

South Australian Children of Parents with a Mental Illness Partnership
(SA-COPMI Partnership)
Statewide Strategic Committee

TERMS OF REFERENCE

Mission

To promote accessible, effective and comprehensive service provision for children of parents with a mental illness and their families in South Australia.

Purpose

To develop a strategic direction for statewide, systematic initiatives in accordance with the “Principles and Actions for Services and People Working with Children of Parents with a Mental Illness” (2004) that

- promotes the safety and well-being of children
- is collaborative and inclusive of a wide range of stakeholders.

Objectives of the Committee

The objectives of the Committee are to:

1. Scope existing government and non-government responses to children of parents with a mental illness and their families in South Australia.
2. Consult with relevant stakeholders and networks to establish priorities regarding and effective processes in working with children of parents with a mental illness and their families.
3. Develop a plan that includes the following elements plus other areas as determined by the consultative process
 - An integrated service pathway for children of parents with a mental illness and their families that extends across agencies and age groups from the antenatal period.
 - Interagency protocols for working with children of parents with a mental illness and their families.
 - A workforce development strategy for professionals involved with children of parents with a mental illness and their families.
4. Investigate and recommend research and evaluation priorities and strategies relevant to the plan.
5. Promote and disseminate information about the SA-COPMI partnership.

**Definition of mental illness: For the purpose of the work of this Committee mental illness is defined as any mental health related issue with potential to impact upon the ability of parents and other primary care givers to ensure the safety and well-being of children in their care. The focus is on the impact rather than specific diagnosis.*

**The term parent in the project title “Children of Parents with a Mental Illness” could refer to either a parent, grandparent, family system or the child’s primary care giver.*

Membership

The Committee will comprise representation to be invited from the following:

Adult Mental Health Services; representatives from <ul style="list-style-type: none">• Central Northern• Southern• Country	Child Youth and Women's Health Services, representatives from Mental Health Division and other relevant services (to be determined).
Office of Health Reform, Department of Health	Aboriginal Health Division, Department of Health
Child, Youth Family Services, Department of Families and Communities	Department of Education and Children's Services
Department of Health Mental Health Unit	Carers SA
Migrant Health Service	Drug and Alcohol Services SA
Social Inclusion Unit	S.A. Divisions of General Practice
Carer/Consumer groups <ul style="list-style-type: none">• COMIC (Children of mentally Ill Consumers)• Mental illness Fellowship	Non-Government family service organisations <ul style="list-style-type: none">• Anglicare• Centacare• Uniting Care Wesley
National COPMI Project	SA Police
Regional General Manager Mental Health Nominee	

The committee recognises the specialty of population groups (e.g. Aboriginal and CALD) and will seek guidance from key groups in these areas).

Accountability

This Committee will be accountable to Mr. Jim Birch, Chief Executive, Department of Health.

Chairperson

The Chairperson for the Committee is Mr Phil Robinson, A/Executive Director Clinical Governance Education and Research of the Children Youth and Women's Health Service. The Chairperson will be responsible for convening the Committee.

Subcommittees/Working Parties

The Committee can create subcommittees or working parties for specific tasks. These subcommittees may require Terms of Reference including a clear timeframe in which to achieve their mandate.

Proxies

Proxies can be assigned should a nominated member be unable to attend in an emergency. It is the responsibility of the nominated member to ensure the proxy is well informed and has up to date information about the function and work of the Committee. Proxies should be kept to a minimum.

Executive Support

Executive and project support will be provided by the nominated officer from Children Youth and Women's Health Service.

Reporting

Meeting documents are to be distributed to Committee members at least 10 working days prior to a meeting.

Minutes will be available within 5 working days of the meeting via e-mail. They will also be accessible via a password protected web-address.

The minutes shall remain within the membership but it is the responsibility of members to provide reports to their own management and to nominated proxies from their organisation.

Minutes will be forwarded for information to the Chief Executive, Department of Health; the Chief Executive, Central Southern Health Service; the Chief Executive, Central Northern Health Service and to the Chief Executive of Country Health.

Update reports regarding the committee's functioning will be distributed to a wide range of stakeholders.

Frequency of Meetings

The Committee will meet bi-monthly.

Timeline

The Committee is to complete the objectives by twelve months from first meeting - 31/12/2006. The Department of Health will review the achievements and function of the committee after this twelve month period. A detailed report will be provided to the Chief Executive, Department of Health, at the completion of the objectives regarding achievements, activities arising from the strategic planning and recommendations about future carriage of the plans.

Terms of Reference endorsed February 17th 2006.