

Title: Engaging adolescent young carers: "All in this together" Film Making Program

Megan Evans and Ruth Jacka

Abstract

Young People caring for a family member with a mental illness are a particularly vulnerable, isolated and hard to reach population, particularly when it is the parent with the mental illness. The rate of persistent emotional and behavioural difficulties for these children is at least twice as great when compared to the rest of the population (C.H.A.M.P.S.). Adolescent is a time of identity formation, peer group connection, and transition into adulthood. Aggregated data indicate that young people living with a mentally ill parent have a 70% chance of developing at least minor adjustment problems by adolescence. This presentation briefly discusses how living with a mentally ill parent can have a significant impact on the life and development of the young person as it relates to the rational of the young peoples well-being film program. The program considers well-being in the eyes of the young people involved and provided a unique respite opportunity for 8 young carers. The making of the film will be presented, as well as some of the challenges and strategies in working with this group.

*Please note this presentation includes a video documentary which is not included here.

Background (Megan Evans)

Bradfield Park Wellbeing Carers Program provides respite services to people who are caring for a loved one with a mental illness. One objective of the program is to be able to reach and service hidden carers including young people caring for a parent or sibling with a mental illness. The Northern Sydney Carer Support Service (Northern Sydney Central Coast Health) were already working with this vulnerable population and the two services worked in partnership to provide a respite program, the "All in this together" Film Making Program to meet the needs of this target group.

Young people caring for a relative with a mental illness or substance abuse issue are likely to experience similar impacts of care to other young carers, though they may experience greater social isolation, be exposed to less safe situations and be less likely to receive support.

Further, young people affected by parental mental illness can be disadvantaged in comparison to their peers due to:

- Social isolation due to: impact mental illness has on friendships, stigma, lack of opportunity to develop social networks.
- Fear of developing mental illness themselves.
- Taking on care giving responsibilities.
- Embarrassed by their parent's behaviour.
- May experience traumatic incidents at home.
- Lack of structure in the home.
- Premature maturity - risk of 'parentification' (taking on the roles and responsibilities of a parent).
- Experience loss, grief, anxiety disorders, depression, behavioural problems etc.
- May have reduced access to education and recreation.

Aggregated data indicate that these children have a 70% chance of developing at least minor adjustment problems by adolescence. The rate of persistent emotional and behavioural difficulties for these children is at least twice as great when compared to the rest of the population (C.H.A.M.P.S.). Further with two mentally ill parents there is at least a 30 – 50% chance of becoming seriously mentally ill (Rubovits).

Research shows that a supportive peer group can be a protective factor in the development of psychological problems (Harris, 1995; Wentzel, 1998; Flook & Fuligni 2008). The program needed to be fun and exciting enough to be able to motivate both the young people and their carers to move beyond the access barriers. We identified a number of access barriers in reaching this target population:

- Young people don't identify themselves as 'carers'.
- They were concerned about being identified as a carer of someone with a mental illness & the consequences that would bring.
- Often it's a secret or private matter that the parents and/or young person don't want to talk about.
- A common fear of young carers is a concern of being separated from their families by child protection authorities.
- Parents may be reluctant to seek support or assistance for their child.
- Maintaining the "status quo" – I.e. family member often find it difficult to move away from the routines and pattern they have established. For instance even though family member may feel isolated at home, the thought of travelling to and attending a weekly program for 8 weeks may feel like hard work for some

families example: where parental agoraphobias have a significant impact on family life.

- No transport.
- Finally, these families had no previous experience with the Bradfield Park Wellbeing Carers Program and were hesitant about what to expect.

There are psycho-education and peer support programs such as PATS (Paying Attention to Self) and Connect for Kids based on the SMILES program that are offered in the Northern Sydney region however the interest in these programs is very low. Other respite programs for this target group are state-wide camps and one off social events.

The idea of a film course came from discussions with North Sydney Council and some informal market research was also conducted. The Team from Crew Cut were employed to provide the professional expertise needed to run the program. The theme of the DVD was "Wellbeing" and young people were asked to consider what that means for them.

Some of the direct and indirect outcomes we were hoping to achieve included:

- Promote health lifestyle strategies and personal development
- Decrease social isolation
- Improve access to social activities and fun experiences
- Provide some time out
- Extend their social network
- Opportunities for further support and referral
- Prevent mental health issues and burnout
- Strengthened resilience

A second young peoples' film course was run in April 2009. The theme for the second program was "Belonging" and the program was further supported by a music course which ran through the April school holidays where young people wrote and produced the sound track for the DVD in the film course "Where do I belong". A makeup course for film and television was also offered during the school holidays, where 12 young people learnt the art of creating the look of broken noses, burns, bullet wounds etc. These were all very popular and well attended programs.

Video Presentation:

Implications or Practical Strategies for Professionals (Ruth Jacka).

As discussed we found engaging young carers and to some degree their families to the Film Making Project challenging and resource intensive. With that in mind we made a conscious decision to put the emphasis on the activity and outcomes rather than respite, mental illness or caring. This was reflected in all the promotional materials, during the course and the final cut of the DVD. This meant we had to have a more focused promotional strategy and closer relationship with the referral agencies.

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The Young Carers Film Making program was promoted throughout the Northern Sydney Region using a range of strategies including attending interagency networks, email lists, web-sites, mail-outs, visiting schools, promoting in sector meetings and using existing contacts. One of the advantages of the project being a partnership

between Health and a Carers Respite program was that both services already had existing contacts across respite, carers, youth, schools/educational, mental health sectors and Child, Adolescence Mental Health Services. These contacts were used for promotions, appropriate referrals and assessments prior to the young people attending the program. Majority of the referral came from the Health Service and school counsellors.

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The Young Carers Program Film making program was a partnership between NSCCAHS Northern Sydney Carer Support Service and Bradfield Park Wellbeing Centre Carers Program. As previously suggested the partnership brought different contacts, referral pathways and expertise. Bradfield Park Wellbeing Centre venue was used and staff from both organization worked with the young people on the program. North Sydney Council provided resources so that the young people could celebrate their achievement in front of their families, friends and community. The program worked very closely with the FaHCSIA Young Carers Program who kindly provided some funding.

Transport is always difficult for young people who want to access weekend activities and this group was no different. Young carers who accessed this program were travelling from all over the Northern Sydney region and often we had to arrange Community Transport to ensure they could attend.

There appeared to be a great difference in the level in the maturity between the young people aged 14 and those 18 years. Many of the younger ones became easily distracted. We found the older children supported the younger ones and a supportive group process formed however, it was felt the course should run for more weeks and less hours per weeks.

We had engaged a Production Company with no experience of mental Illness or Young People. At times the program was unstructured or too theoretical. For the next course we ensured that the tutor was more suitable for the desired outcomes and we had more say in the course structure.

As the majority of referral had come from Health we felt there was a need to do more Community Development. For the April School Holiday Program we contact all the local Schools and Council Youth Workers, promoted the services to all the Child, Adolescence & Family Mental Health Services and Respite Services.

Many of the young people have mental health problems themselves and we found we weren't always equipped to deal with any crisis if it arose. In the latest program we found we needed to contact the Mental Health Adolescent Crisis Team. In future we would probably include the team in preliminary planning and offer support to the contractors.