impact of these initiatives on the mental health and wellbeing of children and their parents in NSW as well as promoting change in practice to support the ongoing delivery of these programs.

Currently mental health service involvement in parenting activities within Area Health Services consists of accepting referrals from and making referrals to local parenting programs as well as providing consultation and liaison and treatment services for children and adults. Generally, parenting interventions are delivered by maternity services, child and family health services, youth health services, general practitioners, other Government departments and non-Government organisations and are integral in mental health service delivery. There would be benefit in having a comprehensive catalogue of the parenting programs available, including information on their efficacy, as well as some form of accreditation of these parenting programs.

Working together can enhance coordination of parenting programs, assist in reducing duplication of effort, increase consultation with parents and result in more comprehensive services to the local community. The nature of these partnerships and the structures for service delivery will vary between Areas. This partly depends on available resources, as well as planning processes being undertaken by Families First implementation groups. Generally, the preferred role for Mental Health Services is to provide specialist mental health treatment services as well as providing mental health expertise through consultation and liaison to other service providers working with parents and their children, with an emphasis on promotion, prevention, early intervention and, where required, treatment in mental health.

What can be done?

Centre for Mental Health will:

- Establish and facilitate a range of initiatives designed to promote the mental health and wellbeing of children and their parents through the Integrated Perinatal and infant Care program and NSW Parenting Program for Mental Health. This will include strategies for identifying families at risk of developing mental health problems and for early intervention, prevention and promotion of mental health and wellbeing.
- Develop the *NSW Integrated Perinatal and infant Care Implementation Manual* in collaboration with stakeholders.
- Coordinate the provision of information about effective parenting interventions and statewide initiatives through the NSW Parenting Program for Mental Health.
- Distribute the *NSW Mental Health Triple P Training Procedure Manual* developed to provide practical guidelines for the implementation of training provided through the NSW Parenting Program for Mental Health.
- Convene the Interagency Advisory Committee for the NSW Parenting Program for Mental Health,

comprising representation from across health, other Government departments, consumers and non-Government organisations.

- Encourage and facilitate collaboration between mental health and other health and related services around the delivery of parenting programs to ensure improved mental health of children and their parents.
- Enhance community awareness of the importance of parenting in the prevention of behavioural and emotional problems in young children, such as through the dissemination of the Family Help Kit and its multilingual translations developed by the Transcultural Mental Health Centre.
- Collaborate with the NSW Centre for Parenting and Research, Department of Community Services to develop an accreditation scheme for parenting programs.
- Support the development and implementation of a range of programs that assist children and young people with a parent affected by mental illness. This includes developing coping strategies to help them in times of adversity and supportive networks that may reduce the risk of them developing mental health problems or disorders.
- Target mental health services at both the management and clinical levels to ensure appropriate treatment and pathways to care are available for mothers with depression or other mental health problems and disorders.

Primary Health and Community Care Branch will:

- Facilitate the implementation of *The Start of Good Health: Improving the Health of Children in NSW*, including the development of prevention, early intervention and health promotion strategies to address preventable health issues of parents and their children.
- Develop the *Health Home Visiting Practice Guidelines* as part of the NSW Government's *Families First* initiative. The guidelines will establish a consistent approach to the provision of universal and sustained nurse home visiting for parents who are expecting or caring for a new baby, encompassing the period from antenatal to two years post delivery.
- Collaborate with other health and related services to develop universal through to targeted approaches for parenting support that is appropriate and responsive to local needs.

