

# LEARNER'S PERMITS FOR PARENTS: A PARENTING SUPPORT PROGRAM FOR PARENTS WITH MENTAL ILLNESS AND PARENTS OF CHILDREN WITH ADHA/ADD, ODD AND CONDUCT DISORDERS

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## ABSTRACT

*Two independent papers were presented at the Women's Health Summit in Townsville in 2001. These two papers exemplified the difficulties that service providers have in providing support and suitable interventions where parents had a mental illness and where parents had children with ADD/ADHD, ODD or Conduct Disorders. A dynamic partnership of interested professionals, parents with mental illness and parents with children with ADD/HD was formed which led to the development of an innovative, integrated, peer supported parenting program. This program incorporates a range of strategies and solutions that are theoretically based but practical, flexible, sensible and adaptable to the fluctuating needs of these families. Two concurrent pilot groups commenced the program in August 2002. The highly visual program ran over seven weeks and comprised orientation, education, relaxation, behaviour management, networking and personal support plans, whole of family needs and a celebration outing. The analogy of parenting being a bumpy ride, particularly for those with special needs, provides the theme for the course. Evaluations were positive with pre and post program testing revealing an overall reduction in stress, depression and anxiety for all group members. The program has been well received by Townsville and rural community services with five community agencies completing facilitation training. This response to an unmet need has generated widespread approval from both parents and professionals.*

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## INTRODUCTION

Good Morning, My name is Barbara Anderson. I work for the Mental Illness Fellowship of North Queensland. This is an organization that supports individuals and families whose lives are affected by a broad range of mental illnesses. In August 2002, as the new liaison worker for the Fellowship, I was asked to assist with the delivery of a pilot for a new parenting program for parents with a mental illness and/or children with Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder, Oppositional Defiant Disorder and Conduct Disorder. With limited knowledge of the program and a mixture of trepidation and curiosity I dutifully attended an introductory session and found myself facilitating a second group formed to meet the demand. As the seven weeks unfolded I enthusiastically joined with the working party to share my experiences and observations. I became aware of the origins of the program and met the key partners of both professionals and parents with a lived experience of mental illness and with children with behavioural disorders. I participated in the feedback and debriefing sessions and I lived out the program over two sessions per week both co-facilitating and delivering my own program. I was both challenged and delighted by this experience and ended the pilot with a strong commitment to both the process that developed the program and to the vision that was held by those who began it. I would like to share with you today their story for it is a story that mirrors beautifully the theme for the conference "from rhetoric to reality".

It begins in Townsville in 2001 where two papers were delivered simultaneously at the Women's Health Summit. One was written by Philippa Harris and Debbie Tanzer and was titled "When Triple P is not enough: Mental illness and motherhood". It chronicled the parenting struggles of Debbie, a young mother with a rapid cycling bi-polar disorder and her son who had been diagnosed with ADD and Oppositional Defiant Disorder. This young woman was struggling to be the best parent she could be and had undertaken a number of parenting programs. She said

*"I did the Positive Parenting Program –Triple P course twice. I did the Centacare parenting program twice. Yet, try as I may, I just couldn't make it work, I just couldn't do it. In the end I*

*just sat there during the classes, feeling frustrated, and with despair washing over me. My sobs caught in my throat preventing me from speaking up. I couldn't talk about my mental illness. It would make me far too vulnerable and ashamed."*

The other paper was written by Diane Rogers, a Phd student and was titled "Accused and Abused" Dianne reviewed the research she had done exploring the lived experiences of mothers of children with ADD/ADHD. The paper highlighted the difficulties of being a parent of a child or children with ADD and ADHD and behavioural disorders and of mothers being accused of causing the problem, or, of being the problem. Diane's paper also acknowledged that mental health issues, especially anxiety and depression were prevalent in this group of women.

The parallels between the two papers highlighted the difficulty that service providers have in meeting complex needs, the lack of effective support or interventions available and how the community will isolate and blame the women who find themselves trying to manage these complicated situations. The combination of mental illness, ADD/ADHD and behavioural disorders is multifaceted and seemingly too complex for ordinary parent programs to tackle.