Area Health Services will:

- Collaborate with other health and related services to conduct needs analysis (including demographic information, identifying key stakeholders, pathways to care and service gaps) to develop universal through to targeted approaches for parenting program service delivery appropriate and responsive to local needs, with an initial focus on infants and preschool aged children.
- Incorporate the Integrated Perinatal and infant Care psychosocial assessment as part of a comprehensive assessment delivered ante and postnatally to all families. Through this assessment, identify and respond to parents with additional needs within a network of services, including links to *Families First* and Health Home Visiting.
- Implement universal and sustained home visiting as detailed in the *Health Home Visiting Practice Guidelines* linked to the Integrated Perinatal and infant Care initiative referred to above.
- Plan and implement *Triple P* training and service delivery as outlined in the *NSW Triple P Training Procedure Manual*.
- Plan and implement the School-Link initiative enhancing the skills and knowledge of school and TAFE counsellors in identifying and responding to depression in adolescence and enhancing collaboration between education and health services.
- Incorporate existing knowledge on best practices, including capacity building and population health, into the planning of parenting initiatives.
- Ensure that Area Mental Health parenting initiatives create links with whole of Government family-based initiatives such as *Families First*.
- Ensure that planning of initiatives includes consultation and ongoing collaboration with parents.
- Enhance links between mental health and other programs and services available to parents affected by a mental health problem and their children, including services available such as Supported Playgroups and family counselling.
- Integrate a psychosocial assessment into antenatal and postnatal care. Areas will need to be able to demonstrate clinical pathways and a range of appropriate intervention options with links to *Families First* and Health Home Visiting.

Strategy 2. Provide training in evidence-based parenting programs

2

Training will be available to all Area Health Services in selected evidence-based parenting programs, particularly those shown to improve mental health and wellbeing and to reduce mental health problems.

Background

Training is needed to support the effective implementation of parenting programs. Some of these programs, such as *Triple P* and *Parents as Teachers*, are currently supported through worker training packages with clear accreditation procedures for those who have been trained. Other training is also available, for example, Burnside's group facilitation skills training that supports the process of program delivery.

Training is being provided for a range of initiatives that address the needs of parents across the lifespan, with the aims of promoting the mental health of parents and their children. Training for NSW Health staff in home visiting is being developed in collaboration with the Integrated Perinatal and infant Care initiative to support parents of infants. Training for NSW Health, other Government departments and non-Government organisations who already work with parents and children is currently being provided through the NSW Parenting Program for Mental Health. The NSW School-Link Training Program is indirectly supporting the mental health needs of parents and their children. The School-Link Training Program has trained 1,800 school and TAFE counsellors and adolescent mental health workers across NSW in the identification, management and prevention of depression and related disorders in adolescents.

What can be done?

Centre for Mental Health will:

- Pursue obtaining accreditation and training rights to programs that show promise of producing positive mental health outcomes for parents and young children.
- Provide training in skills that support the delivery of parenting programs, such as group facilitation skills, evaluation methodology and use of computer databases.
- Develop and offer appropriate training in evidence based programs through the NSW Parenting Program for Mental Health, Integrated Perinatal and infant Care and children and young people who have a parent or other family member affected by mental health problems or disorders initiatives.
- Support the delivery of *Triple P* training in NSW, involving the provision of training until December 2002 and a transition period involving a stepping down of the level of training between January 2003 and December 2004 during which alternative training delivery options for *Triple P* will be investigated.
- Collaborate with the education sector in training provided through the School-Link initiative.

Primary Health and Community Care Branch will:

- Develop training to support the implementation of Health Home Visiting in collaboration with the Integrated Perinatal and infant Care initiative.

Area Health Services will:

- Collaborate with local *Families First* initiatives and other parenting service providers to assess which levels of *Triple P* intervention best suit the model of partnerships and service delivery adopted by the Area Health Service.
- Develop training agreements with other parenting program providers based on The *NSW Mental Health Triple P Training Procedure Manual*.
- Provide data on the use and effectiveness of *Triple P* and other training provided by the Centre for Mental Health.
- Participate in Mental Health Outcomes and Assessment Training (MH-OAT), for mental health staff only.
- Participate in training for other parenting programs offered by the NSW Parenting Program for Mental Health.
- Participate in training supporting the implementation of Health home visiting, incorporating Integrated Perinatal and infant Care psychosocial assessment and followed by appropriate interventions.
- Plan, participate in and deliver training through the School-Link initiative in collaboration with the education sector, such as Mind Matters, Resourceful Adolescent Program (RAP) and Adolescents Coping with Emotion (ACE).

Strategy 3. Disseminate information

3

Information on effective parenting interventions will be collected and shared across NSW. This also involves collating and distributing information that identifies the effective mental health components of parenting programs.

Background

Building the evidence base supporting a range of effective parenting programs to promote, prevent and intervene early for mental health is important (Commonwealth Department of Health and Aged Care, 2000). In particular, determining program *efficacy* (the extent to which an intervention produces a beneficial result under ideal conditions) and program *effectiveness* (the 'fit' of an intervention in a defined population within a particular community setting to achieve desired outcomes) is a key concern. The practical utility of any research-based intervention to workers and parents in a clinical or community setting must be determined. Making this information accessible to clinicians will encourage the dissemination and uptake of evidence-based interventions promoting the mental health and wellbeing of children and their parents.

Many potentially effective parenting initiatives have, as yet, not been evaluated using scientific outcome measures. Developing strategies for sharing information regarding current evidence-based interventions and making available information on valid, scientifically developed outcome measures is important. This can assist practitioners currently offering parenting interventions to assess the efficacy and effectiveness of their programs, particularly those designed for populations with specific needs. Information on implementation and process issues is also needed.

What can be done?

NSW Health will:

- Collaborate with information dissemination strategies developed by the *Families First* and *Strengthening Families* initiatives.
- Collaborate with the NSW Centre for Parenting and Research, Department of Community Services, which has the role of collecting information on evidence based parenting interventions, to establish a comprehensive, central and accessible database on such programs for practitioners and parents.
- Provide information regarding evidence-based parenting interventions, including those programs proving effective for diverse population groups. This information will include universal, selective, indicated and treatment programs.
- Consult with culturally and linguistically diverse community organisations and groups to determine the most effective means of disseminating information among ethnic communities.

Centre for Mental Health will:

- Establish a statewide Clinical Access to Parenting Resources initiative – a resource library to make available evidence-based programs for information, piloting, evaluation and to house outcome reports of such pilot initiatives.
- Disseminate the postnatal depression CD-Rom through the Divisions of General Practice.
- Ensure that data collected can be integrated with initiatives such as Mental Health – Outcomes Assessment Tools (MH-OAT) where appropriate.
- Support the development of an orientation and facilitation kit that includes information and resources for staff, parents and children regarding children of parents who have mental health problems.

- Develop flow charts to assist adult mental health services to determine appropriate responses and pathways to care once dependant children are identified via MH-OAT.
- Promote the Integrated Perinatal and Infant Care initiative within the private health sector and to general practitioners through existing forums and professional bodies.

Primary Health and Community Care Branch will:

- Contribute information, for example on the impact, extent and nature of parenting programs currently available, such as those undertaken through the *Families First* initiative.

Area Health Services will:

- Encourage the evaluation of the efficacy and effectiveness of parenting programs.
- Participate in pilot projects using programs held in the Clinical Access to Parenting Resources Centre such as the *Incredible Years – Parents and Children Training Series* program.
- Ensure that pilot projects include those aiming to address the needs of families experiencing multiple risk factors.
- Collaborate with other Area Health Services in piloting new parenting programs to establish an evidence base for their effectiveness.
- Contribute information regarding potential resources and suggest protocols for accessing the Clinical Access to Parenting Resources initiative.
- Participate in the evaluation of specific programs such as children of parents with mental illness parenting programs; the adolescent peer support programs implemented as a joint project between the children of parents with mental illness initiatives and Youth Health Services; and the Young Carer and *Gaining Ground* Getaway Camps.