Mental Illness affects about one in four Australians at some time in their lives. About 3 percent of Australians are affected by psychotic illnesses. In 1995 it was estimated that 27,000 Australian children had a parent affected by mental illness. (Cowling, 1996)

Parents who have a mental illness struggle day to day to survive the effects of the illness and care for those around them. The demands of coping with fluctuating levels of wellness, disturbing symptoms and medication side effects, can become over whelming. The effects of stigma and discrimination, so often associated with living with mental illness, further undermine their efforts.

Correspondingly, parents who have children with Attention Deficit and other disorders, report that they have more stress in their families, lower levels of parenting self-esteem, higher levels of depression, self blame and social isolation. (Barkley, 1990)

ADD affects two to five percent of Australian children. Sixty five (65%) are likely to develop Oppositional Defiant Disorder. And by adolescence 40-60% are diagnosed with having a Conduct Disorder. (Harrison & Rees, 1998)

In either situation distressed parents are less likely to be able to provide consistent parenting and appropriate discipline strategies or the type of family environment that is considered desirable.

Deciding to test the waters Philippa, Dianne and Debbie called a public meeting to see if others were concerned enough to change things. The response was overwhelming. Local individuals and groups, professional from private practice, government, non-government services, community groups and self-help and support groups attended. Several key issues were to emerge and one of them was the acknowledgement that there needed to be a new parenting program, one that was developed in partnership with parents living with mental illness and parents with children who had ADHD and /or Conduct Disorders. A group made up of interested service providers, families and individuals met many times to share experiences and contribute knowledge and articles, research and other programs from around Australia and internationally.

The question of bring two seemingly disparate groups together for a single program was discussed by the working party many times. It was postulated that by combining the issues, mental illness and ADD and behavioural disorders, the complexity and frequent duality of these conditions would be recognised. Additionally everyone would benefit from expanding their knowledge and understanding each other's problems.

The vision that was held for the program that it was strengths based, that it would recognise and value existing skills and capacities, provide up to date knowledge of mental illness and ADD/ADHD and increase

individual skills to deal with the impact of these issues, whatever the circumstances: and to develop a model of peer mentoring and support to sustain families for the long haul that is parenting.

Nine Thousand Dollars (\$9,000) in funding was received from the Office for Women late in 2001 to progress the project. Locally based psychologist and community educator Toni Mehigan was employed to write, conduct and evaluate the program. Toni had been part of the group from its first public meeting and had experience in writing specialist parenting programs, such as the government sponsored "Parenting Program for the Partners of Peacekeeping Forces".

Over the next few months, the group continued to meet, providing information and advice to Toni, reviewing each session of the program, suggesting inclusions, omissions, language and activities. And so the Learners Permits for Parents" program became a reality.

Let me take you on a brief ride through the program.

### **POWER POINT SLIDE SHOW**

The reality for the program is now tied to finding recurrent funding. Creative uses of small amounts of one off funding and many volunteer hours have got it this far. There is much enthusiasm from facilitators and participants who have seen shifts in attitude, hopes and dreams rekindled, and positive caring relationships established amongst the service providers and those who use the services. As part of our vision for Learners Permits we are seeking funding also for the follow- up support group based on the Parenting Together Program developed in Victoria. We want to ensure that the gains accomplished in the program can be maintained and the identified service gaps for participants can be appropriately addressed.

### **IN CONCLUSION**

My purpose here is to bring our program to your attention but equally importantly, I hope to leave you with this message. Learners Permits for Parents is a true community initiative where those with a lived experience were listened to and included. In fact they were the experts. As professionals we shared our expertise and our time but it was the women's experiences and contribution that moulded the project and gave its authenticity. There are many gaps in services and unaddressed needs within our community. Please take some time to listen to those who feel them.

### **REFERENCES**

- Barkley, R.A., (1990). *Attention Deficit Hyperactivity Disorder: A handbook for diagnosis and treatment*. New York: The Guilford Press.
- Cowling, V., (1996). *Meeting the support needs of families with dependent children where the parent has a mental illness*. Family Matters, 45. Australian Institute of Family Studies
- Harris, P. & Tanzer, D., (2001). *When Triple P is not enough: Mental Illness and Motherhood*. International Womens' Health Summit Unpublished.
- Harrison, C.A. & Rees, B., (1998). *Psychoeducation & support program for parents of ADHD children*. University of Queensland.
- Rogers, D., (2001). *The Accused and Abused: The mothers of children with ADHD/ADD*. International Womens' Health Summit. Unpublished