Strategy 4. Identify and support communities and groups with specific needs

4

Strategies to identify and support communities and groups with specific needs, including those at high risk of developing mental health problems, will be developed and piloted. This involves ensuring the access of these groups to parenting interventions aimed at enhancing their mental health and wellbeing and reducing mental health problems.

Background

Parents with specific needs are being identified through *Families First* Area Health Service planning processes. The Human Services Chief Executive Officers' Forum recently endorsed an approach for identifying parents with additional needs and investigating possible statewide initiatives that can be undertaken to assist Areas in outreaching to these parents.

Within the framework provided by *Families First*, NSW Health has the aim of ensuring that there is scope for all parents in NSW to promote their health, including mental health, and that of their children. The Integrated Perinatal and infant Care initiative, with Health Home Visiting, offers a unique opportunity for early identification and intervention for parents with additional needs.

In responding to the needs of particular populations, it is important to adopt a strengths based rather a deficit or problem seeking approach to these families. Work with families must build on their current strengths and capacities, including accepting and respecting their beliefs, experience and culture.

Program modification or 'reinvention' in response to the needs of specific groups can affect program fidelity and hence the outcomes achieved. Ensuring that an effective intervention is accessible and that it recognises and values the differing experiences and knowledge bases of parents is important. Evidence-based interventions should be offered in a sensitive and appropriate manner drawing on parental knowledge and expertise whilst at the same time ensuring minimal drift from the interventions that are known to be effective. Ongoing consultation is the most effective mechanism to achieve this balance.

Some groups with specific needs have been identified in Section 4 of the *NSW Parenting Partnerships: A framework for mental health service involvement in promotion, prevention and early intervention through parenting initiatives: Resource and Literature Review*. Other groups with specific needs for appropriate and sensitive parenting initiatives to be developed in partnership with them include:

- Aboriginal and Torres Straits Islander families.
- Families living in rural and remote communities.
- Parents who have a serious chronic physical illness.
- Families with members with a disability.

Facilitating the formation of partnerships to develop strategies to address the needs of these groups and to identify other groups whose needs are not being met through existing initiatives is important. It is recognised that some families will experience the need for combined programs, for example, foster parents caring for a child with chronic illness.

What can be done?

NSW Health will:

- Collaborate on a State level with key organisations representing populations with specific needs to ensure that these needs are identified.
- Support Area Health Services to ensure the inclusion of consumers representing priority populations in both service planning and partnership formation.

Centre for Mental Health will:

- Work closely with organisations and consumers representing priority populations and populations with specific needs to form State level partnerships to ensure these needs are addressed.
- Identify parenting programs addressing the needs of priority populations.
- Disseminate information for priority populations on parenting programs which promote mental health.
- Establish the Clinical Access to Parenting Programs resource centre that will include information on parenting programs for priority populations.
- Ensure initiatives developed through the Integrated Perinatal and infant Care initiative are appropriate for culturally and linguistically diverse communities and Aboriginal and Torres Straits Islander communities.

Primary Health and Community Care Branch will:

- Support initiatives seeking to establish the efficacy of culturally sensitive programs.
- Ensure that priority populations and populations with specific needs access universal and sustained Health Home Visiting as detailed in the *Health Home Visiting Practice Guidelines* and linked to the Integrated Perinatal and infant Care initiative.
- Provide policy and resource development to support the introduction of routine screening for domestic and family violence in Antenatal, Drug and Alcohol, Mental Health and Early Childhood Health services.
- Develop the *Policy and Procedures for identifying and responding to domestic violence* (NSW Department of Health, 2003) which will assist workers in the identification of and responses to family violence.
- Facilitate delivery of training in the new child protection legislation to all health staff across NSW.

Area Health Services will:

- Work closely with organisations and consumers representing priority populations and populations with specific needs to form Area level partnerships.
- Ensure priority populations and populations with specific needs access universal and sustained Health home visiting as detailed in the *Health Home Visiting Practice Guidelines* linked to the Integrated Perinatal and infant Care initiative.
- Where appropriate, pilot programs made available through the Clinical Access to Parenting Programs resource centre or elsewhere.
- Ensure that the outcomes of parenting programs, including mental health outcomes, are assessed and evaluated.
- Document mental health outcomes of these parenting programs.
- Ensure that all parenting initiatives offered within the Area are delivered in a manner sensitive to the needs of culturally and linguistically diverse communities and Aboriginal and Torres Straits Islander communities.

Strategy 5. Identify, monitor and evaluate outcomes

5

Ongoing processes for the collection and analysis of data on outcomes of parenting interventions (such as mental health and wellbeing, social capital and consumer satisfaction) will be established by Area Health Services.

Background

Establishing the efficacy and effectiveness of parenting initiatives is important. Parenting programs should demonstrate a capacity to enhance the mental health and wellbeing of those families attending to justify the necessary commitment of time and resources on the part of agencies and parents. The key principle of best practice must underpin all such initiatives.

The outcomes of parenting programs in reducing emotional and behavioural problems in children, increasing parental competence, reducing parental stress and improving parental access to community resources and supports will need to be established. Outcome measures used in the evaluation of the *Triple P* program, for instance, can yield information on all of these outcomes. Evaluating parenting programs using a standard set of measures would be valuable as data collected could be compared across programs and answer more clearly the question 'what works for whom?'

Evidence-based programs need to be widely available throughout a community to have an impact at a population level (Silburn et al., 2001). Adopting the learning organisation model and using participatory action research processes are most likely to engage agencies and families in the collaborative partnerships necessary for improved outcomes (Birleson, 1998). Participatory action research includes collaboration, incorporation of local knowledge, eclecticism and diversity, case orientation, emergent process and a link between scientific understanding and social action (Greenwood, Whyte and Harkavy, 1993).

Increasing awareness of the link between funding, whether private, corporate or government, and outcomes is translating into increased interest in evaluation. Accountability is important for funding agencies as well as for increased professionalism and duty-of-care responsibilities to parents and young children. Outcome measures are also important for families, as they are a tool to inform clinical work with parents and children as well as a mechanism for establishing parenting program efficacy.

The information collected as part of the process of evaluation must be grounded in the needs of parents for helpful information as well as the information needed by practitioners to assess the outcome of interventions.

What can be done?

Centre for Mental Health will:

- Identify and provide information on appropriate mental health outcomes and measures for use in evaluating a range of initiatives designed to promote the mental health and wellbeing of children and their parents such as the Integrated Perinatal and infant Care, Health Home Visiting, NSW Parenting Program for Mental Health, children of parents with mental illness and School-Link initiatives.
- Facilitate, in collaboration with partners, a sustainable increase in the availability of effective parenting programs that promote mental health and wellbeing in parents and young children.
- Support the development and ongoing delivery of evidence-based practice.
- Compile reports on the outcome of training and other initiatives conducted in conjunction with Area Health Services.
- Explore and document models of best practice for parenting programs.

Primary Health and Community Care Branch will:

- Facilitate the identification of valid outcome measures for both parent and child, including mental health outcomes, of parenting initiatives such as Health Home Visiting with measures being acceptable to both clients and staff.

Area Health Services will:

- Evaluate outcomes for parenting initiatives implemented locally.
- Provide information on parenting program outputs (eg number of groups and occasions of individual services to clients) and outcomes for parents and children (eg improved child behaviour, increased parental sense of competence and reduced parental stress and anxiety) to the NSW Parenting Program for Mental Health.

- Develop information collection systems.
- Work with partners, including parents, to explore and support the development and use of outcome measures, in particular their application to other parenting interventions.
- Work through *Families First* structures to determine the need to assess additional outcomes.
- Support, in Area Mental Health Services, the implementation of outcome measurement as part of routine service delivery through Mental Health – Outcomes Assessment Tools (MH-OAT).

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